

SHIATSU AND MULTIPLE SCLEROSIS

CARING FOR THE CARERS

Mike Flanagan, MRSS, is a Leeds-based Shiatsu practitioner. Since September 2000, Mike has been working in conjunction with Leeds Teaching Hospitals Trust to provide Shiatsu for NHS staff. Mike holds a clinic once a week at St James' University Hospital in Leeds. Treatments are available to all hospital staff at concessionary rates.

In his private practice, Mike has a particular interest in back pain and postural issues as well as neurological disorders (having worked with a number of patients with multiple sclerosis). He enjoys helping clients identify ways in which they can take an active part in their own healing process.

This 'looking after the carers' approach is also taken in a palliative care project in Guildford. At The Beacon, a day care centre attached to the Royal Surrey County Hospital, Penny Elliott, MRSS, offers Shiatsu to carers of patients.

LETTERS:

I have worked with a few clients with MS and found Shiatsu to be most beneficial.

Specifically, with a wheelchair bound client, I found that working on the legs helped reduce the severity of spasm, enabling the client to manage to go to the toilet for herself, rather than getting her carer (husband) to take her underwear off etc.

Trish Dent, Shiatsu Practitioner

ARTICLES / MEDIA COVERAGE

Massage (Victorian State Government, Better Health Channel)

There are various types of massage including Shiatsu, Swedish massage and acupressure. The skin is the largest organ of the body and is packed with nerve endings that respond to touch. Massage works by soothing the skin and relaxing tense muscles. Regular massages can help a person with MS to better manage muscle pain.

(E-mails on Remedy Find website, both 2005)

Zen Shiatsu

I've had many deep tissue massages by several different massage therapists and they've all been wonderful and effective. But in recent months I had an opportunity to try Zen Shiatsu, and I'm utterly hooked. It's the only type of massage I'm going to have from now on. Shiatsu is almost a perfect combination of three wonderful therapies - acupuncture (though it uses acupressure instead), the gentle stretching of yoga and the wonders of deep tissue massage. I felt reborn - much more supple as well as deeply relaxed - after my first session. And the feeling lasted for several days (the afterglow of regular massages never lasted that long!) Subsequent sessions have each been a bit different, depending on what "channels" they work on (bladder, kidney, liver and gallbladder channels so far), but each has been incredible with amazing results.

I do wish that therapeutic bodywork like Shiatsu were covered by insurance, but I still make it a personal priority once or twice a month. It's cheaper than a lot of things and a bargain at twice the price for the way it banishes tension, flushes out toxins, limbers the muscles and relaxes mind and body, and the only thing I have to do is lay there and try not to drool. (Drooling is the only side effect I've experienced, but hey - at least they're not MY pillow cases!) :-D

Massage & Multiple Sclerosis

A report of a small pilot study has indicated that massage therapy offers appreciable benefits for MS patients. Twelve patients (8 female and 4 male) all with diagnosed MS participated in the study in which participants were given a 25 minute back and leg oil massage given by qualified massage therapists. Each treatment began with effleurage (rhythmic stroking) which was followed by petrissage (kneading) and then ended with light effleurage.

Mood states including tension, depression, anger, fatigue and vigour were recorded pre- and post treatment using a modified Profile of Mood States (POMS) questionnaire. The participants were also asked to summarise their own subjective perception of the benefits of the massage treatment in a one-word answer. Immunological effects were monitored by taking a saliva sample pre- and post treatment which was immediately frozen to eliminate any reaction of the protein and later analysed.

The results showed that significant beneficial changes occurred in the patients mood states after massage therapy, and more interestingly, patients with negative mood states prior to treatment showed noticeable improvements in their immune functioning after the massage treatment.

The researchers noted that their results support their hypothesis that massage "would produce a more positive mood state with MS sufferers" and that it "would promote positive immune modulation in those clients".

Although a very small scale study which had no control group (indicating that any conclusions should be drawn with great caution), this piece of research does support earlier research findings that massage appears to offer psychological benefits by reducing the negative mood states of tension and fatigue, whilst maintaining a high level of vigour and a positive mood state. Further research will no doubt be forthcoming, but in the meantime, massage therapy may be considered a useful complementary therapy for MS patients.

