

Shiatsu and Ulcerative Colitis

CASE STUDY:

Ulcerative Colitis-Case Study – Leaving the Gallbladder jitsu alone.

Client Profile

Client came for 6 treatments 6 years ago for UC. Recently made contact as symptoms re-appeared. She is a woman in her mid-fifties; retired teacher. Hospitalised when 6 years old with colitis (Mother told her “not again the tummy Pain” so she did not report the pain to mother)

In her 20's lost one ovary to cysts. Client likes peace and quiet, finds it difficult to say “no” and stand up for herself. Parents divorced when she was 12. Father died when she was 19. Client has 3 children (32, 31, 29)

She divorced 10 years ago (husband was a workaholic) Lived in city and moved to country. Bought a holiday home that she has no will or energy to work on it. Mother depends on her so client visits once per week and submits to mother ending up even eating fatty foods.

Symptoms

Severe cramping in abdomen preventing ability to exercise or do much gardening. Mucous and bloody stools. Abdomen pain leads to diarrhoea (20 times a day).

Sore joints (Doctor told her it was arthritis) Posture is slightly bent over and caved in lungs. Motionless face with pale cheeks. Expressionless and monotone voice. Not overweight but skin has a doughy look. She has a high pain threshold, but abdomen pain is worse on lifting and bending.

Fatigued and energy is 1 to 3 out of 10. Client is only on heartburn medication and is sensitive to sulphur. She has a colonoscopy every 3 years and results are clear. Menopause 6 to 8 years ago.

Currently has no appetite. Eats yoghurt, bread, fruit, very little meat, chocolates, fish occasionally, no alcohol, little coffee, aware of need for high water intake. Eats fatty food when visits mother. Irregular sleep means exhaustion.... Stressed.

Tongue damp, teeth marks, small crack in centre.

Pulse Rh empty, strong, hard working. LH wood is most predominant.

1st Treatment

Hara diagnosis

L1 painful to touch, especially lower left quadrant, seems jitsu, but sense of collapse underneath; S1 jitsu, GB jitsu ST jitsu SP kyo LU kyo.

The whole hara felt very fragile. I had the sense of having to be very careful with applying pressure as well as not be too invasive; sensing it was important to work more with intention and ki.

Back diagnosis

LI sensitive, LU hollow protective, SP hard protective, K1 & BL empty: GB, LV jitsu; HP & HT almost closed off.

The overall back felt and looked protective, like a turtle's back, holding in and together.

Treatment strategy

I decided to work on an emotional level, holding the space for my client, supporting her decision making, working gently into those meridian lines mostly affected, with a view to supporting and rebalancing. My approach is more on the intuitive side, rather than making big plans beforehand. I decided to follow what the client's body tells me to do. It involves listening into the meridians, supporting them with touch and affirmations as well as observing the client and the reactions in her face and body language. I work slow and gentle to start with, then going in deeper, but also encouraging the client to come more to the surface to meet me half way. I have the feeling that the treatment needs to be soft and supporting and not forceful, the meeting half way approach being important as the LI tends to stay stuck and often reverts back to stuck-ness. The whole metal element (with the fire element involvement), when out of balance can tend to feel detached from others; it tends to withdraw to its own company and feel disconnected and they tend to keep feelings in and like their daily order.

Hence my approach of giving her the holding and support to be able to gently and slowly extend her comfort zone, so the need for withdrawal is lessened.

I worked the hara for about 20 minutes, holding and supporting mostly LI and SP with mostly ST and GB as the jitsu meridians, to move and kick start the flow again. Working front of leg, hand on hara to release the ST (increase awareness); check the hara and work the chest into LUI and 2, down the arms integrating HP 6 connecting the head with her body, to give her a sense of wholeness, getting the client to breathe and feel into the flow of breath and energy; reassuring that it is OK to let go and say no; letting go of things that don't serve anymore, letting new patterns and energies in. I finish by getting her lying on the front to work holding the emotional points in LI and GB to release. I didn't do side-routine, as I felt she needed the GB to feel in control and hold it together. She was smiling when she turned back into supine and said she felt the best she had in a month; she felt relaxed and said she felt at ease, flowing and more energized.

