

SHIATSU & DEPRESSION



WHAT IS DEPRESSION?

Depression is a state of low mood and aversion to activity that can have a negative effect on a person's thoughts, behavior, feelings, world view, and physical well-being. Depressed people may feel sad, anxious, empty, hopeless, worried, helpless, worthless, guilty, irritable, hurt, or restless. They may lose interest in activities that once were pleasurable, experience loss of appetite or overeating, have problems concentrating, remembering details, or making decisions, and may contemplate or attempt suicide. Insomnia, excessive sleeping, fatigue, loss of energy, or aches, pains, or digestive problems that are resistant to treatment may also be present. Depressed mood is not necessarily a psychiatric disorder. It is a normal reaction to certain life events, a symptom of some medical conditions, and a side effect of some medical treatments. Depressed mood is also a primary or associated feature of certain psychiatric syndromes such as clinical depression.

Source: Wikipedia, April 2013

RESEARCH

Research Project on the Perceived Effectiveness of Shiatsu Treatment. Clifford Andrews BSc, MRSS(T).

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 the samples 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, MRSS(T) and Philip Harris, MRSS.

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.

The Effect of Acupressure (Shiatsu incorporates acupressure) with massage on fatigue and depression in patients with end-stage renal disease.

Cho YC, Tsay SL. Department of Nursing, National Tainan Institute of Nursing. J Nurs Res. 2004 Mar;12(1):51-9.

Fatigue and depressive mood are the most significant symptoms experienced by patients with end-stage renal disease. The purpose of this study was to examine the effectiveness of acupressure with massage in fatigue and depression in patients with end-stage renal disease (ESRD) receiving hemodialysis treatment. The study applied an experimental pre-test and post-test design. Sixty-two hemodialysis patients participated in the study. Data were collected from two hemodialysis clinics in major hospitals in southern Taiwan. Following consent to the study, subjects were randomly assigned to an acupressure group or a control group. Patients in the acupressure group received acupoint massage for 12 minutes per day, three days per week, for four weeks. Subjects in the control group only received routine unit care. The measures included the Revised Piper Fatigue Scale, and Beck 's Depression Inventory. Descriptive statistics, chi 2 tests, t-test and analyses of covariance were used for data analysis. The results indicate that subjects experienced a moderate level of fatigue. Nearly 65 % of hemodialysis patients had a depressed mood. ANCOVA results indicated that fatigue ($F((1.54)) = 9.05, p = .004$) and depression ($F((1.54)) = 4.20, p = .045$) among patients in the acupressure group showed significantly greater improvement than patients in the control group. The findings of this study provide an interventional model for nurses taking care of ESRD patients.

Publication Types: Clinical Trial, Multicenter Study, Randomized Controlled Trial
PMID: 15136963 [PubMed - indexed for MEDLINE]

ARTICLES

The Five Elements of Depression by Barbara Esher

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Pain relief may be the most common reason that clients seek Shiatsu and other Asian Bodywork Therapies, but it certainly is not the only benefit that they can receive. A physical problem will bring them in, such as headaches, as in the example used below. But we need to look beyond the physical manifestation at our client's emotional and spiritual climate as well, to explore and treat the person, not just the symptom.

When we do any form of Asian Bodywork Therapy (ABT), we are working with Qi, the vital force that moves us through the dance of life. Qi is not only involved in every emotional and physiological process of our bodies, it binds us to together as individuals and connects us spiritually, reverberating through every being on this earth. This awareness of the interconnectedness of all plus being present and compassionate are more essential than ego-based, "clever" techniques.

Keeping this in mind, we are looking beyond any Western diagnosis our clients may have come to us with, to see the energetic relationships within themselves and to the world. An excellent paradigm for doing this is the Five Elements. The Five Elements are a poetic but scientific way of using natural phenomenon like the changing of the seasons to explore and treat our psyche, spiritual state, anatomy, physiology and the dynamics of the disease process as a whole.