Graydon J, McKee N. Massage as therapy in multiple sclerosis. JACM July 1997 27-28.

It is generally not advisable to practice shiatsu on people who have serious illnesses such as heart disorders, multiple sclerosis or cancer. An experienced practitioner may be able to help, but a detailed and accurate diagnosis and course of treatment is essential.

http://holisticonline.com/Shiatsu/hol_shiatsu_rules.htm

Shiatsu is extremely popular here. I introduced it to the Sussex MS Centre around 1998 when I was studying at the Brighton Shiatsu College. We now have 4 shiatsu practitioners working here and they're usually booked up 2 months in advance.

We have monitored the benefits of shiatsu, using an NHS approved method (MYMOP and SF36 – you could look them up on the net) and without exception this showed that shiatsu was useful for all the people who tried it.

Personally, I find that with most clients its best to start with plenty of movement in the treatment. Hip/shoulder rotations, lots of stretches – in simple terms MS people tend to be Yin, so the treatment needs to be Yang! They certainly like being moved around.

From a 5 element point of view, you will see all the usual combinations, but wood and water tend to be the most common. Wood from the rigidity, muscle spasm, lack of mobility, left right imbalance etc. Water as they're constantly fatigued, lack of drive, motivation etc.

People with MS have had to accept a radical change in their lives. They can no longer do what they used to (Metal – grief for loss!) they can become depressed, sometimes total despair. Work on their outlook on life is important. They don't get much from the medical profession (ask your people how their neurologist

helps!), and to feel they are doing something can help generate a more positive frame of mind. Support groups have an essential role here.

A basic knowledge of the pathology of MS is useful. You can get this from lots of places – MS Society, MS Research Trust, MS Resource Centre etc. MS is degradation of the myelin sheath coating the nerves in the Central Nervous System resulting in scarring (Multiple = many, Sclerosis = scar, Multiple Sclerosis = many scars). The damage is caused by the immune system not recognizing the myelin. The symptom will depend on which nerve is damaged. Damage to a motor nerve will cause movement problems, damage to a sensory nerve will cause strange sensations or pain, damage to the optic nerve will cause sight problems etc. etc.

There are no particular contra indications for MS people. Obviously the treatment is geared towards the individual. Some experience pain and may not appreciate heavy pressure, so project into the points, use holding and be gentle with the stretches, but most want the pressure and benefit from it.

We run workshops here and have found the introduction of some physiotherapy techniques into the shiatsu treatment useful (helps with the anatomy studies as well). We have used a technique called Neuro-Muscular Energising Therapy (NET) developed by a physio from Yorkshire, Charlie King. Several of the MS centres have used him to train their physios, but I believe we are the only one to introduce it into shiatsu. Other workshops here have included Michael Rose (who studied with Masunaga) and Paul Lundberg (The Book of Shiatsu).

Alan Taylor, Centre Manager, Sussex Multiple Sclerosis Treatment Centre
www.mssussex.com

CASE STUDY

Damaged Achilles tendon on MS Sufferer

Personal History

Jo (pseudonym) is a Managing Director of a surveying company. He is 48 years old and is married with two boys, aged five and seven years. He enjoys his work and feels able to keep pace with the challenges and workload despite chronic illness.

Jo does find life generally stressful and tends to fret a lot and have a negative outlook, He is a non-smoker, but enjoys alcohol especially at weekends, his favourite tipple being malt whiskey. Jo has three dogs, a spaniel and two black flat coats from which he breeds. He enjoys walking and fishing and he swims at least once a week-usually with family members. Jo has always been an avid gardener however he was recently encouraged by his wife to employ someone to help in the garden (approx 1-acre) and to chop logs, since he finds these activities extremely tiring.

Following a diagnosis of multiple sclerosis (MS) two and a half years ago Jo has attended several complementary therapists including an aromatherapist, and a nutritional therapist for dietary advice and supplements. Jo admits that he would never have considered such therapies prior to his MS diagnosis, however he complies with recommendations and treatments and feels that each therapy has been beneficial.