Homework

I don't want to overload her with good advice and things to do; I told her to start the day with a miso soup with some kuzu and nothing else till lunch, to sit down for meals and chew very well. I instruct her to use positive affirmations as well as relaxation techniques integrating seeing herself moving forward, setting boundaries for herself and others and being assertive about it, but by taking little steps along the journey and not trying to change it all in a day.

Suggested exercise: integrating small walks in nature and taking it in breathing and focusing on the out breath as well as the letting in, feeling the change between in and out breath.

2nd Treatment (1 week later)

The client presented feeling better, reporting less pain, less bloating, she had mainly stuck with the meals routine and had less frequent diarrhoea, still watery stools, but less mucous and blood. She was still aligning to mother's wishes regards the food. Face appeared less chiselled; voice still exhibited little to no intonation.

Energy Level

3 out of 10

Hara diagnosis

LI jitsu/kyo (sense still kyo underneath), SP kyo, Stjitsu, GB very jitsu, HP jitsu
Overall hara felt better, still sore in lower left quadrant to touch.

Treatment

I started with the hara to connect, hold her space, and to support and nourish. I then worked her arms mostly into HP and HT and nourishing the LU as I feel she is ready for more sensations and able to let them in and connect with her creativity and joy. Working down ST in leg, also integrating the GB line, as I felt she was strong enough to soften into this line, as before she needed the GB 'to hold it all together', all the way staying closely with the client, observing and reassuring. As she seemed to OK, I worked the side routine, holding SP and KI area and working along GB and LV. I finished off with the back routine, emphasis on BL to support her sense of self and emotional releases holding GB and LI.

Client felt stronger, less pain, face more relaxed in a less chiselled way, eyes brighter and she smiled and talked with me, some vitality apparent in her voice.

Homework

Affirmations around accepting life and being strong in decision making concerning her own well being. Walking and some gentle yoga stretches, breathing exercises.

3rd treatment (2 weeks later)

The client felt even more energized. She had gone to her holiday house and started organizing a clean up, hasn't seen mother for a fortnight. She was brighter in her talking, face more expressive, even some smiles. She told me also that she has started taking cello lessons, something she wanted to do for ages.

Energy levels

5 out of 10

Stools

Less frequent, maybe 5 times per day, less watery, no mucous and blood.

Hara diagnosis

LI jitsu with the underlying kyo, but less severe, GB jitsu, SP kyo, ST jitsu, KI kyo, HP jitsu, TH jitsu.

Overall the hara felt stronger than last time: I had a sense of involvement and connection within as well as trust and a greater sense of self. I got an energetic sense of her allowing herself to extend and be.

Treatment

I decide to stay with my treatment strategy. My main aim is still to support, nourish and balance with focus on her meeting me half way; holding the space for her and offering her a sense of containment as well as connection within and without; inviting her and giving her the opportunity to come out of her turtle house and enjoy the wonders of life more fully.

Less hara work, front of legs (ST), side routine, holding LI working GB; back routine mostly BL and sacrum integrating the Ki area; as I feel she has a better sense of connection, trust and awareness to now integrate the “I am” and that stimulating will (KI) to become more assertive about her needs to help her pull through with her decisions. She felt quite energetic at the end of the treatment, talking about things she wants to do.

Homework

Breathing, longer walks, again focus on in and out breath and awareness of surrounding. Still Kuzu and miso in mornings. Advise on a fibre supplement and aloe vera juice.

4th treatment (2 weeks later)

Client came in chatting and smiling, voice and face more alive. She has made decisions regarding mother to involve her sister in looking after mother; she has been in the holiday house and has organised trades people to finish off work as well as doing some work herself. She can walk for longer periods and started gentle yoga exercises as now both don't trigger diarrhoea any more.

Energy levels Stools

7 out of 10 Formed

Hara diagnosis

LI jitsu/kyo, SP kyo, LU slightly Kyo, GB jitsu. Almost no pain in L Lower quadrant. Overall hara much stronger than when we started treatment; feels much more open to being worked with Client felt 80% improvement in touch/pain pattern.

