

SHIATSU AND STROKES

ARTICLES

Zen Shiatsu Support after O.R. Stroke

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Client history

I was working at Columbia Presbyterian's Cardio thoracic Surgery department in New York as part of the Integrative Medicine Program. My Shiatsu sessions had become the "standard of care", for the cardio thoracic surgery patients, so my job was to see all the patients that having had open-heart surgery, wanted to have Shiatsu as an aid in their recovery.

The patient was a 68 year old man who had been admitted to the unit for routine surgery and during the procedure he suffered a stroke in the operating room. He came out of the anaesthesia with half his body paralysed (right side).

The patient's family had called me in because he was very distressed over his situation and had low back pain that was making things more difficult.

When I arrived in his hospital room the patient was alone, with a sullen, unchanging expression on his face. He had some difficulty speaking but he acknowledged that he understood why I was there and consented to my providing a Shiatsu session for him. Before we began, he demonstrated how he could only move his right arm by picking it up with his left hand. He could not move his right leg at all.

Treatment

In the past, I had been through unsettling moments in the intensive care unit. Looking at this man straight in the eyes I was touched by the pain he was going through at many levels.

When facing such a situation, I rely on the predictable parts of my Shiatsu routine to keep me grounded. I begin by first doing a Hara diagnosis that guides me to the meridians which will be my focus. Working at the hospital, I got used to do a very fast "off-the-body" Hara reading since most patients have either incisions, electrical or other devices inserted or placed on the abdomen making the physical palpation inappropriate. Even at the risk of looking funny (the "fast" part of doing the off-the-body reading is because the medical staff cracks up laughing when I wave my hand in the air on top of the patient' bellies! Fortunately they got to know and trust me, but patients that meet me for the first time put their weirdest faces if I make the procedure too obvious) I'd never dispense of reading the Hara. It is an amazingly accurate source of information that I cannot afford to overlook. It was a challenge to get used to this off-the-body system that Pauline Sasaki introduced me to, but with a bit of practice it came around quite naturally.

In this patient's case, my evaluation of the Hara indicated that the meridians needing work, as expected, were Heart and Heart Protector (showing up as Jitsu), but unexpectedly, the Large Intestine had a very strong reaction too (showing up as Kyo). Even though this was surprising to me at the time, I followed my routine (address the Kyo first, then the Jitsu) leaving some questions in the air.

Only later would I understand the deeper reasons for Large Intestine meridian coming up in the Hara. The Large Intestine connection, albeit unusual, would be crucial to what was going to happen.

I completed a one-hour session following Large Intestine meridian throughout the whole body, starting on the left (healthy) side, and then moving to the right (paralysed) side of the body.

Outcome

I could tell the patient's Ki had been responding to my work, but his expression remained blank during the whole time. When I finished, I felt I had done the best I could, yet wasn't sure what of my work would remain and have an effect on his body. I was getting ready to leave, as I was wondering what else I could have done for this man. At that moment, his daughter came into the room and asked him how he was doing. "Much better." He replied, and to everyone's astonishment he swung his right arm into the air! It was an exhilarating moment.

In the following days, as I continued to work with him, we managed to recover the movement on his lower leg in one session, and by the third Shiatsu session we obtained movement in his right thigh. Large Intestine came up in every Hara reading I did on him, so I dutifully worked it in every session. Within two weeks he was walking using just a cane for support. He left the hospital much earlier than expected in these cases. The medical team reported improvements not only in range of motion, but also strength after each of the Shiatsu sessions. The change we got after that one initial session was something completely unusual in the experience of the unit's physical therapy team. Arm movements and strength are also notably harder to recover than legs' in post stroke patients.

The conflicting paradigms

Fortunately it's not the rule, and throughout my career I've gotten a lot of support from Physical Therapists (I actually train many of them in Shiatsu) but there's the view that in order to recover from some types of paralysis, the P.T. (Physical Therapist) needs to help the patient increase the contraction in the muscles.

Shiatsu is seen as doing the opposite of contraction by “over-Relaxing” the patient, and therefore contraindicated by some P.T.’s.

In the case of the stroke patient in this story the dichotomy between “contraction and relaxation” came to a head in my mind when Large Intestine showed up in the Hara in almost every session. After all, the function of L.I. is “to let go”, physically, emotionally, mentally and spiritually. Touching his flaccid limbs, I wondered how much more physical “letting go” was there to be done? Indeed, one would logically think that you needed to do the opposite in order to get some tone in those limp muscles. I doubted, but following my instinct and trust in Shiatsu as a system I continued my plan of work, tonifying the kyo (L.I.) meridian as the means to get everything else flowing.