Jo suffered from a tendon injury a month ago whilst playing tennis with the children on holiday. He is keen to try Shiatsu in the hope that this will reduce symptoms and accelerate recovery. He also hopes that Shiatsu will provide relaxation, something that he finds hard to find space for at work or home.

Medical History

- Multiple Sclerosis-subcutaneous injections of Copaxone daily for life. Since diagnosis Jo is more easily fatigued and has a marked tremor to his legs.
- Wheat Intolerance-eating wheat results in bloating and diarrhoea, follows a wheat free diet.
- Haemorrhoids.

- Pneumonia-three and a half years ago, hospitalised.
- Hay fever-itchy eyes and nasal symptoms.
- Left Achilles Tendon Injury one month ago, associated lower leg oedema.

Oriental Diagnosis

This case study follows the Zen theoretical framework, however 5 elements/Zen are used to characterise Jo and TCM assists the facilitation of dietary advice.

Jo has a high forehead (BL) with one line between his eye brows (LV), he has a grounded physique, is 5ft 8 in tall and is of a muscular build (Wood). He likes to wear green or navy (Wood & Water), and has a tendency to feel stressed with chaos, often associated with having two young boys (Wood). He tends to look on the negative side of everything and worries a lot (Earth/Wood). Jo is easily fatigued (Water). These characteristics together with his medical history (Water & Wood) indicate that Jo is prominently a Wood/Water character in five element terms.

In Zen theory MS is a disorder of the nervous system, and is associated with a BL imbalance. Jo's MS together with a demanding position as Managing Director and father of two young boys, compounded by his inability to find time/space for relaxation is resulting in BL energy depletion. Jo is mentally and physical fatigued!

In Zen Shiatsu the kyo meridian is usually the cause of imbalance whilst the jitsu reflects it's effect: Jo is constantly pushing himself, striving to lead the company forward. The last few years have been difficult due to his MS and he has had to work extremely hard to keep pace with the business, this has resulted in depleted BL energy/fatigue. The effect of his depleted BL energy and fatigue are symptoms that include tremor, spasm, short temper, frustration, indecisiveness and an inability to rest/relax or find inner peace, each corresponding with GB jitsu.

His position of control within the company requires power, confidence and assertiveness – GB qualities, thus reinforcing these energies and contributing to jitsu GB. It is vital that Jo takes control of his life and finds time to stop, he should aim to develop a better and happier work/family/self balance.

Treatment Table

| TxNo | Date | Kyo | Jitsu | Present Problem/Feedback |
|------|----------|-----|-------|--|
| 1 | 12/05/04 | BL | SI | Damaged Achilles tendon left ankle, oedema below knee |
| 2 | 19/05/04 | SP | GB | Ankle improving, slight cough, MS symptoms worse for past month |
| 3 | 24/05/04 | TH | LV | Cough & Phelgm (clear/mucous), taking Echinacea, no motivation |
| 4 | 02/06/04 | BL | GB | Bloated, tired, short tempered, indecisive, anal fissure diagnosed |
| 5 | 23/06/04 | LU | GB | Oedema & cough resolving, not sleeping well |
| 6 | 13/07/04 | SP | GB | Well& relaxed, poor memory, home alone, sleeping better |
| 7 | 28/07/04 | BL | GB | Lower backache, hay-fever, MS symptoms-tremor to legs |
| 8 | 13/09/04 | KD | LV | Backache resolved, anal fissure healed, tendon almost healed, feeling tired. |

Treatment 1

Aim – Assist healing.

Treatment – Attention to left leg/ankle. Local and distal points i.e. GB34 (tendons and joints) and KD3 (oedema).

Recommendations

- Rotation/flexion of ankle to encourage circulation and reduce oedema.
- Diet – Strengthen/soothe nerves – oats, rice, goat's milk.
Reduce Live Wind symptoms – celery, ginger, oats, kuzu.

Treatment 2

Aim – Healing, reduce anxiety.

