

SHIATSU AND NECK PAIN

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.

CASE STUDY 1

B is 47, she has three children, twins aged 13 and a 7 year old. Her husband works away a lot. She is thin, with a muscular build and has a contained quality. She finds it hard to cry, but has a weepy quality to her voice.

She has come for Shiatsu to relieve stress and pain around her back and shoulders, she is finding it hard to relax and switch off, and acknowledges she finds it hard to slow down, feels a lack of physical and emotional support.

They moved to England from Switzerland 5 years ago and a year ago bought a house. At around the same time her mother died. Her father is suffering from Alzheimers, he lives quite close by so she looks after him. His behaviour can be difficult, angry and hostile.

She has a good diet but has found herself drinking a lot of coffee and more alcohol in the past year. B has been feeling anti-social and cutting herself off from friends and neighbours. She is a movement work teacher but has found it impossible to focus on setting up classes and is having a break and not doing much physical activity.

MEDICAL HISTORY

B had a caesarean with her twins 13 years ago and has suffered on and off with lower back problems. She has been to an osteopath with no lasting affects. She recently discovered that her uterus is retrograde. Her upper back and shoulders have been painful for 18 months. She has suffered from digestive problems over the last couple of years, and has a history of PMS starting about 5 days before her period, feeling irritable and impatient. Her periods are getting close together.

PRESENTING SYMPTOMS

She has been uncomfortable with tightness and pain around her neck and shoulders, upper and middle back with limited movement toward the left. She has been feeling very stressed and finding it hard to relax.

Her sleep has been unsettled, waking several times a night worrying and mentally over active. Emotionally she has been feeling up and down suffering from irritation, tiredness and depression sometimes feeling that she cannot cope.

Her digestion has been unsettled, suffering from bouts of nausea, abdominal pain, bloating and constipation, which goes in a cycle of 4 to 6 weeks, lasting for several days. She has blocked sinuses and her breathing is quite shallow.

ZEN DIAGNOSIS

B'S Kyo lung meridian was associated with difficulties communicating and expressing her grief. Her shallow held breath, sinus problems, and isolating herself from friends and neighbours, limiting her exchanges between herself and the outside world, led to feelings of depression and a lack of vitality.

Symptoms of her Kyo spleen meridian relates to feelings of not being supported, excessive nurture of others at the expense of herself, disturbed sleep, PMS, digestive problems and a lack of exercise.

Small intestine kyo relating to shock after her mothers death, and difficulty in assimilating events have left her lacking the ability to acknowledge these difficult emotions. Lack of patience and nervousness can be linked in Zen Shiatsu to the S1 providing a source of Ki in the Hara through nutrients thus bringing the presence of the heart down to the Hara. Because of its link with the ovaries and menstrual disorders it is often diagnosed after a difficult birth, it could relate to shock and uterus problems after her caesarean, and links with lower back problems held since then. Bladder jitso came up in the first three treatments, relating to tension pain along the meridian pathway, nervous tension, lack of impetus with her work, but overloading her self with family issues, bladder can also relate to the uterus in Zen and an inability to relax.

Liver and GB came up in back visual diagnosis, held around the side of the body, this relates to uneven flow of Ki, inconsistent emotions, irritability, anger and to a physical lack of flow resulting in stiff painful shoulders, neck and back. This stagnation of energies causing the abdominal distension pain, nausea and constipation. This also reflects with livers poor distribution causing problems with her menstrual cycle, frustration and feelings of being at wits end and difficulty expressing creativity in her work.

FIVE ELEMENTS DIAGNOSIS

B's water element is full but not flowing resulting in an inability to relax, tension in her back some insomnia and a lack of motivation. Water not feeding well into wood which is unrooted and stagnant, its rising energy getting stuck and causing areas of pain and stiffness in the neck, shoulders and joints. Headaches, digestive problems, nausea, swollen painful abdomen, constipation and PMS are also linking to blocked wood energy. Not aided by daily consumption of coffee and alcohol. A lack of emotional harmony, feelings of irritability and impatience causing problems in areas of creative expression and organisation. Her lean muscular frame has a wood presence. Stuck wood energy not fuelling fire which is being put out by water causing a lack of joy and emotional expression.

Low fire energy giving a lack of substance for earth which is also being invaded by wood is symptomatic of her care and nurture of her family to the deprivation of herself and feeling unsupported by her partner. Retreating into her head and over worrying, her digestive and PMS problems, the death of her mother, moving country and house all ungrounding her earth energy which is not controlling and channelling her water energy and lacks the nourishing composites for feeding her metal element.

Her weepy choked voice relates to metal imbalance. Overwhelmed with grief, difficulties with crying and expressing emotions and letting go (constipation) lowering her vitality and causing her to withdraw into herself. Problems with her father relating to her metal element, lack of exercise compounding depletion and its inability to control and cut wood.

TREATMENTS

1 & 2. 20/04/04, 04/05/04

Front and lower legs Kyo, back Jitso

1st treatment: Hara Diagnosis S1 kyo BL Jitso started with soia stretches to release neck.

Dispersed BL in sitting and prone using stretches, rocking. Worked BL28 to effect Uterus, BL27 for small intestine and tonified meridian. S1 3, S1 11 for back shoulders tension. S1 felt Kyo used compassionate touch.

Worked hara. heart Uterus which felt disconnected lower hara. Tonified spleen using a supportive touch and spleen 6 to benefit uterus calm mind, relieve frustration.

Recommended holding S1 3, breathing into lower hara.

Next two treatments: 18/05/04, 08/06/04.

Liver GB Jits, spleen Kyo. Back diagnosis, visually energy held in sides, shoulders. My emphasis in treatment was in releasing stagnation, working in side to open liver GB.

The meridians felt Jitso responded to movement and points used.

GB 34 descends rebellious Ki, relaxes tendons, muscles.

GB 21 Move Ki down, ease neck shoulders, Tension. Liver 13 Harmonise Liver and spleen.

Liver 3 smooth flow of Ki, release anger, PMT.

Hara work releases tension ST25, tonified spleen which felt Kyo using SP 6/3.

Recommended hara massage ST 25 for bloating and constipation. Talked about finding more time for herself exercise to shift stuck wood energy.

Last 3 treatments: 22/06/04, 13/07/04, 05/08/04.

Back diagnosis. Liver GB Jitsu. Lung spleen Kyo.

Energy less contracted more continuity. Still working with stretches to release wood energy also focusing on nurturing earth energy, tonifying lung using deep present connection and breath to connect with feeling of grief.

Using lung 9 tonify lung Ki deepen breath. Lung 7 sinuses. Lung 1 help descending Lung Ki release stuck emotions.

TREATMENT RESULTS

During treatments B had the following results and improvements. Her neck mobility improved. By treatment 3 her lower back pain was nearly gone and she was finding it easier to relax.

As her liver, GB Qi released so did her shoulder and upper back pain. With an improvement in PMS, abdominal bloating and nausea. By treatment 5 she was doing more exercise had taken up riding and teaching again, and she was feeling less irritable and able to cope.

