

SHIATSU AND HEADACHES / MIGRAINES

We get headaches from altered circulation in the head due to physical, emotional and dietary causes. From a Shiatsu viewpoint, based on Oriental medicine, imbalances in the liver and gall bladder channels are the cause of migraines, and stomach and digestive imbalances cause foreheadaches. The role of Shiatsu therapy for these ailments is to disperse stagnant Ki (i.e. blocked energy) in the head and neck, particularly on the gall bladder channel to the side of the head, would be the initial treatment to relieve symptoms. Specifically, dwelling on a point at the back of the skull (known as gall Bladder 20) would have a strong action in clearing stagnant Ki from the head.

Gentle fingertip pressure applied to the space between the eyebrows (known as the Yin Tan point) also shifts stagnant Ki and will lift a cloudy mind accompanying a headache.

The liver energy channel in the leg could then receive dispersing-style shiatsu, particularly dispersing Liver 3, a point between the first and second toes where the bones merge, this will smooth the flow of Ki energy and drain away from the head. Then the therapist would tonify the stomach energy channel in the leg if felt, upon touch, to be lacking in vitality. Specifically, tonification of a point four finger-widths below the knee-cap on the outside of the shinbone (known as Stomach 36) will stimulate the digestive system and relieve frontal headaches.

Having relieved the acute symptoms which respond exceptionally well to the above procedure, the therapist would make a more extensive assessment of why these imbalances are occurring. The skilled practitioner would detect the root cause of the problem and treat accordingly. It might be dietary, emotional, congenital or environmental, any of which should become apparent through diagnostics procedures.

Certain herbs, known to support the action of Shiatsu treatment for headaches may be prescribed, e.g. feverfew, skullcap, peppermint and red sage (1 teaspoon infused in a cup of boiling water). Also, certain essential oils can be effective when applied to the channels and points mentioned (5-10 drops diluted in 15ml of base oil, such as wheatgerm, sweet almond or sunflower), or inhaled as vapour (10 drops to a bowl of hot water). These are lavender, chamomile, peppermint and marjoram, Caution: never use marjoram or feverfew in pregnancy.

It must be said that if a headache is very severe and accompanied by blurred vision (beyond what you would expect from a migraine) then the therapist would refer the recipient to a doctor immediately.

In short, patients can generally expect to get some immediate relief from migraines and headaches from Shiatsu. Shiatsu applied at a deeper, causative level generally gives longer term improvements.

RESEARCH:

Vega RH. Shiatsu, a pressure technique. Physical Therapy. 55(4):381-382, 1975.
This is an early account of Shiatsu by the Chief Physical Therapist of a medical centre in New Mexico, USA. It includes four very brief vignettes and suggests that Shiatsu may be useful in helping to alleviate a range of symptoms including muscle spasms, headaches, low back pain, painful shoulder and limitation of movement.

Research Project on the Perceived Effectiveness of Shiatsu Treatment. Clifford Andrews BSc, MRSS.

The first 9 conditions which include: General Health/wellbeing, ankle problems, headaches, joint problems, sciatica, back problems, emotional problems, shoulder problems, stress. Over 50% of the clients perceived the treatment as being +2 or Very Effective. In the second observable category which includes: Digestive problems, neck problems, menstrual problems, the perceived effectiveness was divided equally between the +1 (Effective) and +2 (Very Effective) scores but in each case over 80% of the sample found some benefit (+1 and +2 scores combined). A third group which includes depression, bowel problems/IBS, low energy, knee problems, showed a greater variety in the distribution of the scores. In depression slightly more +1 scores than +2 were recorded, although all of the sample indicated some benefit (+1 and +2 scores combined). Bowel problems and IBS proved difficult to treat giving the widest spread of scores amongst all the categories. Of the sample 40% indicated 0 or no change and 30% giving +1 and 30% giving +2. Low energy also proved to be a difficult category to completely resolve with 24% scoring +2 but a larger 55% feeling some benefit and scoring +1. Knee problems also appeared difficult to completely resolve, despite all of the sample reporting some benefit, only 17% scored +2 with 83% scoring +1.

Conclusions: A large majority of clients that responded to the Questionnaire perceived Shiatsu as being very effective. Two patterns emerged from the analysis of the responses; The most common conditions treated by Shiatsu in the sample shown, and also the relative perceived effectiveness of treatment of different conditions described. These show very promising results with some conditions which western medicine sometimes has difficulties in treating.