Treatment – Leg points/meridians – GB34, BL & KD. LU1 & 2 for cough.

Recommendations –

- Use KD3.

Treatment 3

Aim – Smooth flow of energy.

Treatment – A small 'knot', approx. 2" diameter at posterior L. mid calf area. No discomfort or inflammation, gentle work carried out above and below this area.

Recommendations –

- Foot and ankle 'Do-In' exercises.
- Warm baths and gentle massage to left calf.

Treatment 4

Aim – Relaxation

Treatment - Sedate GB to aid decisiveness, reduce bloating – GB24.

Recommendations –

- Time for self.

Treatment 5

Aim – Aid sleep.

Treatment – Appeared on edge, relaxed during treatment.

Recommendations –

- Lavender to aid sleep.

Treatment 6

Aim – 'Whatever you think'.

Frustrated with personality limitations. Discussed five-element theory and character qualities together with benefits of regular Shiatsu.

Treatment – Neck stretches to relieve tension.

Recommendations –

- Pungent foods i.e. coriander, marjoram and garlic to shift GB energy.

Treatment 7

Aim – Ease Backache.

Treatment – Rocking, back stretch most effective at lumbar 1-2 area. Tension at R. lower back dispersed and sedated, tonification to area above and below.

Recommendations –

- BL Makko-Ho.
- Back stretch exercises.

Treatment 8

Aim - Relaxation

Treatment – Tonify KD, utilise GB34, GB 14 and LV 13 & 14.

Recommendations –

- BL Makko – Ho.

Conclusion

During the Case Study Jo attended for Shiatsu on a regular basis, initially once a week. He was able to dedicate time out for himself, something he was unable to do at home. His regular attendance benefited him both physically and emotionally. He demonstrated general health improvements, always giving positive feedback following treatments.

The initial reason for his attendance for Shiatsu was a torn Achilles tendon and associated oedema, the tendon has almost healed (prior to hospital appt) and the oedema resolved. Jo admitted to feeling the benefit of regular Shiatsu especially in relation to relaxation, something that he finds difficult to find space for at home. Following treatment he admitted to being much more relaxed for several days and was definitely more relaxed with the children and with life generally. As well as Shiatsu, Jo endeavours to take time out of work, when this is possible, and has recently enjoyed a days' loch fishing which he found both relaxing and fulfilling.

Jo's diagnostic picture demonstrates a cycle of BL Kyo and GB Jitsu, which has proven difficult to change. His chronic illness, its treatment and symptoms may be partially to blame for this ongoing depletion which combined with over-work, and limited time for relaxation results in tiredness, anxiety and frustration often demonstrated when he loses his temper with those he loves.

BL kyo – fatigue, resulting in GB jitsu-anxiety and frustration.

Over the last few months, Jo has made time for himself by coming along for Shiatsu. He has also followed recommendations both regarding diet and exercise, and admits to feeling the benefit. Making time for relaxation and taking life at a slower pace has reduced his stress levels and in doing has improved family life.

It is hoped that regular Shiatsu treatments aimed at tonifying BL/KD and sedating LV/GB as they appear at diagnosis and encouraging relaxation, will continue to assist Jo to balance family, work and health commitments. Shiatsu has definitely enabled Jo to take more control of his life by facilitating 'time out', and by encouraging him to take more care of himself resulting in reduced stress and associated work and family pressures. It is hoped that Shiatsu will continue to support Jo by reducing both physical and emotional symptoms and perhaps eventually result in a more balanced energetic pattern.

Dee Cameron

ARTICLES

Use of Triple Heater in the treatment of Multiple Sclerosis (MS)

By Michael Rycroft. *Printed in the Shiatsu Society newsletter.*

Multiple Sclerosis is a disease of the central nervous system which damages the myelin sheath that surrounds the nerve fibres. The damage to the myelin sheath causes poor transmission of nerve impulses along the nerve fibres, rather akin to the poor transmission of power through a badly insulated electrical cable. The areas where damage occurs develop plaques or lesions that take the form of scarring of the myelin sheath. The disease has been linked to the immune system. Its symptoms take many forms, tiredness, depression and decreasing mobility are probably the most significant from a Shiatsu perspective. With long-term clients it is has been the usual aim of Shiatsu treatments to maintain mobility.