As B's metal energy strengthened she was able to express herself better to her husband and felt less inclined to isolate herself. With firmer boundaries found that she was able to deal with her father's emotions better and with more clarity. She looked more relaxed, her voice was clearer and her breath deepened.

CONCLUSIONS

B, has been able to get in touch and express her grief more. Through meeting some of her own needs exercising her friends horse, giving her a sense of freedom and joy in life again. Using her strength to bond and communicate with her father, who she has moved into a home, where he is happier. Through releasing tension is able to be more relaxed and comfortable. Seeing more of her friends neighbours has some support outside of the family.

H. Armstrong

CASE STUDY 2

W, who is 50, has recently completed a course in Psychology and continued to study for MSc in Psychotherapy. She herself has been in Psychotherapy for 10 years, since problems in her marriage, which ended 4 years ago. She is involved in acrimonious negotiations with her ex-husband and is coping also with the sudden death of her 18 year old daughter's boyfriend, grieving herself, and supporting her daughter in her grief. She is single minded and organised, rather driven, oversensitive in close relationships, caring and sensitive to others.

At 15, had a riding accident, which caused severe back trouble and sciatica. At 26, she had a laparotomy involving L5 and S1. She had several miscarriages, a gynaecological operation at 32 to remove adhesions to her colon and a cyst on her bladder and was later involved in a whiplash accident. She has had periods of emotional trauma. She is lean, her face almost gaunt-looking with a greenish tinge to her dull complexion, deeply sunken eyes with pronounced dark shadows round them. The eyes themselves are lively, her voice has a laughing quality. She is agitated and tense and gives the impression of deficiency being overridden. Her energy is predominantly in the upper body, a little stuck around the lower Hara, and lacking in the legs.

W complained of constant chronic pain in the lower neck area (along the S.1. channel) which had become acute – exacerbated by the extreme mental and emotional pressure she was under – and was so tender she could not even bear the pressure of clothing on it. It had all become overwhelming, leaving her feeling exhausted and depressed.

Questioning revealed that she suffers from headaches in the occipital area and more migraine-like headaches over one eye. She falls asleep easily, but her sleep is disturbed and she wakes frequently. Her digestion is good, though she tends towards constipation. She is a thirsty person, liking warm drinks, especially in the evening. She feels the cold, poor circulation to hands and feet causing chilblains. She suffers from low back pain (both sides) and occasional sciatica. She has very heavy painful periods with dark clotted blood. Her energy levels dip in the afternoon and

she pressures herself to exhaustion point. She can be irritable under pressure and has a tendency to depression. Her tongue is pale with a mauve tinge, a little swollen, with teeth marks round the edge. There is a crack along the midline where it is redder with a yellow coating.

There is stagnation of Chi due to trauma along the S.I. channel in the neck and shoulder, resulting from the shock of the accidents and the operation involving the S.I. Yu point area. This is exacerbated by stagnation of Liver Chi (Wood not nourishing Fire) which is also interfering with the transporting/transforming function of the S.I. and generally blocking the Lower Burner. St/Spl energy (Earth) are also affected and have become deficient. The Chi stagnation has led to some Blood stagnation. There is underlying deficiency of Kidney Chi, especially Yin. Water has failed to nourish Wood (Liver Chi stagnation) or connect with Fire (the Heart) to house the Shen (Liver is also involved here too – not storing the Blood satisfactorily during rest). Though her age is relevant, the Kidney Chi has been drained by the shock of the accidents and the operations involving the lumbar area and the lower Burner, and is still having strong demands made on it by the mental and emotional stress that has become longstanding. There are signs that the Heart Protector is also deficient.

TREATMENT

W was very agitated and her whole body very sensitised. Her Yu points and the painful area around her neck and shoulders were too tender to touch. I needed to tonify Kid, Bl and her Hara, to draw the energy down, unblock it in the lower Burner, and move it along the S.I. channel. Above all I needed to help her relax by being supportive and calming. As she found work on the occiput and head very releasing I spent time on this, also hands and feet in each treatment.

18.11.05 S.I. jitsu Kid kyo

Side lying was her one comfortable position. I concentrated on holding the Kid/S.I. area on her back, tonifying Kid on the sacrum – which gave her a sensation on her upper thigh – and in the legs. I worked S.I. in the arm, especially around her wrist and hands (S.I.3). Sighed into pressure on her head and felt things begin to move.

30.11.05 Liv jitsu S.I. kyo

This movement continued. I worked with ampucu to her Hara. Though it was rather tender in the lower abdomen, she felt this ‘hard lump’ melting away in the S.I. diagnostic area as I dispersed Liv in the legs. This produced much borborygmi. S.I. in her legs was very tender, but as I worked it she felt much ‘emotional baggage’ that had been upsetting her gut had moved.

9.12.05 St jitsu Bl kyo

I worked again on her Hara, rebalanced Kid Chi (Ren 4, Ren 17) and she felt it in her abdomen as I worked Kid along her sternum. I dispersed St jitsu in her legs. I could now tonify Yu points (St, Spl, S.I. and H were reactive) and work on S.I. and St in the shoulder area. She responded very well to this treatment.

6.1.06 Liv kyo Gb jitsu

After the Christmas break the tenderness had moved closer to the top thoracic vertebrae, (Lu, Hp, and H Yu points) between the scapulae. Gentle mobilisation of head, neck and shoulders was now possible, the movement and friction of working Gb round the scapulae now welcome. Gb was

tender in the upper leg as I dispersed it, and she felt sensation between her scapulae as I worked S.I. on her back.

14.01.06

Dispersal of Liv jitsu in the legs has a strong dispersing effect around the hypochondrium. Liv is also very jitsu in her upper arms. B1 in the low back welcomes much tonification.

20.01.06 S.I. jitsu Hp kyo

She came feeling much better in herself. I could work more strongly into S.I. on the shoulder area, legs and arms. Working Hp in the chest together with Hp Yu point was very releasing. Hp in the upper arm was very tender. Her scapulae were considerably looser.

The most significant changes happened in the second and third sessions. Emotional blockages cleared and consequently W began to feel better in herself, the acute pain of the shoulder area gradually easing. The latter treatments sustained the change and strengthened her. It would not clear entirely until pressure on her eased. She needed further support, regular rest and time to resume yoga, thus centring herself, and to take more exercise. She was already careful about what she ate. Treatments stopped for her to go on a two week holiday.

Jacqui McCoan

CASE STUDY 3

Personal History

R is 53 and lives in a small coastal village with her 2 dogs. She is in a long-term relationship and has a business with her partner. She also has a demanding full time job, with a regional post, which often requires travel all over the country. She has 2 grown sons who have been through college and are now quite independent.

R is somewhat overweight with saggy flesh, her upper body being more densely built than her legs. She exercises regularly, taking her dogs for walks twice a day. She also goes swimming occasionally and tries to incorporate exercises into her daily routine. She enjoys cooking and has a healthy diet with no meat. She sees this phase of her life as quite positive as she embraces the changes and is able to make more time for herself. She has been able to concentrate more fully on her love of writing, which has been something she has wanted to do for a while.