Often, clients come to us with the Western diagnosis of depression. A major depressive episode implies a prominent and relatively persistent (nearly every day for at least 2 weeks) depressed or dysphoric mood that usually interferes with daily functioning and includes at least five of the following nine symptoms:

- Depressed mood
- Loss of interest in usual activities
- Significant change in weight and/or appetite
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Increased fatigue
- Feelings of guilt or worthlessness
- Slowed thinking or impaired concentration
- Suicide attempt or suicide ideation

So what do we do with that diagnosis? Is there a magic point that cures depression? Wouldn't that make it easy if there was! But the beauty of Shiatsu and Asian Bodywork Therapy is that we have the tools to see people as a vortex of natural forces, as great works of art with their life force as an integral part of that picture. We have to see the symptom of depression as part of a whole being, manifesting differently in everyone. The Five Elements allow us to look at the person's individual "climate". Depression could lie in any of the Five Elements and more often, it's a combination of the dynamic relationship between two or more Elements.

Wood Element

The Wood Element closely relates to the season of Spring. The energy of the flowers pushing through the still frozen ground upward resembles the force of Wood. It's a powerful, Yang force within our bodies, responsible for moving the Qi upwards. It has an energy that can flare up quickly and move rapidly, often like wind.

The Wood organs, Liver and Gall Bladder, are related to the ease and flow of Qi and the emotions, particularly anger. Wood also gives us the ability to make decisions. Wood gives us flexibility in our tendons and sinew, which manifests on an emotional level as well. Someone who is very "Woody" may be rigid, inflexible and have issues about being in control. Their anger will flare upwards easily and they will hold themselves and others to a high standard of perfection. The eyes relate to the Wood element, not just physically but in having a life vision and plan. When thwarted, their energy can get stuck or stagnate, causing resentment, repressed anger and over a long period of time, depression.

Let me give you an example of a typical dark, moody Wood type of depression. I had a client who was a single mother in her 40's. For years, she worked in a job that she didn't like, with a demanding boss. She got angry but she always stuffed it because she was afraid to lose her job. Her kids had a lot of behaviour problems that caused her even more stress. She often spoke of how frustrated she was and how she felt like she had no control in her life. She felt as if she had no options. She would ineffectually explode at her kids and get mad at herself for doing so. Her physical symptoms included menstrual cramps, PMS and temporal migraines, called shaoyang headaches. Her pulse

was wiry and the sides of her tongue were red. Her doctor diagnosed her with mild depression and suggested that she try Prozac, but she wanted to wait a bit longer, trying Shiatsu as a last resort recommendation from a friend.

Don't you hate it when you are a last resort? I'd much rather have seen her years before she got into such a desperate state! Luckily, she responded very quickly to Shiatsu. Not only was that due to Wood's easily changeable nature, she also realized that she was spiralling downwards and she was committed to making changes in her life.

I focused treatments on the Wood meridians, which are the Liver and Gall Bladder and the Shaoyang meridians, Gall Bladder and Triple Heater. I also supplemented the treatments with the Water or Earth meridians intermittently as a precaution. Point combinations that I used were Liv 3 and GB34 as well as holding both GB20's with one hand as I thumb pressed down the TH meridian, stopping and holding TH6, then TH5 on one side with HP6 on the other. I worked on the TH and GB meridians on the temples, around the ears, occiput and shoulders. In the side position, I worked on the ribs, hips, the outside and the inside of the legs, ending with work on the feet including GB41 and Liv3. I also included many meridian stretches.

I recommended that she take a Yoga class, which she did. Stretching literally "cools you out" by opening up the meridians, allowing heat to be released. A Wood depression due to Stagnant Liver Qi often starts to generate heat, which can cause irritability, restlessness and insomnia. The stretching not only helped her become calmer, she also became more flexible, at all levels. I suggested that she cut out fatty, greasy and spicy foods. Due to her schedule, she relied way too heavily on fast food. She cut back on coffee and alcohol as well, which before, had just added fuel to her fire.

She didn't quit her job but she got better at not letting her boss get to her. She started communicating with her kids more effectively and they responded by acting out less. Her moods improved and her headaches and PMS became less frequent.

In her particular case, she was a straightforward, classic Wood case with little complications from other elements. This is unusual. More often than not two or more elements are involved. Deficient Water can cause a Wood imbalance in the sheng-growth cycle. Wood can overact in the ko-control cycle, causing the Earth element to be affected and dampness to accumulate.