From my experience of working with MS Clients, a Hara Diagnosis of Triple Heater appeared more often than other meridians. I found that working through the Triple Heater became a part of any treatment for

MS Clients. The usual strategy for treatments with long-term MS Clients is to improve mobility and to slow down the progress of the condition. The treatments are seen as a way of providing the client with the means to control the condition.

Clients suffer from spasticity, spasms and involuntary movement. This usually affects one side of the body more severely than the other. MS affects clients in different ways and as the condition progresses, so clients' limbs may be floppy and without energy or can be rigid and suffering spasms. Depression and mood swings are recognised effects of the condition and clients may have anger management issues to take into account. Muscular spasms and involuntary movement can prove very challenging during treatment. However it is possible to use these movements to advantage by working with them to allow the movement to create a different treatment position or stretch.

Shaking releases can be very effective with spasms and involuntary movement. After a spasm or involuntary movement I try to find a "still" point close to the spasm source. I then gently push into the point as if pushing right through into the triple burner. I find a rhythm in the return of the push and then extend this to a pushing and shaking movement that can then be opened up across all of the body so long as the rhythm is maintained. This normally overrides spasms and involuntary movement and is enjoyable for the client and good fun, if hard work for the practitioner! The aims of this type of treatment are agreed with the client and normally includes the following as the first part of the treatment.

- To clear blockages as far as possible in the neck and head and to attempt to equalize the function of left and right arm.
- For the client to use the connections between the arms and torso to build new energetic pathways.
- For the client to learn to strengthen these connections through practising Qi Gong or Tai Chi.
- For the Clients to be able to use these enhanced connections when engaging in therapeutic exercises.
- Any other problems or concerns the client has as well as any work on the feet and legs forms the second part of this treatment.

Before the treatment starts it is important to decide with the client which is the "good" side and which is the "bad" side of the body. The work starts on the good arm when the client can enjoy the sensations. Then the other arm is worked the client needs to remember the sensations from the first arm so that weak point connections can be reinforced. If this proves difficult the practitioner can return to the "good" arm to reproduce the sensation from a particular point.

The treatment progresses in this manner attempting to equalise the sensations and movements on each side.

Treatment

The client lies on their back, face-up on a futon (modified treatment can also take place on a massage table or in a wheelchair). The treatment starts with making a connection with the Triple Heater. This can be done through the Kidney points in the feet to make a connection with the Ming Men, The Ming Men being the source of original Qi and the Triple Heater's function of distributing original Qi makes it a good place to start. The Triple Heater can also be contacted directly in the torso, often through palpitation or visualisation of the cavities or the movement of fluids, both of which are functions of the Triple Heater. The parts of the Triple Heater: the upper, middle and lower burners can also be located.

Work can then start on the "good" arm. Usually I find it best to mobilize the wrist and hand in a general way before starting on the Triple Heater meridian, often stretching out the ring finger can start to open the meridian. The focus is opening up the arm but an awareness of the energetic functions of Triple Heater in

the torso remains. This is particularly reinforced when it comes to articulating the elbow through, TH 10. It is often possible to reinforce the connection to the torso by using the client's hand to contact the burning spaces, one hand can hold down the client's hand onto the burning space whilst the other hand works the upper arm and shoulder. The client's arm and shoulder can continue to be articulated and the arm pressed into the side of the torso, opening and releasing. After each arm movement the client's hand can be returned to an energetic connection on the torso.

I usually do some cranial work as part of the transition onto the other arm. Clients usually enjoy this part of the treatment as the gentle neck and head stretches seem to provide temporary relief from the pain associated with nerve damage. With clients who may have anger management issues, work on the Gall Bladder meridian on the neck and side of the head as well as work on the Triple Heater meridian can be both welcome and beneficial for the client.