Medical History

R generally has a healthy constitution. Her main issue has been joint problems, which she attributes to a huge iron infusion when she had her last child in 1979. She has been prone to flu type symptoms, which often develop in to chest infections, most often in Autumn. She has also been prone to sinus problems in the past and has occasional wheezing or coughing episodes and dry skin on occasions. Another major issue has been her sleeping patterns with frequent insomnia. R has been involved in 3 car accidents (1972, 1994, 2004) and often suffers from discomfort in her neck and shoulders exacerbated by having to do a lot of driving or computer work. R has suffered from menopausal symptoms (hot flushes, lacking in energy) over the past 5 years and these seem to have subsided now. Her mother died about 2 years ago and although this stirred up difficult emotions, it also felt quite liberating for R at time when she wanted to reassess her life. She has been coming to me for treatments since I first started studying Shiatsu in 2000.

Presenting Symptoms:

- Joint pain

- Work stress
- Reassessment of life – post menopause
- Tendency to overweight
- Intermittent sleeping – insomnia
- Neck and shoulder stiffness

Aims:

To support R in her reassessment of life. Work with joints to create greater flow of energy. Release of tension in shoulders and neck.

Treatments:

1. 20.10.04 Kyo: BL Jitsu: HT

R feeling well generally. Slight tightness in chest. Some shoulder pain in left shoulder. Talked about diet, in particular macrobiotic diet.

R would like to lose some weight. Talked about doing some exercises on a more energetic level i.e. Tai Chi, Yoga.

2. 10.10.04 Kyo: LI Jitsu: HT

R in car accident. Left shoulder is more painful. Week off work and generally feeling well and stimulated. Feeling unsupported at work.

Upper body felt full with lower legs lacking. Strong connections on LI. Worked to disperse Ki in upper body, working shoulder points and LI 10. R knee wanted attention.

3. 1.12.04 Kyo: LIV Jitsu: SI

Last night was awake from 3-6am. Tension in shoulders, due to a lot of driving and computer work. Scanning indicated banding. Worked heavily on the hips but R welcomed work. Legs felt more energised with upper body more yielding. Work on shoulders and neck always creates release.

4. 22.12.04 Kyo: SP Jitsu: LIV

A bit tired today. Doing some work in the house and is feeling a bit achy. Heaviness in the shoulders and neck. General banding of energy. Treatment worked to create a more even distribution of energy and also to disperse energy downwards.

5. 2.02.05 Kyo: LI Jitsu: ST

Helping partner move house – some back strain. Too much sitting/driving. Very hectic work month. Flu bug after Xmas. Not exercising. Strong connections on LI & ST. Left side of body lacking, more energised after treatment. Neck tight and banding of chest area.

6. 16.02.05 Kyo: SI Jitsu: TH

Feeling well. Some shoulder ache. Joints good and diet.

L & R of SI noticeably different. More similar and yielding after treatment.

TCM Diagnosis

Metal tends to figure primarily in R's symptoms. She tends to wake early at 5am (LI time) and is prone to colds, which can lead to bronchitis particularly in the Autumn. She also has periods of dry skin and occasional wheezing relating to the function of elimination in LI. Her neck and shoulder pain could be attributable to meridian problems in LI or SI.

Frequent presentation of SI reflects the function of assimilation. Although there seems to be little evidence of physical symptoms relating to SI, emotionally R is going through a process of change

as she digests the possibilities of what is available to her and makes appropriate choices, as to her own needs (rather than that of the family). The functioning of the Liver and Gall Bladder has been affected by R's process of planning and deciding on her life goals. The defensive quality of TH is evident in R feeling unsupported in her work role, with LI marking her ongoing struggle to 'let go' of associated responsibilities. Ongoing joint pain may be attributable to deficient Liver Blood where the Liver is slow to release blood to the muscles. Her abdominal structure with soft flabby flesh indicates a deficiency of Original Qi.

Zen Shiatsu Diagnosis

The last 2 years has been a time of significant change with the death of her mother and relinquishing of her financial responsibility of her sons, which has necessitated a period of 'letting go', mainly on an emotional level. The nature of her work can create a lot of stress with frequent travelling which tends to upset her diet affecting the functioning of the Spleen with Spleen Qi Deficiency evident

SI presents on three occasions and has presented regularly in past treatments. The disharmony evident in her body at times, with accompanying heaviness of legs is likely to be due to the process of assimilation. It is possible that the iron infusion that she had in 1979 created a shock to her body, (she describes it as this) with ongoing subsequent joint pain. The car accidents that she has been involved in are also likely to have created some inherent shock within the body, creating past hurts that may not have been fully assimilated, evident in her tendency to neck and shoulder pain. This is likely to have manifest in a Heart-Blood deficiency indicated by R's insomnia and pale complexion.

Results of treatments:

R's main focus for treatments was in relation to joint pain. This has progressively improved and she is only occasionally aware of any pain in her joints. Her neck and shoulder pain is relieved by treatments and is related to busy periods at work, which she is aware of. Her sleep is much more regular and she only occasionally suffers from insomnia. R is generally more aware of how her life and work affect her body and actively seeks to balance out elements.

Conclusions:

R comes for Shiatsu for 'general maintenance' and feels it supports her in her various roles. The last few years have been a time of change as she has been dealing with menopausal symptoms and coming to terms with her changing role in relation to her family. The Shiatsu has supported R to embrace all these changes and focus on her needs and where she wants to go with her life. In the past work has been a prominent stress, but this is now more of a functional role, allowing her more space to do other things which she has maybe not allowed herself to do in the past i.e. creative writing.

We have discussed the benefits of a macrobiotic diet and although R finds it difficult to follow this diet strictly she tries to incorporate elements of this diet, which she feels has benefited her joint pain. She also practices the Makho stretches as part of her daily exercise routine.

Hala Zaluckowska

CASE STUDY 4

Personal History

A is 53. He works as a local government officer with responsibility for co-ordinating international projects, involving chairing large meetings, leading and receiving delegations and much computer work. He lives with his wife and 21 year old daughter.

He describes himself as an 'old hippy' and likes to stay up late and sleep in. He prefers to socialize with family and appears confident and easygoing, while professing to be shy. He has says he, had to develop skills to deal with socializing, speaking and chairing large and sometimes disparate groups.

He doesn't readily express his feelings and admits to some rigidity. He is hungry for information and finds it hard to 'switch off' naturally, preferring to 'engage and think'. He has a passion for playing and designing computer games, which perhaps provides an escape from relating to people which is a large part of his work, but few other outside interests.

He initially came for treatments to ease the presenting symptoms (see below) and for ongoing maintenance of his health.

Medical History

A had acute appendicitis when he was 11, which he remembers as a traumatic experience. He had a vasectomy 10 years ago and about 6 years ago a helicobacter pylori infection was cure with antibiotics.

He used to be a keen runner and stills cycles and walks a lot and has suffered various ankle and leg injuries, especially on the right. His knee tendons used to be very tight. This was alleviated by acupuncture some years ago, although some stiffness remains. He developed a frozen right shoulder about 2 years ago, for which he initially saw an osteopath but now has weekly Feldenkrais sessions.