Fire Element

The meridians associated with the Fire Element are primarily the Heart and Small Intestine. A person who has a Fire Element depression usually attributes her funks to a broken heart or to relationship problems. She invests a lot into her relationships, losing the importance of the sense of her own Self. She invests a lot into her relationship problems. She invests a lot into her relationships, losing the importance of the sense of her own Self. When two hearts beat as one, usually it means one of the two people is dead! And the "dead one" usually ends up being a woman. I have seen all of the other four types of depression in my men clients but never a Fire Element depression. There must be a certain amount of acculturation that supports a woman who "sacrifices" whether she is involved with a man or in a same sex relationship.

The season of the Fire Element is Summer and the climate of this person is hot, passionate and joyful-when she is up! This person is optimistic and bubbly when she is in love. She has a lot of energy and focuses much of it on her partner. Every thought and dream is about being with the one she loves "happy".

Unfortunately, the cost of this temporary bliss is dear. When she wakes up from the dream and finds herself alone, she is devastated, and often falls into a deep depression, until the next

relationship that lifts her up again. She needs to eventually find herself worthy of the love that she lavishes on others.

Earth Element

The climate of an Earth Element depression is one that is characterized by a sticky, cloying dampness. You can feel it in their muscles, which are weak and sometimes puffy filled with a soggy, muddy quality. When Earth is weak, the Water Element backs up along the ko cycle, causing a debilitating swamp in the Spleen and Stomach meridians. This person obviously is going to have trouble moving through this kind of environment! They are often tired with a heavy feeling in their limbs.

An Earth Element person will also have issues around food. They may binge then purge. This person will sometimes have uncontrollable sweet cravings, which are easily controlled by working Spleen points. I had a client who would eat candy bars before he sessions because she knew she wouldn't feel like eating them afterwards!

This illustrates the challenge of treating an Earth Element type of person. They are often stuck and are uncomfortable with transition and change. They sometimes have many excuses why they are depressed and feel little gratitude for the blessings in their lives.

Metal Element

The Metal Element meridians are Lung and Large Intestine. These meridians not only help us to let go of waste that we don't need any more on a physical level but they assist in that process on an emotional level as well. The climate that you see in a Metal Element depression is one of long-term grief and sadness. There is a deep and desperate inability to let go, causing disabling depression. The physical symptoms that may accompany a Metal Element type of depression are asthma and allergies. You may notice, many children develop asthma after a divorce.

Water Element

The last and most dangerous form of depression relates to the Water Element: the Bladder and Kidney meridians. Not only does the Water Element house our deep-seated fears, but it is also responsible for our genetic make-up. Therefore, often these are the types of depressions that run in the family.

This is the deepest and darkest of all depressions, and the one for which medication is most helpful, and often essential. People suffering with this type of depression are sometimes suicidal. One client of mine describes Shiatsu as helping her "keep her head above water through difficult times, juggling suicide attempts, ECT (shock) treatments and ineffective medications with many side effects. Any off-the-cuff mention of "checking out" must be noted in your client's chart and reported to her/his doctor.

Even though we always focus on treating the whole person on all levels – not just the symptoms – sometimes it is helpful to give clients 'homework' for symptomatic relief. It may not deal with the underlying cause of their problem the way effective treatments would, but it could help them cope in-between sessions.

One homework you can give your clients to help ease their depression is self-moxa, if moxa use was included in your training. First make sure he or she doesn't have any obvious symptoms of Heat Invasion or Empty Heat, e.g., a red tongue and face, feeling of being too warm, and a rapid pulse. In those instances, moxa is contraindicated. Demonstrate on him or her how to use moxa on

Bafeng/Eight Winds, located between the webbing of each toe, proximal to the margins of the webs. You can use a moxa pole but a tiger warmer is better. It should take only about 5-10 minutes. Tell them to use the moxa every morning, warming each point until just before it is too hot, the moving onto the next point, repeating 2-3 times. By the way, I have been advised by people knowledgeable in legal matters not to give my clients moxa because if they burn themselves, they can sue. Best to have them purchase their own sticks at an Asian Medical Supply store.