After working the head the same routine is then used on the other arm. Articulation and point connections are the main focus with the client reporting on the sensations, when connection becomes difficult the client's hands can be placed together on the torso and the hands and arms worked into the burning spaces. At this point it is possible to return to work the good arm to recreate the sensations of the point work on it. At the close of this first part of the treatment it should be possible to leave the clients hands on a burning space with a good energetic connection. It is now their job to maintain this connection.

The second part of the treatment involves working one of the leg meridians. The ones that fits in best with the Triple Heater are Kidney and Gall Bladder.

- Kidney being the leg Shao Yin reciprocal of the Heart arm Shao Yin, and the Ming Men being the source of Triple Heater Qi, it is a good meridian to use when Qi is generally deficient. It has the added advantage not disturbing the client's energetic connection in the torso.
- When there are problems with seizures of joints the Gall Bladder can be a good option. It has the advantage of being the leg Shao Yang reciprocal of the Triple Heater arm Shao Yang. It is possible to only work the meridian in the legs and hips so that the client can maintain their position lying on their back, with one hand in contact with one of the burning spaces. It can then be worked through the client's contacts in the torso and if necessary again around the head without the client moving.

Again the "good" leg is worked first using the same principles as the arms. Repeating the points from one leg to the other and working both legs together in an attempt to recreate the same sensation in both legs. This is more effective when the client can continue to maintain the upper connection in the torso.

The final part of the treatment is to create stretches from the side using the arms and legs. From each side this helps to move the Qi out to the extremities and then back into the centre.

Complete the treatment by returning the client's hands to the torso and allowing the client the space to experience the internal movement of their energy.

I feel that this type of treatment actively involves the client in the management of the condition. The Shiatsu practitioner acts as the catalyst to enable the client to maintain their health. Ideally an intense series of treatments will lead to a self sustaining therapeutic exercise programme. Further treatments are then only needed on an occasional basis.

I do not think that it is possible for this type of treatment to reverse the damage caused by MS. I do believe however that through empowering the client to take control of the condition, that it is possible to stop or slow down the possible rapid deterioration in mobility and function that MS can bring about.

Michael Rycroft graduated from the Shiatsu College, Hastings, in 2005. He is now based in Nerja, Andalusia, Spain and is a member of APSE, the Spanish Shiatsu Association. Michael is also a Thai massage therapist.

Multiple Sclerosis – a TCM Approach by Tony Booker MRSS

Printed in the Shiatsu Society newsletter.

1. Western differentiation

Multiple sclerosis is a disease of the neurological system affecting many other systems including muscular, urinary, digestive, respiratory and the sense organs, particularly the eyes. It is caused when the insulating material (myelin) surrounding the spinal cord degenerates exposing the cord. The sheath then tries to repair itself but the body is unable to produce myelin and so scar tissue is laid down, hence multiple sclerosis meaning multiple scarring. This scar tissue does not have the same insulative properties as myelin and so electrical impulses travelling down the spinal cord are impaired. The symptoms a person with MS will exhibit are dependant on whereabouts in the spinal cord and/or brain this scarring takes place.

MS varies greatly in severity from severe disability and life threatening illness (The worst 10%) to mild functional impairment (the best 10%). Most people fall somewhere in between these two extremes. Prognosis also varies greatly with at one extreme death ensuing within 5 years of diagnosis where as the majority of people with MS live to a normal life expectancy.

It is the commonest neurological disease, affecting young people; in the modern western world affecting at least 1 in 1000 people, although it is virtually unheard of in some third world countries. It is more common in the Northern hemisphere, particularly as you move away from the equator. It affects more women than men of about a ratio of 2:1. Most people are first diagnosed in their late twenties or early thirties, usually by a CT scan.