He gave up smoking 5 years ago with an attendant weight gain, which is not apparent as he was previously underweight. He has a 30 year old dope habit and drinks about 14 units of alcohol a week. There is a family history of quite serious heart problems.

Presenting symptoms

A presented with ongoing tension in his neck shoulders and upper back, extending into his right forearm with excess typing, and stiffness and tenderness in his knees, ankles and Achilles tendons. He is prone to acid indigestion and generally feels hot and sweats easily and copiously, especially in stressful situations. He most dislikes a humid hot climate.

Although his diet is healthy, large business lunches are the norm with no breakfast and little in the evening. He has a chocolate habit and a preference for sour flavours. He urinates frequently, particularly if cold or tense and at night.

Any emotional problems were expressed solely as difficulties at work – long, confrontational meetings, overload, over thinking – which affected his sleep and exacerbated his physical tension. He rarely mentioned his family or personal relationships.

Presenting signs

A appears 'full' in the head, diaphragm and belly and 'deficient' in the limbs – he has particularly long arms – and chest. His neck and mid to upper back tends to jitsu, while his lower burner and the sides of his torso tend to kyo. His shoulders hips and knees are fairly tight and there is a right-left imbalance – his right hip is looser and in prone he prefers to have his right arm down and his left arm up.

His complexion appears doughy with a greeny-yellow hue, especially around the mouth. He is often dark under the eyes, with a pronounced frown. He likes to wear green clothes.

Aims of Treatment

To tonify the most kyo and sedate the most jitsu meridians and areas diagnosed from the hara, touch and appearance and use Five Elements and TCM theory to supplement diagnosis and treatment.

In Five Elements theory, Wood appeared to be in excess from the joint and tendon problems, green facial hue, frown, preference for green and sour things and staying up late (2am), physical rigidity, left-right imbalance, liking for organizational and computer work and addictive tendencies. In TCM, lack of suppleness and emotional repression is associated with liver imbalance and Tony's job and hobby are demanding on gall bladder energy. The consistently jitsu hara diagnosis supported this.

Consequently, Wood is draining its mother, Water, which was consistently deficient from the hara diagnosis. This is supported by the darkness under the eyes, lower backache, inability to relax and frequent urination, which is a sign of K deficiency in TCM, as is a lack of tongue coating.

Wood is also invading Earth which is showing signs of imbalance in his chocolate habit, analytical mind and slowness in getting up. In TCM also, constrained LV energy upsets digestion, which can be a problem for Tony and his dislike of humidity and scalloped tongue indicate a damp condition. Additionally, in TCM terms there are signs of Interior Heat – dislike of heat, long red tongue, copious sweating and feelings of anxiety, lack of emotional expression, exacerbated by dope and alcohol. The family history of heart problems would also support this.

In addition to treatment based on the Zen shiatsu diagnosis, Metal, as the controller of Wood in the Ko cycle, was tonified through treatment of the LU and L1 meridian or appropriate points on either. Additionally, points for Heat, were included (L14, L111, GV14, HP6) as well as points for musculoskeletal problems (GB34, LV3) to address the excess Wood energy.

Treatments

The pattern of hara diagnosis was:

Date	Kyo	Jitsu
08.7.04	K/BL	GB
22.7.04	K/BL	GB
30.7.04	TH	GB
06.8.04	Unsure LU/TH/BL/	Generally
13.8.04	TH	GB
20.8.04	BL	GB
25.9.04	BL	GB
2.10.04	BL	GB
23.10.04	K	GB

It was suggested that decreasing the consumption of dope and alcohol and meat might ease symptoms of Heat and trying to find ways to get good quality rest and relaxation and creative expression apart from the computer games would increase energy and decrease anxiety and stiffness.

Results and conclusion

The treatments complimented A's ongoing Feldenkrais sessions and awareness of postural and physical problems. He regarded them as part of the same process of re-educating his body to achieve better mental and physical health, but did not seem interested in any other aspect. He did not attempt any behavioural changes or take any steps to take more responsibility for his own health and decrease his reliance on practitioners. He embraced the Feldenkrais philosophy without showing any intention to end the sessions or do any regular exercise to address his particular problems or explore his mental or emotional patterns.

He felt that shiatsu made him generally more relaxed, with slightly improved digestion. He seemed to enjoy the treatments although gave little feedback during or after.

His energetic pattern remained unchanged, perhaps reflecting the chronic Wood and Water imbalance – rigidity in his psycho-emotional make-up and fear of upsetting the status quo.

Helen Fung

CLIENT FEEDBACK:

"My neck is 10 times better than when I went to the osteopath. After treatment it used to revert after a couple of days, shiatsu lasts much longer."

Alex Green, School Teacher, Warwick.

CASE STUDY 5

WORK RELATED UPPER LIMB DISORDERS (WRULDs) AND SHIATSU

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1.0 Introduction

I was inspired to write this short paper from a personal motivation: one of the reasons that I took up the study and practice of Shiatsu in 2005 was through suffering from a WRULD. In 2004 I had an intensive period of office-based work that gave rise to a fairly acute WRULD in my left forearm and hand. For 9 months I had pain in the left wrist, thumb and forefinger. After 6 months it was diagnosed by my GP as tenosynovitis: there was pain and swelling in the joint and tendons at the lateral end of the radius on the styloid process. The left hand and forearm had virtually continuous tingling and 'pins and needles', and restricted movement that would extend on bad days to restricted movement of the upper left arm and the left shoulder and neck. I was successfully treated in this mainly by Shiatsu and improved diet - combined with some other self-administered therapy (mainly Taichi and strenuous physical work). Four months after the treatments I was free of all pain, swelling and restriction, and there has been no relapse. Consequently, I thought that it would be useful to bring together some of the material on WRULDs: the perspectives from western pathology, something from an Osteopathic practitioner, as well as the TCM and Shiatsu theory and practice.

Clifford Andrews, the Shiatsu practitioner who treated the condition had mainly worked the Lung and Large Intestine meridians in the actual treatment, and recommended improvements to my diet as I had Blood Deficiency. My first main observation is that there is an interesting link-up here between recent discoveries (Western physicians Schliefer and Ley) and perspectives from TCM on the involvement of the Large Intestine and Lung meridians in WRULDs. Secondly, I state here the perspective of Traditional Chinese Medicine, and the link between disorders in tendons with Liver Blood Deficiency. Thirdly I indicate the importance of 'psychosocial' factors in the treatment of WRULDs. My intention is not to be exhaustive but to hopefully provide a springboard for further research and the gathering of Shiatsu case histories on WRULDs. That further research is needed into the effect of Shiatsu on this sort of musculoskeletal problem has been highlighted by the Shiatsu Society study :

'A survey was funded by the Research Council for Complementary Medicine (Harris & Pooley 1998) to investigate what conditions practitioners currently treated and to ascertain the direction of future research into the efficacy of Shiatsu. The survey found that the most common conditions presenting for treatment were musculoskeletal and psychological problems and concluded that future efficacy research should focus on these areas, in particular neck/shoulder, lower back problems, arthritis, depression, stress and anxiety. Two studies referred to Watsu but one was a personal account (Davis 2003) and the other a series of case reports (Vogtle et al 1998).' (Ref 1)