Another caution that I need to repeat is that Shiatsu or any other form of bodywork should not be used in lieu of professional medical treatment or psychotherapy. It works very well in conjunction with other therapies, but be very clear on what you can and cannot treat within your scope of practice. Although it may be difficult at times, there is nothing more satisfying than helping people make significant and lasting changes in their lives!

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This article is based on information from her future textbook, Shiatsu and Chinese Medicine first appeared in Massage Today April 2001 www.massagetoday.com Reprinted with permission.

The Use of Shiatsu in a Patient with Depression and Anxiety **By Jill Bailey, MRSS**

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This single case research was conducted as part of the research module for a Masters degree in physiotherapy, writes Jill Bailey MRSS. In my role as a physiotherapist and complementary therapist, I had been using Shiatsu with people with mental health problems for approximately three years and I welcomed the opportunity to look at this as part of a research project. The case research had to be done and presented in the format that follows to fulfil the guidelines for the module. The results clearly demonstrate the difficulties in using quantitative research methods and posed more questions than answers. Single case research does allow the individual to be researched and not lost in the results of a group study.

The aim of the study was to evaluate the use of Shiatsu in clinical practice.

Design:

A single case ABA study design was chosen.

Subject

The subject was a 53 year-old female with depression and anxiety referred to a mental health day centre's physiotherapy service. The subject lived alone following her husband's recent death and did not work. She presented with mid thoracic pain and general body pain and muscle tension. A course of Shiatsu aided relaxation and symptom relief when the subject presented with similar symptoms three years ago.

A physiotherapy assessment was made to exclude acute back or neck problems and therefore the need for musculoskeletal physiotherapy techniques. An assessment of the need for relaxation and generalised muscle tension indicated the use of Shiatsu.

Inclusion criteria

- Diagnosis of depression and anxiety for 3 years or more

- Age 18-65, male or female
- Patient is experiencing muscles tension in the neck, shoulders or back and is unable to relax
- Medication is stabilized and not likely to change during the study
- Undertaking psychological interventions but not receiving any other physical therapies

Exclusion criteria

- Unable to comply or give consent to the study
- Mental health status is unstable and high risk factors present
- Uncertain diagnosis
- Abuse of illicit substances
- Concurrent systemic disease

Outcome measures

After consideration of patient compliance, relevance to the intervention and clinical experience three outcome measures were used. A functional activity rating scale, (the subject indicated cleaning the flat) and two 100mm visual analogue scales to measure muscle tension and relaxation.

Intervention

The intervention consisted of twice weekly Shiatsu from the same physiotherapist in the same room. It consisted of a whole body treatment but concentrated on the areas of muscle tension. The actual techniques varied according to subject assessment.

Procedure

To avoid researcher bias, the measures were taken at home by the subject following training:

Phase A Baseline – The subject took measures once a week for 4 weeks.

Phase B Intervention – The subject took measures twice a week for 6 weeks.

Phase A Recovery – The subject took measures once a week for 6 weeks.

All measures were taken on the same day and at the same time. One measure was taken at 34 weeks to monitor long-term effects.

Results

Visual analysis showed no improvement in relaxation or muscle tension. The SD method confirmed there was no statistical significance for muscle tension, however there was a statistically significant change in the intervention and recovery phases for relaxation. The subject reported that she had felt benefit from the intervention but the measures did not reflect this.

The functional measure showed an improvement at week 5 which remained the same throughout the study.

Discussion and conclusion

There was no improvement during and after the intervention as indicated by the muscle tension outcome measure. The relaxation outcome measure and the functional activity rating scale indicated some change however the measures were not sensitive to the changes the subject reported.

After phase B there was a change in diagnosis and new medication was prescribed. The subject stated that she was not compliant with this medication change. The change in medication contravened the inclusion criteria. The subject also reported at the end but not during the study that she was unsure and worried about documenting the measures. This may have therefore influenced the results. The cyclical variation of the subject's depression during the study may also have influenced the results.

If the study were repeated using quantitative research new outcome measures would be required. However, a qualitative study design is recommended (Cheesman et al 2001). The study highlights the difficulties of working with this patient group.