Keeping within the physical realm, in Shiatsu the Large Intestine meridian function of “letting go” does not only mean “relaxing” in the sense of collapsing, but also means “opening up” to allow the ki, or energy, to flow more fully, thereby providing enhanced support for the physical structure from within. If you have an inflatable dummy it’s easier to make it stand blowing air inside, rather than stretching each part and hold it from the outside. The air you blow inside (focusing on Ki) is the one thing that props everything up in one action, rather than having many bits and pieces pulled from the outside part by part (focusing on the anatomy or symptoms).

Connecting the dots

Pallor, blank facial expression, withdrawal and depression were all symptoms that pointed to L.I. meridian imbalance.

Constipation is also a usual side effect of medications and lack of exercise in surgery patients and in my experience Shiatsu is effective, sometimes immediately, to correct this problem.

In this particular case, I hadn’t had much success to help him resolve a constipation that was also being medically treated and was lasting longer than anyone I had heard of in the unit.

When he finally had a bowel movement (via enema), his whole system shifted. Although by this time the most dramatic improvements with his arm and leg had already happened, he had kept the same general demeanour and the blank expression in his face. This now changed, the pallor of his skin went away, he had more vitality in his eyes and his body in general. For the first time he relaxed deeply during the Shiatsu session and fell asleep as I worked.

It was here that I discovered that the patient had sleep apnoea (an involuntary short interruption of the breath during sleep) that had been undetected by the doctors.

“Letting go” of air is done during normal exhalation but in apnoea (which literally means “no breathing”) the breathing interruption leaves air in lungs for a longer time and the pressure in the chest cavity increases as the body struggles to breathe. This temporarily raises blood pressure thus stressing the heart. A repetitive pattern that his wife confirmed he’d had for many years ended damaging the heart valves, the reason for which he was having surgery in the first place!

There are emotional and belief-system elements in the story that also supported the L.I. connection but would be too lengthy to discuss here.

Practitioners reflection

Sometimes, when things seem not to have worked out, one may doubt ability or skill, and start looking for something new that may do the trick. Instead of accumulating different techniques, I try to master just one, and deepen my understanding of it. Zen Shiatsu theory made a lot of sense to me from the beginning and applying its principles over and over in practice has consistently delivered results and enriched me personally in the process. Trusting something as simple as “tonify the kyo” has made incredible things happen in front of my eyes. This has given me confidence to keep trying along the same path, although the path itself takes on different meaning as I change myself in the process.

I love the circularity of this case story and the elegant logic that allows me to deeply understand a human being just by following the ABC of Zen Shiatsu theory

Diego Sanchez

**Report from the
Westminster Health Forum
Stroke care – next steps for policy and commissioning**
Council Chamber, Congress Centre, 28 Great Russell Street, London WC1B 3LS

Thursday 4th November 2010
report from Catherine Scanlon for Research Subcommittee, Shiatsu Society

Key points

- stroke (145,000 strokes per year in UK) is the single major cause of disability in the UK (Dr Pankaj Sharma)
- about 1/4 of people suffering stroke are younger people (Professor Roger Boyle, National Director for Heart Disease and Stroke, Dept of Health).
- Dr Pankaj Sharma (Reader, Clinical Neurology, Imperial College London and Honorary Consultant Neurologist, Imperial College Healthcare Trust) claimed it was entirely preventable, by improving diet/exercise etc.
- major steps have been made in recent years with emergency/ immediate care for stroke
- work still needs to be done on the 'pathway' of care on prevention (diet, exercise, lifestyle), and later care and management/rehabilitation.
- complementary healthcare is not explicitly on the agenda. (This is probably in part financial, and in part because trained 'instructors' are seen as a low cost option, with very clear and focused training).

Other points:

Dr Pankaj Sharma reported that the UK started off worse than other EU countries, though progress has been made with the recent focus (mainly on actual onset of stroke care). There was also talk of UK practitioners (e.g. physiotherapists) spending a lot of time on admin, and that generally less time was spent per patient than other countries, e.g. 45 minutes a day cf. 2-3 hours, and the weekend gap should be removed.

There was some talk of exercise sessions for post-stroke patients, e.g.

Phil Collis (Project Development Manager, TLC Care Services) – who suffered a stroke himself in the past, now runs a care company, and reported on a small effective post-stroke exercise class, where sufferers were transported to the session. Sufferers reported enjoying the classes.

Dr Gillian Mead (Reader, Geriatric Medicine, University of Edinburgh and Consultant Stroke Physician, Royal Infirmary of Edinburgh) – reported a similar, larger project in Scotland. People can plug in location into a map, and see where sessions are run – mainly in southern, more populated areas. Discussion was made of teleclasses – but she made the good point about safety being an issue for someone post stroke who might fall.

I talked with Lorraine Syres, Group Development Manager of Different Strokes, a charity which offers counselling to post-stroke children, and she seemed interested in an article on shiatsu and what it might offer for their magazine.