2.0 Western pathology of WRULDs (here given without pics as they are memory-demanding and will be included in the final printout)

2.1 Definition

The term WRULD as used here is synonymous with Repetitive Strain Injury, Cumulative Trauma Disorder, etc. It is a somewhat vague term under which a large variety of conditions and symptoms are classed. A fundamental distinction can be made between those conditions with a specific recognised medical diagnosis ('non-diffuse') and those of a so-called 'diffuse' nature which still lack a clear-cut diagnosis. Within the first category, the non-diffuse group, the following conditions are frequently encountered:

- carpal tunnel syndrome
 - tendonitis
 - tenosynovitis
 - de Quervain's syndrome
 - tennis elbow
 - thoracic outlet syndrome and others.
- (see Appendix 1 for outline of some of this non-diffuse group)

All these are 'classic' conditions, well recognised, with prescribed clinical tests and clear-cut associated symptoms. This is in contrast to the diffuse group of conditions, which largely escape the clinical tests and sophisticated medical investigation. The factors that are consistent in this group are:

- similarities in individuals' causative history
- similarities in individuals' symptoms and symptom behaviour
- often disappointing results to non-diffuse type treatment

The diffuse group of conditions is characterised by a range of symptoms (ache, pain, tingling, cramps, numbness, heaviness, tightness and others) which tend to vary in location, intensity and nature. It is typical for symptoms to 'jump around' and once established, to appear spontaneously without obvious trigger or cause. Symptoms are often felt 'deep' in the tissues and can be hard to describe by those who experience them. Another aspect can be the emergence of symptoms generally associated with the sympathetic nervous system. Examples include the reporting of heaviness, hands feeling hot or cold, swelling and tightness, usually without any visible signs.

In contrast with conditions such as 'tennis elbow' and carpal tunnel syndrome, the structure at fault is not easily identifiable. Difficulties with diagnostic tests and changing symptoms have in the past led some people to believe that this condition is predominantly 'in the mind' rather than reflecting a physical injury. Even though psychological factors do play a role, recent research has clearly identified measurable nerve function deficits.

2.2 Risk Factors

In spite of the wealth of information and opinions on diffuse WRULD's, the current medical understanding of exactly how this condition is caused, what the damage consists of and how to determine a prognosis, is still very limited. However, 3 groups of risk factors have been identified and are generally accepted as such.

These are:

- static muscle loading
- overuse and repetition
- stress

These risk factors are identical for both the diffuse and the non-diffuse conditions. There is anecdotal evidence to suggest that people using the keyboard and mouse are more likely to develop a diffuse condition. Those working in an industrial setting seem to be more likely to develop a more specific form of WRULD. This is likely to be related to the different 'mix' of risk factors in these settings.

Static muscle loading

Static muscle loading describes muscular activity, which focuses on holding an object or on maintaining a certain posture or position which involves little or no movement. The problem with this form of activity is related to the muscle structure and the way muscles work. For muscles to be able to contract they require energy which is delivered to them via the blood circulation. When muscles contract they effectively compress the blood vessels which feed them and if a contraction is maintained for any length of time, as during static activity, their blood supply is reduced and a build-up of waste products can accumulate. This results in muscle fatigue and can be experienced as an ache or discomfort. Computer work tends to be more static and less varied than clerical or administration work and can cause static

muscle loading in a variety of body areas unless regular breaks and changes in activity occur. When using the keyboard, static muscle work is required to hold the arms and hands in place. Furthermore, if the back is not well supported, static muscle activity will occur there and in the muscles of the neck. Over time, this can lead to localised muscle tightness and postural imbalances, which can compromise the blood supply and the nerve function in the arms and hands.

Overuse and repetition

Overuse of specific muscles and repetition of certain activities can carry the risk of straining tissues beyond their normal capacity. Initially fatigue occurs and if demands increase or sufficient changes in activity or breaks are not provided aches, pains and injury can result. Any repetitive task performed continuously without sufficient breaks or changes in activity will place demands on specific structures and result in a risk of injury. The way in which an activity is performed will affect the likelihood of a problem occurring. As an example, we can use the angle of the wrist while typing or using the mouse. With the wrists in a neutral position, the risk of an overuse problem is greatly reduced compared with typing or using the mouse with wrists extended or deviated. This is due to the affected structures working in a neutral, relaxed position, causing minimal compression or stretch and requiring minimal effort and muscle activity.

Stress

Stress and other psychological factors, perhaps surprisingly, can play an important part in the onset and experience of WRULD's too. This is due to stress causing increased muscle tension and generally sensitising the nervous system, which leads to an increased perception of pain. Stress factors, whether related to work, family or any other area, can therefore be important contributors to WRULD's. The reason why this condition has been particularly prominent among computer users is probably due to the fact that often all 3 of these risk factors are present in the modern office environment.

2.3 Pathology

Which parts of the body are actually affected and how can the often-varying symptoms be explained? Different structures have been suspected of causing the pains associated with WRULD's and there now is strong evidence that the main site of injury and symptom generation is the nerves rather than muscles, tendons or joints. Although a tendinitis, muscle strain or joint problem may coexist, the real cause of the diffuse pains appears to be located in the nerve structures. A combination of nerve compression, reduced blood supply and over-excitation through the body's stress response is believed to cause a low level inflammation of the nerves. This in turn alters the functioning of these neural structures, generating any of the symptoms listed earlier. As a result, normal touch can cause discomfort and gentle movements can become acutely painful. As the nervous system itself is affected, symptoms can vary greatly. No longer do these nerves simply transmit the information its receptors pick up but they may distort the messages and can even generate their own.

2.4 Treatment

Frequently people with WRULD seek treatment only when the symptoms start to seriously interfere with their work or when their pains persist even during rest. This is unfortunate as early intervention produces the best and fastest results. In our experience the most effective treatment lies in a combination of hands-on techniques, exercises, relaxation, good workstation ergonomics and advice on posture and work pacing. Rest alone does not cure WRULD's, it may at best settle the symptoms temporarily. However, prolonged rest will lead to a deconditioning and weakening of the muscles and associated structures. Before embarking on an exercise regime it is advisable to have an assessment by a physiotherapist who is specialised in the treatment of these disorders to ensure appropriate exercises are given. From an initial assessment the therapist should be able to determine the main underlying contributory factors and develop an appropriate treatment programme for each individual. During the course of treatment, the symptoms experienced by the individual often change. An experienced therapist is able to interpret these changes and to adjust and progress the treatment accordingly. As these disorders take some time to develop, they tend to take time to resolve and often require changes in work pattern and in postural or tension habits. Therefore, treatment can continue over a longer period of time than initially expected.

At times, when a person is first assessed, his or her symptoms are quite acute. As the symptoms ease, the treatments are spread out over time with emphasis being placed on self- management. This should allow

for new postural and work habits to be formed and a set of exercises to be carried out regularly. There is no standard treatment period: for some people who seek treatment early three or four sessions are sufficient; for others who have developed a more chronic problem treatment may continue for a number of years with appointments at three- or six-monthly intervals.