MS can be put into four main categories.

a) Primary Progressive MS

This is the least severe form of the disease where mild inflammation and damage to the myelin sheaf occurs: the person gradually loses some function over a period of many years.

b) Relapsing/Remitting type

This is probably the type the most associated with MS but it is not necessarily the commonest. In this type the person has what is termed an 'MS attack' where the myelin sheath becomes very inflamed and the person may be temporarily severely disabled and even hospitalised until they can be stabilized which is usually achieved by using steroidal treatment to bring the inflammation down. Once the inflammation is alleviated much of normal function is regained although normally there is always some irreversible damage to the myelin sheath. Attacks may occur every couple of years or several times in one year each time leaving the person with a greater disability than before.

c) Secondary Progressive MS

This is where a person starts off with the relapsing remitting type but it then develops into the primary progressive type. In this type, however the severity and speed of progress of the disease are usually much worse. This normally occurs in people who have had frequent attacks and it is this type that often leads to the greatest disability.

d) Apparent recovery

This group starts off by having one or several attacks and then go into remission, where they stay. (CT scans reveal that there is some demyelination and so a diagnosis of MS is given. The disease process then

seems to stop. The question that needs to be asked here is why should a disease, that is often labelled as having no cure, go into this complete remission state.

Aetiology

From a western perspective there is no known cause of MS although people with MS in their family are more pre-disposed to the disease. Other attributing factors towards MS may be poor nutrition, particularly the over consumption of saturated fats; environmental factors such as air pollution and the use of pesticides; mercury poisoning, particularly from the use of mercury amalgam fillings in dentistry.

Treatment

Orthodox western treatment relies almost entirely on the use of steroids used in attacks. Advice is sometimes given about diet and life style encouraging the use of products such as evening primrose oil and fish oil extracts. Beta interferon is currently undergoing clinical trials on people with certain types of MS but only if they are able to walk without assistance. Baclofen is used in the treatment of muscular spasm and vitamin B12 injections are sometimes used to try and help muscular tremors.

A TCM Approach

When a person comes into the clinic and says they have 'MS'. This doesn't really tell us anything at all really. In fact it doesn't really have much meaning even in a western sense. What I often tell people with MS who come to see me is that although it is of interest to know what label they have been given it does not really have any bearing on the treatment they are about to receive, in fact the treatment would be the same whether they tell me they have MS or not because it is based on oriental diagnosis and although the same patterns of disharmony often crop up people with MS present with as wide diversification of signs and symptoms as any one else and so are treated accordingly.

Aetiology

Although there are no known causes in a Western sense there are of course many to found using a TCM perspective. The following are a list of causes based on previous research and my own clinical experiences.

Firstly, what I have found to be the case is that of the people I have seen, between 50-60 people with MS and most of them have histories that may explain the development of the disease.

1. Constitutional factors and shock

As discussed before a genetic link has been found and this could suggest that someone is weak on a constitutional level, particularly affecting their Kidney energies. Another factor affecting the kidneys is fear and shock which scatters the Qi and weakens the kidneys. I have found that a proportion of people with MS have suffered a major shock, often a bad car accident or a severe emotional shock such as losing a close relative or friend suddenly, shortly before the onset of symptoms. In the clinic Kidney Qi deficiency is a common pattern with people experiencing tiredness, dull lower back ache and urinary problems particularly hesitancy or urgency of urination and in more severe cases urinary incontinence. This is primarily a deficiency pattern and relates most closely to the Primary progressive type, with the secondary progressive type, Kidney Yang deficiency may also be observed.

2. Severe emotional stress

Severe emotional stress leading to anger, frustration and resentment, often directed towards a family member and particularly resulting from physical and/or sexual abuse when a child is likely to be another major pre-disposing factor in the development of MS. This is anger in its extreme form causing initially stagnation, followed by heat in the Liver and often Liver Fire. By the time the person has come for

treatment they will present with what seems like a deficiency pattern as the liver heat is chronic and has consumed the body's fluids leading to Blood and Yin deficiency, particularly liver Blood and Liver Yin Deficiency. If these patterns continue the Liver Wind may arise in the channels and the characteristic ataxia and muscle tremors may be observed. The tongue may be pale and dry in Blood deficiency or dry, red, with no coating or peeled in Yin deficiency. A shaking tongue will denote Internal Liver Wind. This pattern is probably most common in the relapsing/remitting type and the secondary progressive type.