Shiatsu is perceived by the majority of clients in the sample as a complimentary approach to health management which is very effective for a wide range of common health problems.

CASE STUDIES:

Vera (*not her real name*), a lady in her mid-sixties came to see me in March 2001 for treatment of her migraines. However, during our initial and subsequent discussions, it transpired that she had a lot of health problems. Vera presented as a generally very active lady, who liked to walk everywhere, enjoyed water-colour painting and was cheerful, open and friendly.

Symptoms

Migraines

She had had them all her adult life, but during the previous 8 years they had increased in frequency and severity. For the last few months she has had a couple of migraines a week, which was completely incapacitating her — and she was almost permanently feeling ‘headachy’. A fully developed migraine started with yawning, sensitivity to light, sound and movement, nausea, sometimes vomiting and exhaustion. The headache started in the front of her head and it felt like her head was going to burst if

she moved it — with a big tight band around it. It gradually moved to the right front/side quarter of her head. She took paracetamol and went to bed; afterwards she felt exhausted for a couple of days. She had tried dietary changes to see if they made a difference, but to no avail. She had also been prescribed several drugs over the years, but they had not really helped.

Panic Attacks

During our preliminary discussions it also emerged that she was suffering from panic attacks, but she didn't admit to me how serious they were at that stage. It was only after 4-5 treatments that she admitted how debilitating and embarrassing that she found them. She had had them on and off 'for no reason' for 30 years or more. Often they happened when she was travelling and she could no longer go on the London Underground, as it was too claustrophobic. On a bus/coach 9 times out of 10 she would be fine, but once out of 10 she wouldn't be, and she didn't know why. She also had problems on walks sometimes. The attacks really annoyed her and stopped her going out as often or being as adventurous as she'd like. During the course of the treatments she said that they are often tied up with 'boundaries': for instance driving on a motorway was difficult, because there were no houses alongside it; walking across a railway bridge near her house could also be a problem as, again, it was 'open space' with no houses alongside it ... she often waited until someone else came along to walk across with her. She found this very frustrating and annoying.

Constipation

Vera suffered from very severe constipation. She hardly had any bowel movements at all. She had tried homeopathy and colonic irrigation, but neither had helped. She planned a time when she could be at home and then took laxatives. These gave her a lot of pain, but she did manage to 'produce bits' all day, often with lots of liquid. She said that the pain was not worth the result.

Other

Hot flushes

She experienced hot flushes nearly every night and occasionally during the day; these are 'dry' flushes, as opposed to sweaty ones — but they disturb her sleep.

Sleep

She couldn't really go to sleep before midnight and woke around 6-7.00 am. She often woke during the night, occasionally had bad dreams or panic attacks, and occasionally woke because she's 'stopped breathing' and couldn't remember how to, which caused her panicky feelings.

Gall Bladder

Approximately 30 years ago she had her gall bladder removed as a result of suffering gallstones.

Digestive Problems

A couple of years previous to my seeing her she had had problems with nausea. This was because of a hernia. She had also been suffering from gastritis or inflammation of the stomach lining since around the same time. Despite treatment, she was still experiencing frequent nausea, especially when standing. The gastritis would flare up from time to time and cause nausea, retching and sometimes full vomiting. Her doctor prescribed Ranitidine for this — the side effects of which can be headaches and constipation.

Psychological Background

After her 5th treatment she revealed to me that when she was about 12-13 years old she had developed obsessive/compulsive disorder. This had taken the form of going

repeatedly through doors, being obsessed by colours and thinking they all had awful meanings, so she hated colours. Also numbers had horrible associations, so she avoided using these. There were other symptoms, but she didn't elaborate. As a teenager she was put into psychiatric hospital for 2 years where she was put into insulin comas (very high doses of insulin) as a treatment. She was also given electric shock therapy — applied to her head. She has no idea what triggered the behaviour, but it left her family devastated as they didn't know what to do and they refused to talk about it, then or later. She said she preferred being in hospital as she wasn't 'odd' there and didn't really want to come home, as she wasn't fully better. However, she 'coped' and gradually managed to find ways of dealing with it and as she got older she managed to overcome most of her symptoms. In adult life she had gone on to travel widely around the world. When she came back to settle in the UK, in 'a situation she didn't want to be in' she began to have problems with panic attacks and other things which she didn't elaborate on.

Bunion

At age 18 she had an operation to remove a bunion and straighten her big toe which left very strange fused bone and joints between the big and second toes — no clear groove.