The physiotherapy techniques that have been found to be most effective include:

- neural and spinal mobilisation
- soft tissue techniques
- postural and muscle imbalance work

Exercises are a crucial part of treatment and a specific programme should be developed for each individual to follow. This should include exercises to be used both at home and at work. We often recommend taking up some form of general exercise. This can involve gentle gym workouts, swimming or organised classes. As a rule swimming, yoga, gentle stretch classes and walking are preferable to racquet sports and weight training.

People with an established and chronic condition will benefit from a formal work rehabilitation programme, which will progressively increase the tolerance to the critical activity.

2.5 Prognosis

Most people with WRULD make a good recovery with appropriate treatment. Some need a long time and some might have to limit or space out particularly straining tasks. Factors that affect the prognosis are:

- The duration of WRULD symptoms
- The intensity and spread of symptoms
- The time it takes symptoms to ease when stirred up.

There may also be underlying postural problems such as a long-standing old back injury or an altered spinal curvature that can affect the prognosis. The work that people are involved in and their ability to manage it, allowing sufficient rest periods or avoidance of specific tasks, will also be of importance as may stress or psychological factors.

Appendix 1: Non-diffuse WRULDs

Carpal Tunnel Syndrome (CTS)

Compression of a nerve in the wrist leads to symptoms such as tingling and pain in the hand, wrist and forearm, and weakened grip.

The carpal tunnel is a narrow passageway formed by the carpal ligament (flexor retinaculum), on the inside of the wrist, and the underlying wrist bones, the carpals. Long tendons run through the passage from the muscles in the forearm to the bones of the hand and fingers. The median nerve also passes through the carpal tunnel, to control hand muscles and convey sensations from the fingers. In CTS the median nerve is compressed by swelling of the tissues around it in the tunnel. Causes include diabetes mellitus, pregnancy, a wrist injury, rheumatoid arthritis, and repetitive movements; in some cases the cause is not clear. CTS tends to affect women aged 40 - 60 and can occur in both wrists. The nerve compression causes numbness and pain, especially in the thumb to middle fingers and one side of the ring finger. Anti-inflammatory drugs and perhaps surgery to loosen the ligament can bring relief.

Tendinitis and Tenosynovitis

Inflammation can affect the tendon itself, as Tendinitis, or the linings of the tendon sheaths that enclose them, as tenosynovitis.

Tendinitis may occur when strong or repeated movement creates excessive friction between the tendon's outer surface and an adjacent bone.

Tenosynovitis may be the result of overstretching or repeated movement causing inflammation of the lubricating sheaths that enclose some tendons. Both of these problems can occur together and may be part of the group of disorders known together as repetitive strain injuries (RSIs), as described in soft-tissue inflammation (below). Areas affected include the shoulder, elbow, wrist, fingers, knee and the back of the heel. Symptoms of both tendinitis and tenosynovitis are stiffness, swelling and pain, with hot reddened skin at the site.

Tennis/Golfer's elbow

These are common names for tendon damage in the area where the arm muscles attach to bones near the elbow joint. Most cases of tennis elbow involve the common extensor tendon, which anchors several forearm muscles involved in wrist and hand movement to the lateral epicondyle, a knob-like projection on the humerus. Golfer's elbow is a similar type of injury but the pain is at the site of the medial epicondyle on the elbow's inner side.

Soft-tissue inflammation

The body's own defenses cause muscle to become inflamed as the healing process begins. Like any soft tissue, muscle reacts to damage, such as that from a physical blow, with inflammation. The affected area becomes hot, red, and swollen as blood and fluids accumulate from ruptured cells and capillaries. Blood vessels dilate as white blood cells congregate, attracted by the leaking debris from muscle fibres (cells) and other tissues. Moving the muscle causes discomfort or pain. Longer-term causes of tissue inflammation are the group of disorders called RSIs. The basic cause is a particular movement or action repeated often over a long period. Movements that are rapid and forceful increase the risk. RSIs are linked to many and varied daily activities, from working on production lines or with computers, to sport and playing a musical instrument.

3.0 Three perspectives

3.1 Osteopathic

For this part I am grateful to Damon Petersen, a UK-based Osteopath with considerable experience of treating WRULDs. Amongst other things, he informed me of the hyperventilatory-contributory cause model for WRULDs. He summarises this as follows:

'Development of occupational overuse syndrome (OSS) or RSI has been linked to thoracic outlet nerve and blood vessel compression due to musculoskeletal changes from persistent upper-chest breathing. Schleifer and Ley (2) have presented a hyperventilatory model of psychological stress as a contributory factor in RSI. They found that under stressful conditions - that is, high work load demands, long hours, boredom, etc - sedentary breathing exceeds metabolic requirements for oxygen resulting in hypocapnia (a state of reduced [carbon dioxide](#) in the [blood](#), hypocapnia usually results from deep or rapid breathing, known as [hyperventilation](#)).

'Under these conditions, heightened neuronal activity, increased muscle tension and spasming, parasthesias ('pins and needles'), and a suppression of parasympathetic activity and consequent sympathetic dominance of the ANS results in amplified responses to catecholamines.

'These hyperventilatory-induced stress reactions have been implicated in work-related overuse and stress injuries.' (Damon Petersen, personal correspondence)

Expressed in simpler terms, what Shleifer and Ley have discovered is that a contributory cause in WRULDs in sedentary workers has been hyperventilatory breathing pattern - exacerbated by other contributory causes such as stress and high work load. This in turn gives rise to the affects as outlined in the second quoted paragraph leading to a heightened sympathetic system activity. Alongside this is a compression of the thoracic outlet nerve and blood vessels. Reference can be made here to the widely accepted pathology, outlined particularly above at 2.3, stating that 'the main site of injury and symptom generation is the nerves rather than muscles'.

I believe that this discovery links very well with the TCM diagnosis of Lung and Large Intestine involvement, discussed in section 5.1 *Patterns for WRULDs*.

3.2 TCM

A review of some of the literature and online sources seem to indicate an involvement of Lu/Li and Liv/GB in WRULDs, and also point to underlying Blood Deficiency. I give here only the primary, literature sources that I used:

3.2.1 The *Shiatsu College pathology notes* state with regard to Tenosynovitis, Tennis Elbow, Knee Strain and Golfer's Elbow: 'joint problems are often characterised by local stagnation, so local meridian diagnosis is indicated. If injuries are repeated, an underlying Blood Deficiency is indicated.'