Symptoms that may be attributed to these patterns and that are often seen with MS patients are blurring of vision, muscle spasms and cramps, insomnia, irritability, constipation and tiredness. Other conditions such as IBS, Migraines and PMT are also seen as well as the MS symptoms and probably have the same aetiology.

3. Poor diet

Poor diet and particularly the over consumption of dairy products lead to Spleen Qi Deficiency and Dampness. The person will often be overweight, complain of tiredness, especially in the afternoons, and of tired and weak legs and arms. They may have muzy type headaches and dizziness. Their appetite may be poor or they may overeat. They may have digestive problems, bloated feelings and loose stools. These patterns are often seen in primary progressive type MS and it is with this group that dietary advice is most important.

4. Mixed aetiologies and patterns

Very often MS may result from a number of causes and we often see clients showing mixtures of the above signs and symptoms although usually one or two patterns dominate. One complication that may arise with a mixed pattern of Liver Heat and Spleen Dampness. The Damp will gravitate downwards, accumulating in the Large Intestine. Excess Heat from the Liver travels to the Large Intestine along the connecting channels leading to Damp Heat in the lower Burner. In this case a red tongue with a greasy yellow coating may be observed.

Treatment

Shiatsu, Acupuncture, Herbs and often a combination of the above may be utilized. One of the main problems is wearing your client out as they are easily fatigued. Often the cause of the fatigue is Qi deficiency and Damp. In order to expel the Damp you need to use their energy, this in turn weakens their energy allowing more Damp to invade.

If, however, you choose to tonify the Qi, you also run the risk of tonifying the Damp although in practice this seems less likely especially with modalities such as Shiatsu.

These problems should particularly be borne in Mind if using any herbs or patent herbs where incorrect usage may result in the condition worsening. If herbs are to be used they may be of more use used in soups and stews where it is easier for the digestive system to cope with them. Patent herbs may be convenient but they cause a much greater strain on the system and I would say that they are probably not suitable in many MS cases.

Shiatsu should be focused at strengthening the persons energies over a long period, don't try to do too much too soon, along the way you may also focus on helping with the dampness, perhaps more by dietary advice.

Shiatsu is excellent at dealing with many of the symptoms produced directly relating to living with a chronic incurable disease and its powerful nurturing and comforting qualities may help a person rid themselves of a lot of the negativity associated with this, enabling them to lead a more balanced and fulfilling life.

It seems quite realistic to assume that many of the symptoms often attributed to MS are manifesting for other reasons and that through regular treatment many of the symptoms can be alleviated.

Blurred vision in MS patients, for instance, is often diagnosed as retro-bulbar neuritis and the only treatment offered is steroidal. I have found that this responds well to oriental methods, particularly when arising from liver Blood deficiency which is often the case. A TCM diagnosis is a useful way of getting a real diagnosis of what is going on and why the illness may have arisen. It is also a vital requirement before any herbs are prescribed. It is interesting to note similarities between western ideas and TCM such as the link between saturated fats from the Western model and the idea of spleen Qi deficiency and dampness from the TCM approach, both resulting in a necessity to avoid dairy products. Also TCM does go some way to explain what has only been observed in orthodox medicine such as links between stress, shocks, environmental and genetic factors and the development of MS

Shiatsu treatments should generally focus on the Kidneys, Bladder, Spleen and Liver channels but working on the Stomach and Large Intestine channels may also be useful, especially if there is motor impairment of the limbs.

For acute attacks the primary concern is to clear pathogenic Heat and so points such as Du 14, L1, 11 and L1 4 should be employed using reducing techniques.

Finally, you will find that people with MS often give the impression that they are quite subdued and sad, with weepy quiet voice and shortness of breath often pointing towards a Lung imbalance, careful diagnostic examination will, however reveal the true pattern. During treatment, particularly as the liver energy is moved, many emotions that have been suppressed for many years may surface. Through this process, using care and sensitivity and working very much with the clients we may be able to help them achieve a better quality of living, reduce the number of disabling attacks and find a more relaxed, positive outlook.

MS is often labelled an incurable disease but surely prolonged or even complete remission has the same benefits and is something that shiatsu practitioners can play a useful part in.

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