Visual Observation

Vera appeared very tired, with a slight green tinge around the mouth. Her head was held slightly to the left and her right shoulder was lower than her left. Her belly area seemed very bloated and blocked.

Diagnosis

Vera obviously had a lot of problems, some of which she didn't talk about until after 4 or 5 treatments. Some of her experiences were very traumatic and I suspect that there was more that she wasn't ready to tell or remember. I believe that she had been repressing things over a long period of time. I feel that this was the primary cause of her constipation. In Chinese medicine the Large Intestine energy has a lot to do with 'letting go', both physically and psychologically. I feel that things have been held in for such a long time that this was very stagnated and weak and needed releasing in a controlled manner and strengthening to allow her to progress.

She also has a lot of issues throughout her life about 'control' and 'boundaries' and from a Traditional Chinese Medicine perspective this is partly indicative of issues with the Large Intestine (boundaries), but also issues with the Liver and Gall Bladder (control). It is interesting that she had had her Gall Bladder removed and that her bunion operation damaged the end of the Liver channel. I feel that a lot of issues about 'control' and also anger and frustration with things that she is bottling up have impacted on both the Liver and Gall Bladder energies. These energies are rising up and causing the migraines, which are seated around the Gall Bladder area on the head. Her Heart and Kidney energies are also weak which, exacerbated by the Liver/Gall Bladder and Large Intestine energetic imbalances, was showing as panic attacks, nausea, hot flushes and sleep problems.

Treatment

I treated Vera 16 times during a 7 month period, at approximately 2-3 week intervals. The treatments stopped when I moved away from Surrey.

Vera found it very hard to relax. It wasn't until the sixth treatment that she felt able to shut her eyes and 'participate' in the treatment more easily. She has a lot of issues around her boundaries; she found it difficult to concentrate on her breathing because if she became aware of it she fears it will stop and this makes her panicky; she also

found it difficult to get comfortable in any position. It took me quite a while to work out a way of treating her where she was comfortable and to work with her breathing without her getting 'uncomfortable' with this. She was very difficult to 'get feedback' from as well, but gradually I learnt that lots of gentle stretches and channel opening techniques seemed to be the most effective and the ones which she liked the best.

I concentrated a lot of energy on freeing up her hara (belly) area. Initially I found her Kidney energy was very depleted, so I really concentrated on building this up and her Gall Bladder and Liver energy was very 'stuck', so I aimed to free this and get it flowing smoothly. From about the 3rd treatment onward her Large Intestine channel consistently came up in diagnosis as being 'depleted and stuck', so a lot of focus was brought onto this and looking at the Large Intestine function of 'letting go'. We tried to explore ways of encouraging her to recognise things that she 'wasn't letting go of' and ways in which she could do so. I suspect this had a lot to do with why she told me more and more of her history as the treatments continued — she was remembering things that had happened and starting to face them.

Self Help

I recommended various exercises for her to do to help herself and several acupoints for her to treat herself. I also recommended the 'travel sickness bands', to help with both her nausea and panic attacks, as the same acupoint can be used to treat both conditions ... she found this very helpful. We also discussed various dietary ideas for helping her digestive flow, but none of them were very successful.

Results

Migraines

Between the first treatment and just prior to treatment 4 (about 2 months later), she only had a few headaches, but they were minor — not migraines. She did have a migraine just prior to treatment 4 — the day after she returned from holiday after a busy day of travelling — and a return back to 'real life'. Her next migraine was just before treatment 8 (about 4 months after starting shiatsu) — and I didn't manage to find out if there was any particular stress around that time. During 7 months I saw her she didn't have any more migraines ... she did have some headaches which 'niggled' for a day or so, but nothing that developed into a full migraine. Two years after I last saw her, a shiatsu colleague of mine told me that she had just started coming to see her, as her migraines had just started to come back, after being migraine free in the intervening period.