With regard to Synovitis, Bursitis and Carpal Tunnel Syndrome, 'bone and joint problems are often associated with Kidney deficiency, but they can also be due to Liver stagnation and deficient Blood failing to nourish and moisten the joint. Meridian imbalance through the joint can also be a cause, eg. Frozen Shoulder can be caused by unresolved grief and manifest in the Lu/LI meridians where they pass through the joint and into the arm.' (Ref 3)

3.2.2 *Gascoigne* links RSI to Liver Blood Deficiency: giving a particular case as an example he treated the RSI constitutionally, that is by treating the underlying Liver Blood Deficiency. He also observes that this case 'reveals why treatments such as physiotherapy and local corticosteroid injections are of variable effectiveness, particularly in chronic conditions. It is essential to consider the underlying state since the symptoms will be relieved only when this is improved. I find that physiotherapy is most effective in acute injuries, as is strongly moving in terms of Qi and Blood. For chronic conditions it is generally more beneficial to use treatments that take the constitution into account' (Ref 4)

3.2.3 *Beresford-Cooke* states the TCM perspective very well with regard to the tendons: 'The tendons are the body tissues dominated by the Wood Element; the word can also be translated as "sinews" or "muscles". What is meant is the connective tissue which confers strength and elasticity to the muscles and roots them to the bone. When Liver Blood is deficient, the tendons are not nourished and can be easily damage or strained. Repetitive strain injury is an example of deficient Blood (often depleted by overuse of the eyes at the computer screen) which fails to nourish the tendons. Tendons surround the joints and help to hold them together, so that joint problems may involve the Liver or Gall Bladder' (Ref 5)

Blood is the Third Vital Substance in TCM. As it is Blood's function to moisten, nourish and relax, body substances lose their moisture, elasticity and nourishment and progressively lose their function. Blood is produced from the Food Ki sent up by the Stomach and Spleen to the chest. In TCM the Heart is ultimately responsible for the making of Blood but it cannot do this unless the Spleen is providing enough Food Ki, so that Deficiency of Blood is frequently caused by a deficient Spleen.

The Liver also performs a vital function for the quantity and quality of the Blood, in storing the Blood when we are at rest and sending it out when we need it for action. 'Since inefficient storage and distribution can lead to the unavailability of Blood when we need it, the Liver may be a key factor in creating a Deficiency of Blood; and as the healthy functioning of the Liver is connected with emotional balance, Blood Deficiency can result from emotional causes' (Beresford-Cooke, pg 68).

Moreover, as the Liver functions as a reservoir for the Blood of the whole body - at rest, Blood flowing back and being stored in the Liver, and in action, flowing out from the Liver. The Liver fails in this action in three ways: slow in making the Blood available when needed, failure to make it available, and, if the Liver is hot, it can impart Heat to the Blood. The first two are primarily relevant for ULDs:

'1. *Blood not readily available*: if the Liver is slow to release Blood to the muscles when it is required for action then symptoms, particularly stiffness and pain, are worse after rest (the Blood returns to the Liver after rest). Typically, this means that they are worse in the morning on rising, but it can mean that they are worse after sitting down for some time. This symptom may also arise from a failure of the Liver to move Ki, causing stagnation.

'2. *Blood deficiency*: This can arise as much from the Liver's failure to make Blood available as from the Spleen's failure to make enough of it. Typical symptoms of general Blood Deficiency are dull, dry skin and hair, a sallow complexion, dizziness, inability to get to sleep, depression and poor memory. In women, menstruation is scanty, with pale blood, or there may be no periods at all. When the Liver is involved, there may be blurred vision, spots in front of the eyes ("floaters"), weak and brittle nails and a tendency to strained or weak tendons.' (Beresford-Cooke, pg 124-125)

3.2.4 Macciocia points to the use of a number of points in the Large Intestine channel in treating 'Painful Obstruction Syndrome' (I am assuming that here Painful Obstruction Syndrome includes most WRULDs): 4, 7, 10 (especially), 11, 14, and 15 and 16 (these two used in conjunction especially for POS in the shoulder). (Ref 6)

3.3 Zen Shiatsu

As far as I can see, Masunaga does not appear to particularly single out RSI-type disorders in his published work. In keeping with the general Zen-Shiatsu approach, the way to treat WRULDs would be to address the underlying Kyo condition that is presenting itself in the treatment, and this has been indicated to the experienced Shiatsu practitioners I have spoken to about this syndrome.

4.0 Some reflections from Shiatsu practitioners

Cliff Andrews MRSS(T)

ULDs 'are related to tendon and muscle stiffness and are often related to the use of a VDU. Liv and GB are often involved, with also Kid Deficiency if fatigue is a factor. Inflammation of tendons and muscles are often associated with Liv Yin or Blood Deficiency, which can be often underpinned by Kid Yin deficiency.'

Particular meridians in treating ULDs: 'Local patterns often occur repeatedly e.g. tennis elbow is often LI and SI/HT with the LI being often Jitsu and SI Kyo, but this can be reversed. You will tend to get local channel distortions depending on the movement patterns mixed with underlying more chronic pathologies of the meridian/organ system.'

Pattern to the treatment: 'Usually you are dealing with local acute distortions and also underlying life issues - such as overworking etc.'

Success of Shiatsu in treating ULDs: 'Can be very effective - Shiatsu is a good option for local distortions and, with lifestyle changes, can be effective at more systemic level too. It may be worth thinking about Alexander technique as a combination to check postural habits.'

Annie Cryar MRSS(T): 'I have treated many RSI's and I have never detected a pattern of particular meridians. I would go so far as to say that looking for such a pattern may be counterproductive. Everyone's RSI (and any other symptom) is their own and can manifest in any meridian (as you know) I use the meridians in the diagnosis to give me clues.... for instance a Kid/SI hara diagnosis may mean that rest and assimilation is necessary. It has always taken a number of visits.

'Patterns connectedwell I usually ask myself what this imbalance stops the client doing. CTS for a computer worker may mean that posture (or frustration with the job) needs addressing ... again all this can manifest in any number of hara diagnosis. I would rate Shiatsu as effective but only if the client is willing to complete a course of treatments and make some changes.'

Dinah Johns MRSS(T)

'I've treated lots of different types of WRULD and would say that Shiatsu is great in general and usually does produce helpful improvement if not always total alleviation - depending on circumstances and the client's ability to engage with the issue, to follow recommendations, change habits and lifestyle. Common patterns and meridians:

'Obviously Liv/GB are commonly present - joints/contractive aspect of muscles, tendons and ligaments. Together with a tendency to excesses of any kind (overwork, overplay), frustration in any area of life - self-expression, emotions and life-path. In TCM terms, all pain is caused by the obstruction of Ki and/or Blood. Liv is of course in charge of the distribution of Ki as well as storage and release of Blood to nourish tendons, eyes, etc (eyes commonly involved with lots of computer work which may produce WRULDs).

'Kid/BI - bones, fluid metabolism and age-related degeneration contributing to the problem - again affected by overwork and classically worse when tired, and tending to be chronic.

'LI(Lu) and SI(Ht) are both often involved with both shoulder and elbow problems, so local points are very effective. I actually always check out all the points in an area in case of local distortion affecting any meridian, not necessarily just the diagnostic ones. With both of these patterns emotional/psychological issues usually highly significant. Carpal tunnel in my experience also often features LI/Lu.

