

SHIATSU AND I.B.S. / BOWEL PROBLEMS

RESEARCH:

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.

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.

PILOT STUDY

TRIAL OF SHIATSU, A TRADITIONAL JAPANESE THERAPY IN THE TREATMENT OF IRRITABLE BOWEL SYNDROME – A PILOT STUDY.
Dixon SL & Gregory WL, Wansbeck Hospital, Northumberland, UK.

Introduction: Irritable bowel syndrome (IBS) is a common disorder causing abdominal pain and alteration of bowel habit. Current treatments are often unsatisfactory. Shiatsu is a traditional form of hands-on complementary therapy from Japan. Complementary treatments for IBS have been advocated, however, there has been no trial of Shiatsu to date.

Methods: A local GP surgery was contacted and a number of individuals with IBS were invited to take part in the study. Out of 15 volunteers screened 11 fulfilled the Rome II criteria and 10 were available to complete the study. All were women with age range of 23-64 years and had no significant co-morbidity. Two quality of life (QoL) questionnaires were self-completed at the start of the study, the disease specific IBS-QOL(*) and the generic SF-36. Over a six month period the volunteers received eight Shiatsu sessions. At completion of the six months the QoL scores were recalculated. A feedback questionnaire was also mailed to the participants.

Results: Eight out of 10 individuals showed an improvement in their total IBS-QOL scores and in five there was a major improvement. There was either no change or slight deterioration for the two individuals with the best scores initially. All individual's scores for each domain in the SF-36 improved. The sample size is too small to allow statistical analysis. Of the seven who completed the feedback questionnaire, all enjoyed the treatment, would recommend it to others and if available on the NHS would have continued. Six out of seven were prepared to continue privately.

Conclusions: This pilot study demonstrates an improvement in QoL scores in people with IBS. Shiatsu may be an effective form of treatment and deserves further investigation with a larger study. The participants response to the treatment was very favourable.

* IBS-QOL supplied by Douglas Drossman, University of North Carolina, USA

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.