Panic Attacks

At treatment 4 she told me that she had had no panic attacks at all during the day since the last treatment, but had had one at night when she woke up unable to breathe. Prior to this she hadn't really told me how serious they were, and it was only when they had stopped to some degree that she was relieved enough to want to talk about them. At treatment 5 however, she said that she had experienced a lot of panic attacks since the previous treatment. During this session she also revealed to me a lot of her previous psychological and childhood history. I believe that a lot of 'stuff' was coming to the surface and temporarily exacerbating the panic attacks, but making her remember and want to talk about things. I believe that the shiatsu was allowing her to remember a lot of buried memories, and hopefully support her through the process of letting them go. She had a couple of panic attacks between this treatment and the next one, and at the 7th treatment reported only being 'anxious' a couple of times, not proper panic attacks. She had put on the travel sickness bands I had recommended when she

started feeling anxious, and the attack hadn't developed. This continued to be the pattern for the next few weeks — if she felt anxious or knew she was going somewhere 'risky', she would wear the travel sickness bands and no panic attack developed. At treatment 11 — about 5 months after treatment started — she said that her panic attacks had gone completely. She had been to Cambridge without any problems and up and down to London, and on the Underground twice. At the following treatment she said she'd been up to London three times and had no problems and had also been doing long walks on her own, which she had stopped doing — she was doing loads of things which she hadn't felt able to do for many years and was feeling much happier as a result.

Constipation

At the first couple of treatments she was suffering from a flare up of 'gastritis' for which the doctor prescribed drugs which caused her bowels to cease up completely. However, during the rest of the time, when she was 'drug free', some progress was made. At treatment 4 she came in really excited, as she'd had her first 'normal natural stool' a few days after the previous treatment. At treatment 5 she said she felt that something was happening with her bowels and every 3-4 days was now producing stools naturally. She was still taking a weekly laxative to 'clear her out'. At the 8th treatment she reported she was now managing to have some sort of bowel movement naturally most days ... not necessarily producing a lot, but her system was trying. This was how it continued until I stopped seeing her — some good progress, but still improvement needed.

Digestive Problems

She had a bad flare up of 'gastritis' after the first treatment for a few days, but it didn't flare up again during the course of treatment. She did have several bouts of nausea. However, at treatment 10, about 5 months after I first saw her she reported that her digestion was much, much better and she hadn't had any nausea for several weeks. I think the cessation of nausea happened around the time she started wearing the travel sickness bands a lot. She did not have any more nausea during the time I saw her.

Other

- At the 6th treatment she was the most relaxed she had ever been and said she enjoyed the novelty of 'relaxing'.
- At treatment 10 she reported she had stopped having hot flushes at night for a couple of months now (roughly since treatment 6) and so was sleeping much better.
- At treatment 12 she said her energy levels were much better than they had been.

Conclusions

Vera had a lot of long-standing problems. Over the 7 months I saw her there were substantial changes in most of her symptoms and I believe that she was starting to face many of the causes of her problems and that shiatsu was supporting her through this process. It was a shame that I had to cease her treatment at this stage, and feel that she would have benefited from ongoing shiatsu — but it was really great to hear 2 years later that she had been migraine free for that long, and I would have liked to have known how the rest of her health had fared in the interim.

Susan Crawshaw, MRSS. 3rd March 2006.

CASE STUDY 2:

Stella, a lady in her early sixties, came to see me in October 2004 for treatment of her severe migraines. Stella is an artist specialising in vibrantly coloured flowing abstract paintings, but also has a part-time job in a drawing office. She is separated from her husband, has 3 children and several grandchildren scattered over a wide geographic area, all of whom have various problems with which Stella tries to help as much as she can.

Her migraines had started about 3 years prior to me seeing her, but in recent months had increased dramatically in frequency and severity to the extent that she was having a migraine approximately every 2 weeks, the effects of each lasting for a week. Therefore, for about 50% of the time she was either having a full-blown migraine or feeling like a complete zombie as she came out of it or sank into the next one. The symptoms started with lots of yawning, then headaches with increasingly severe pain in the right temple, blurred vision, hypersensitivity to light and noise, then severe vomiting and diarrhoea. These symptoms lasted for several days before she gradually came out of it feeling exhausted and weak — barely able to walk the few steps to her garden or eat and drink. She would then feel better for a few days before sliding into another one.

Additionally Stella's sleep was generally disturbed, waking most nights and then unable to go back to sleep for a couple of hours, with huge body temperature fluctuations contributing to the disturbance. The resultant tiredness was adding to her lack of well-being and she had a lot of tension in her neck and shoulders. Her life was being severely disrupted by these problems: the severe pain of the migraines themselves, her stamina was badly affected, she was permanently tired and her mood was very low. She expressed fear at what was happening and her inability to control it. She had seen the doctor for tests, but was reluctant to take the drugs on offer due to their side effects.