'In terms of local work - where possible - balancing out Kyo Jitsu points around the joint and then focusing on sending Ki through the joint is basic pattern of treatment I use for wrist and elbow, and etheric work if it's too painful to touch. Shoulder bit more complex re structure and movement - I just explore all relevant points and gentle rotations etc - with similar aim of connecting Ki through the joint. Shoulders usually highly susceptible to stress related stuff and high emotional component e.g. "shouldering burdens" "squaring up shoulders" to face challenges. I do as much as I can distally - e.g. working shoulders from ankles, using mindset re diagnostic meridians - before getting to the shoulder itself.

'Where the problem is clearly related to postural issues of course it's good if ergonomics are taken into consideration - also showing them Alexander technique principles or similar - I have sometimes recommended local Alexander teacher to help if they're up for that.'

Anne Palmer MRSS(T): 'Do particular meridians feature more than others in the hara diagnoses of people with shoulder pain? In this small study no such pattern of diagnosis was evident, but one may emerge from a larger study. Information and patterns of this kind are often respected by western Medicine practitioners who then feel more confident in referring patients for CAM treatment.' (MSc Dissertation 2000)

Lee Sanger MRSS: did not have sufficient data to give information on underlying patterns in WRULDs. Of those he has treated, and where a problem in an upper limb is the primary reason for seeking Shiatsu, then the clients have been for just 1 or 2 treatments. 'The feedback I've had is therefore after the first visit from those who've come back for a second treatment. Feedback has been a mixed bag: either they've not experienced any significant change and are prepared to give it one more go, or things did shift and they'd like to help it along.'

Lee theorises that his own mixed success with treating WRULDs are to do with most people's capacity/willingness to disassociate from the pain in their limbs, regarding it as less worrying than 'internal' problems and often not wanting to recognise it as part of a wider picture - so that many are not willing to invest much of their time or money in such problems, preferring to put up with the nuisance. He gave the example of a client with a shoulder problem who found that it was alleviated enough for him to return to normal activities, particularly tennis.

5.0 Conclusions and recommendations

5.1 Patterns for WRULDs

Taking as a basis the perspectives as outlined above, I want to outline two patterns that are typical in WRULDs.

1.Sedentary

This applies to sedentary workers: typically they are working at a computer workstation. The screen height, keyboard orientation, seat height and angle and mouse use are all factors, but the disorder may occur even if attention is paid to get these right. In addition the individual may be subject to one or more these factors:

pressure to get work done by certain times, tension in the work place and/or personal life, insufficient breaks away from the workstation, general poor muscle tone and or level of physical health, poor overall nutrition, consumption of stimulants (particularly caffeine) and boredom/sense of drudgery with the work.

With this as a basis, the individual is performing one action - typically with the 'mouse hand' or with thumb and forefinger (e.g. in the Alt-Shift action) - repeatedly in a work period. Added to this is the hyperventilatory-effect giving rise to nerve-restrictions in the thoracic vertebrae, as well as a heightened 'fight-or-flight' mode, as outlined in 3.1.

As outlined this type of WRULD conforms to the 'diffuse' type as outline in western Pathology section.

Expressed in TCM/Shiatsu terms: tension + Blood deficiency + imbalance in Kidney/Bladder functions + restricted breath/Ki intake = local stagnation in a tendon or tendon sheath, giving rise to inflammation, pain, restricted movement (in sedentary worker, typically this is in the wrist), but with secondary pain/numbness and restricted movement in the arm, shoulder and neck.

2. Active

This conforms to the 'non-diffuse' type of WRULD as outlined in section 2.

It occurs in active workers, and certain sports (particularly golf and tennis), where there is a repetitive movement and where there is tension and/or competition. Here the hyperventilatory model would seem to not apply, or at least not to the same extent - the individual is moving around and is not breathing in the way that the sedentary sufferer is. However, the pattern may otherwise be very similar to the Active: there may be Blood Deficiency, local stagnation and some frustration of free movement.

5.2 Recommendations for a Shiatsu practitioner treating a client with a WRULD

EXPAND THIS - ONE PARA

1. Overall lifestyle factors

How long are they working, have they analysed their work place for the ergonomic factors, what are the pressures at work, how do they relax after work? They could be pointed in the direction of ubiquitous H&S guides in avoiding WRULDS, in particular taking frequent breaks and doing stretching exercises. It may be necessary to encourage the client to consider the psychosocial factors as real contributory causes (attested in the literature, see for example Wilson, ref 7), rather than discounting them as 'subjective'.

2. Correct identification

What form of WRULD do they have? It would help to get any diagnosis they have had from their GP or other health practitioner, and to know of any treatment they have received.

3. Breathing, posture and musculature

Weak core muscles and over-tight superficial muscles which can mean that energy doesn't remain rooted in the Hara and you can get congestion in the chest and upper body. Whilst being realistic as to what the individual can do, one could recommend certain types of exercise that would build core strength, relax the breathing and improve posture.

4. Working, as ever, from what came up in the Kyo-Jitsu reaction

Beyond that one would also be treating any Deficiency that appears -through diet, changes of lifestyle, etc.

5. Specific Points that could be included or checked in treatment

Wrists

Lu 7, Lu 9, Ht 7, HP 6, HP 7, TH 4, TH 5,

Elbows

Lu 5, LI 18, LI 11, Ht 3, SI 8, HP3, TH 10,

Shoulders

LI 15, LI 16, Ht 1, SI 9, SI 10, TH 14, GB 21

LI 4 (for pain alleviation)

6. Recommendations to client

a. Tonifying Blood

You can make recommendations to tonify the Blood through iron-rich foods and possibly Chinese herbs; and to tonify the Kidneys through lower abdominal breathing, and abstaining or moderating caffeine intake.

b. Exercises that may be helpful

Some programme of exercise will be helpful - yoga, Pilates and Taichi under a competent teacher. I recommend that, if you want to have comprehensive coverage of exercises that alleviate and/or prevent WRULDs, you should refer to a book like Wilson's (ref 7) or Stephen's (ref 8) - both are thorough and I recommend them. The following list is given as a summary from Wilson as an indication of the sort of exercises you could recommend.

For neck pain:

- Rotations of head from one side to the other
- Gentle sidebending of head, and then sidebending of head with forward and backward rolls (both these to stretch the cervical extensors)
- Shoulder circumduction (i.e. circling)
- Shoulder shrugs
- Alexander lying pose, with a book under head to raise by 5 cm (to relax cervical extensors)

For shoulder pain:

- Stretching the anterior shoulder joint - e.g. a backward stretch with the shoulder internally rotated or a doorway stretch with the shoulder externally rotated.
- Stretching the posterior shoulder - e.g. the across-the-body-stretch
- Passively stretching into abduction and stretching (active stretching into abduction and flexion causes large muscular forces that can exacerbate tendonitis and impingement syndromes)

Elbow, forearm and wrist pain

- Flexor stretching: using the fingers of one hand to gently draw back the fingers of the other
- Extensor stretching: using the fingers of one hand to gently draw back the fingers of the other
- And wrist shaking and wrist circumduction are additional dynamic exercises that provide some muscle stretching

7. Speed of recovery.

It seems to be commonplace that one treatment may move the WRULD on (as it did dramatically so for me!), so the practitioner should not be surprised or disappointed if the individual does not return.

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