Treatment

As client reported herself much better (confirmed by touch) and noting a sense of adventure from hara diagnosis, I mostly focus on the hip cycle, as I sense she is ready to integrate and shift into new directions, as her awareness, nourishment and self support all seemed to be more balanced. The hip cycle seems to open up new aspects and help to let go of old. She is ready for change if she wants it.

The client is very happy at the end of treatment; we talked about changing viewpoints and standing more for what she wants and how she can achieve that in a constructive way.

Q: How do you eat an elephant? A: "One bite at a time".

Homework

Keep up exercise, walking, simple yoga and breathing.

Be aware what she is eating and keep a food diary, just out of interest.

Be gentle with self, if eating is not so well, just get back onto track, without blaming and shaming self.

Conduct boundary exercises while she is with relatives: when she feels invaded and wants to collapse to be aware of pattern; to be firm, but still loving.

Further treatments

As it is Christmas time we arranged for her to ring in the New Year for another appointment. Looking at long-term maintenance to have regular shiatsu stretching the appointments out, maybe looking into consulting a somatic psychotherapist as well as staying in contact with medical doctor and having the regular colonoscopies.

I feel that if my client is willing to work on herself regards boundaries and maybe does some group work around those topics to give her more tools as well as having support people around her, she might be able to control the UC in the long term.

Results of Treatments

Energy levels dramatically improved.

Stools now normal.

Pain almost gone.

Emotional and mental state has improved

More vitality and trust.

Better sense of self.

Greater ability to stand up for herself – setting boundaries – as reflected in her relationship to her mother and relatives.

Awareness of choice around decisions, reflected in choice to not collapse or at least knowing that there is choice.

Decisions made concerning holiday house, to bring it to livable standards.

Has a sense of achievement and without feeling guilty about it.

Started playing cello.

Breathing exercises, yoga, walks integrated.

Discussion

It is most important to me to let the client decide where she wants to go with her healing process. I see my role as a supporting one, holding her space, so she feels safe and can unfold and develop a sense of being, in control and having positive power.

During the treatment I sense little gateways that are ready to open and I support the client to discover the aspects associated with those gateways and benefit from their unfolding new flow. In this case especially it was obvious to me that the symbiosis

between the elements that had been established over years of her life was important for her functioning, even though it was so out of balance. My role was that of a mediator to support a slow shifting back into equilibrium. I was working mostly on an energetic, soft touch level with intention and attention to flow, encouraging her to come up energetically and meet me half way. By working slowly with subtle changes I was able to get the LI to adjust without going back to stuck-ness whilst also guiding the GB enough to encourage it not to rush in and cause another collapse.

Appendix

Ulcerative Colitis, ("UC")

Definition

U.C. is a chronic, episodic, inflammatory disease of the large intestine and rectum characterised by bloody diarrhoea. The cause is unknown. The symptoms vary in severity and their onset can be gradual or sudden. Attacks may be provoked by many factors, including respiratory infections or stress.

Symptoms may include diarrhoea (few episodes to frequently throughout the day – blood and mucus may be present), abdominal pain and cramping, abdominal sounds, fever, weight loss, tenesmus.

Medical approach and treatment: Colonoscopy (used as diagnostic tool), barium enema.

The goals of treatment are to control the acute attacks, prevent recurrent attacks and promote healing to the colon.

Medication given for reducing the inflammation and decrease the attacks may include corticosteroids, 5-aminosalicylates mercaptopurine, (most of those drugs have side effects e.g. per my client severe migraines); nonsteroidal, anti-inflammatory drugs (NSAID's) may exacerbate symptoms.

Prognosis: The course of the disease can vary, with remissions and exacerbations over a period of years. Some UC can be a quick progressing disease; the risk of colon cancer increase, complications can include: perforation of colon, carcinoma, massive colonic hemorrhage, colon stricture, inflammations of the joints, lesions in the eye, Ankylosing spondylitis, mouth ulcers, liver disease, impaired growth and sexual development in children, pyoderma gangrenosum, complications of corticosteroid therapy.

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