Stella had never heard of shiatsu, but agreed to give it a try when I suggested it might help. Between October and Christmas 2004 I treated her 6 times at fairly close intervals and there was a dramatic change in her condition over this period. During this time she only had a couple of migraines, but the symptoms were very mild — only 25% strength and with a duration of hours rather than days. She also had a couple of times when she thought 'something was simmering', but was able to clear the symptoms before they developed. During the first treatment I showed her some acupoints to use on herself and also talked to her about how she can recognise and acknowledge the onset of her migraines. She said that she often doesn't realise she's yawning (the first sign) until it's too late. I taught her a technique for acknowledging this and (hopefully) talking herself out of a full-blown attack. The symptoms she did have during this couple of months coincided with particularly busy and stressful days. After 6 treatments her migraines were dramatically reduced, her sleep quality was also much improved — she was still waking, but was going back to sleep much more quickly. She said she was feeling much more confident and was not getting into such a state about things. She was much more able to cope and enjoying life again. Amazingly after the very first treatment her sense of smell, which had diminished to virtually nothing over the previous 3 years, came back.

After the initial 6 treatments I have continued to treat Stella, but the emphasis has shifted from the migraines to giving emotional support during what has been a traumatic and hectic year for her. I treated her a further 10 times between December 2005 and February 2006, but with increased intervals, and I now treat her only when she feels she needs a treatment, often 6-8 weeks apart.

She had one very minor migraine in February 2005 which lasted half a day, and a couple in June-July 2005, one of which was very severe. This coincided with a period of emotional stress and turmoil when she made some life-changing decisions. She also commented about the June one that 'it was so long since she'd had a proper migraine that she'd forgotten how to recognise the symptoms' — so it developed. The run-up to Christmas 2005 was a very emotionally stressful time and again she had a migraine, but very muted symptoms and only lasting 8 hours. Those are the only migraines she has had since the end of 2004, and any 'simmering symptoms' she has managed to control herself.

During the last 16 months her life has changed dramatically. She has gone through a lot of emotional stress over the last few months and shed a lot of baggage: she says she feels much lighter and freer. She has started playing clarinet in a group again — something she had stopped as she often felt a migraine coming on after playing. She has become much freer with her painting; she was spending a long time planning each painting before she started it, now she doesn't need to, they just evolve — it is really flowing and more like she's always wanted it to be. She is still doing a lot of running around after her family, but she is able to do it and enjoy it, whereas before having shiatsu she was not. She is no longer having huge temperature fluctuations at night and is sleeping well — no more tossing and turning or lying awake. Her energy levels are much, much better.

The stress in Stella's life means that it is difficult to 'cure' her migraines, but they are dramatically better than before I saw her. If she feels one 'hovering' she can now control it herself. They no longer dominate her life and she can have, and enjoy having, a busy professional and family life.

Susan Crawshaw, MRSS. 16 February 2006.

ARTICLES

The Deeply Held Migraine by Tim Mulvagh, MRSS (T) MBACc, MRCHM

Practical case analysis and history form the backbone of CBShiatsu here is an example.

A has recently completed her Shiatsu training and is looking to become a professional Shiatsu practitioner. She also works in a mostly sedentary job as a receptionist and administrator.

A had just been diagnosed in the group as having an excess in the Wood element and deficiency in the Water, with the Gall Bladder Jitsu and Bladder Kyo. She told the group that this had been a typical diagnosis for her. She had become a little disillusioned with Shiatsu recently as few of the treatments she had received seemed to be effective and several had left her quite tired.

Diagnosis was made using the classical model of the Four Methods of diagnosis.

Looking

Her gait was generally compact and firm and the posture showed that the energy was being held to the sides of the trunk and legs. The back appeared to be a little weak. The facial complexion was slightly dull and dry, with a darkening around the eyes and a slightly withdrawn "Spirit – Shen". There was also a greenish hue at the temples. The tongue and lips were of a slightly darkish pink colour.

Listening

The voice had a sense of being slightly withdrawn.

Questioning

Mild stress headaches were a common complaint and she had suffered migraines for many years. They were much rarer than the stress headaches but were severe. The pain was fixed and penetrating, with the accompanying signs of visual disturbance, nausea and being unable to do anything but hide away until it had passed. Although she was not suffering a migraine attack at the moment, she complained of shoulder, neck and head tension and pain.

Palpation

The main diagnostic areas, points and channel palpation confirmed the diagnosis of Gall Bladder Jitsu and Bladder Kyo. The head felt full and hot. The feet tended to feel colder as did the back.

The group decided that the overall condition was tending towards fullness-based on the “Eight Principles” of Yin and Yang – and that the treatment principle was to sedate the Gall Bladder channel as the primary objective of the Shiatsu session. The role of the Bladder channel in this case was to nourish the Wood element and thereby “unlock and open” the Gall Bladder channel so that it could be moved.

A’s partner in the group proceeded with the session. The tonification of the Bladder channel went well, the support of the Kyo did seem to “soften and open” the Jitsu. Work on the Gall Bladder channel, seemed to make A feel cold. The channel did not respond well to the practitioner’s efforts, with the result that after only a few minutes A was getting progressively colder and wanted to stop the session to put on her jumper. They both decided that the treatment was “not appropriate” and so the session was stopped. A and the practitioner were both confused as to why A had reacted in this way. The group began to discuss what had happened and “look for a clearer diagnosis”.

Analysis

The discussion led to the interesting pattern of the Blood Stagnation. The signs of a Blood Stasis Pattern here are: the length of time of the condition, the nature of the pain, the complexion and the colour of the lips, the voice, the posture and A’s emotional make-up.

The classics tell us that Blood pertains to Yin and Qi to Yang. Within the Gall Bladder channel the stagnation of Blood meant it was being held deep within the Yin aspect of channel below the Qi. So when the practitioner contacted the Qi of the channel, which occupied the more superficial or Yang, aspect of the channel, the Shiatsu technique was only effective in moving the Qi.

As Qi belongs to Yang it helps to warm the body. Furthermore, “Qi is the Commander of Blood” and so has an important role in moving the Blood. In this case the Qi and Blood are not harmonised and working together as the Blood is held, or stuck, in the deeper layers of the channel. The Shiatsu technique that was used to sedate the Gall Bladder channel only moved the Qi portion of the channel leaving less Qi to move the Blood. Furthermore the sedating of the Qi (which pertains to Yang and therefore warmth) made A feel cold and this rather than moving the Blood made it contract even more (coolness – Yin - has the effect of contracting).

We had to find a way of harmonising the Qi and Blood so they could work together and move the stagnation. We then discussed within the group the kind of Shiatsu techniques which would move the Blood without disrupting or sedating the Qi too much.

The practitioner stated another treatment. This time, although the treatment principle from a Kyo and Jitsu point of view was the same the Shiatsu technique that the practitioner employed was different.

The practitioner worked to tonify the Kyo, which again helped to soften and open the Jitsu, but when working on the Gall Bladder channel she focused on holding the pressure steady, slowly breaking through the Qi causing as little disruption to it as possible. The pressure was held until it penetrated deep into the channel, much deeper than the practitioner was used to going, and was maintained until it connected to the Blood. The intention was then focused in such a way as if to break down the Blood stasis. The practitioner waited for a sense that the Qi was being pulled into the Blood.

This time A began to relax much more deeply than before, saying that the deep “breaking pressure was very satisfying but for a couple of painful spots where the pressure was then eased off. This time, instead of getting very cold, A felt a warmth coming first through the channel and then over her whole body. She began to relax more and more deeply as the Blood and Qi began to harmonise. The resulting warmth eased the tension and pain in her neck, head and shoulders.

Afterwards A and the practitioner were “amazed by the huge difference” between the two sessions. A said that the kind of Shiatsu pressure she received in the second treatment was not just satisfying and comfortable, but gave her a deep sense that “this is what I need”.

Few of the treatments she had received before seemed to be effective this time the deep “breaking” pressure was very satisfying.

Conclusion

Here we can see how different Shiatsu techniques can achieve completely different outcomes with the same Kyo/Jitsu diagnosis. In the first case the pressure and stretches were dispersing the superficial layers of the channel, moving the Qi and causing the body to cool rapidly whilst failing to move the blood. In the second treatment, the practitioner was able to connect with stagnation held deeper within the channel and release the Blood by harmonising it with the Qi.

I have chosen it to present this case to you because it clearly shows how the classic principles of Oriental Medical Therapy can bring focus and intention to a session. They are a valuable tool in clinic and can make a profound difference to our clinical effectiveness as Shiatsu practitioners.

It is important to remember that not all conditions require this depth of pressure and in fact there are cases, in which the very deep pressure required here would be detrimental.

Tim Mulvagh is a Shiatsu practitioner with nineteen years’ experience. He has been a Shiatsu Society registered teacher since 1991 and has over two decades of study into the classics of Oriental Medical Theory. He is a practitioner of Shiatsu, Chinese Herbal Medicine, Acupuncture and QiQong, his teachers coming from China, Vietnam, Japan and the West.