

# SHIATSU & DRUG / SUBSTANCE & ALCOHOL ABUSE / HEPATITIS C



## WHAT IS A SUBSTANCE RELATED DISORDER?

A substance-related disorder is a condition (such as intoxication, harmful use/abuse, dependence, withdrawal, and psychoses or amnesia associated with the use of the substance) associated with substance abuse, often involving maladaptive behaviors over a long period of time. In order to be diagnosed with substance dependence an individual must display at least three of the following for a 12 month period: "development of tolerance to the substance, withdrawal symptoms, persistent desire/unsuccesful attempts to stop using the substance, ingestion of larger amounts of substance, declined life functioning, and persistent use of substance." Substance abuse has been found to be most common among people 18 to 25 years of age and is also more common in males than females and in urban residents compared to those who live in rural areas. Over 50 percent of individuals with substance abuse issues have been found to have another psychiatric disorder, something that is termed Comorbid Psychiatric Diagnosis. Substance abuse is not the same in every person; it can differ in terms of the substance abused, the pattern of use and also the type of comorbid illness present, if any. Substance-related disorders, including both substance dependence and substance abuse, can lead to large societal problems. It is found to be greatest in individuals ages 18–25, with a higher likelihood occurring in men compared to women, and urban residents compared to rural residents. On average, general medical facilities hold 20% of patients with substance-related disorders, possibly leading to psychiatric disorders later on. Over 50% of individuals with substance-related disorders will often have a "dual diagnosis," where they are diagnosed with the substance abuse, as well as a psychiatric diagnosis, the most common being major depression, personality disorder, anxiety disorders, and dysthymia.

Source: Wikipedia, April 2013

## SHIATSU IN THE NHS

### Substance Misuse in Paddington

The Caravan, part of St Mary's Hospital Paddington, has been one of the places of work for Margaret Gucklhorn, MRSS, for the past 6 years. Margaret has been working primarily with patients attending the clinic due to substance misuse.

Margaret asked her manager, Mr Ciaran Kelly, how she saw the role and purpose of Shiatsu at The Caravan:

*"Shiatsu is one of the alternative therapies that has been very successful in the field of substance abuse and the medical conditions that arise from it. The client group may range from recovering addicts to using addicts but they share a common problem, the inability to relax, and Shiatsu has been found to help this greatly. Also in the treatment of Hepatitis C, Shiatsu is used widely with good results. Clients report better energy levels and a healthier appetite after a few sessions and on-going Shiatsu sessions are recommended."*

September 2009

## **Women with Addiction**

BKCW NHS Mental Health Trust employed Anna Maria April, MRSS, for the past three years to provide one afternoon of Shiatsu treatments a week at a health project in Hammersmith, London. Nurses, social workers, a doctor and complementary therapists work in the project which supports women with addictions. Many forms of addiction are presented but the project mainly focuses on alcohol dependency.

Women attending the project are aged from 18 to 60 but most commonly are in their mid-thirties. They are able to receive five Shiatsu sessions, usually spread as one a month, and more sessions can be made available should the project key workers feel this is necessary. When women request a stand-alone session, this is also accommodated.

Anna Maria joins the whole project team weekly for case study discussions of each participant and this help ensures that the Shiatsu work is fully integrated into the treatment programme offered by the project.

Shiatsu has remained a constant part of the project programme because the results are clear on the ground, the women continue to value the Shiatsu and its place in the range of support offered. Anna Maria simply explains "it works" and this is why it is offered and continues to be funded. She enthusiastically recounts a tale of one woman who had attended the project finding the Shiatsu so useful that, with the help of her GP, she went on to undertake some training in Shiatsu!

July 2009

## **RESEARCH**

### **Complementary Therapies and Substance Misuse: an investigation of the effectiveness of Complementary Therapies with Drug and Alcohol users.**

Dear colleague,

The Complementary Therapy team at Project 6 have carried out a 6 month study to investigate the effectiveness of Complementary Therapies with drug and alcohol users. The findings were positive in that they demonstrated the effectiveness of Complementary Therapies in supporting individuals to either reduce or stabilise their current substance use; maintain abstinent; improve the symptoms most commonly associated with substance misuse; and improve general well-being.

A copy of our Executive summary is below for your perusal. We will be happy to discuss with either yourself or any member of your staff team the major findings of our research.

Yours sincerely,  
Jill Allott, Carol Gunning and Lyn Hill.  
Complementary Therapy team

#### Aims:

The National Treatment Agency has stated that Complementary Therapies, (referred to after as CT), are popular with service users within drug and alcohol services (ref 2). There is however, currently only limited amounts of evidence-based research to prove the effectiveness of CT with substance users in respect of their substance misuse or of the symptoms most commonly associated with substance misuse. Our study has two principle aims:

- a) To assess the effectiveness of CT in supporting individuals to either reduce or stabilise their current substance use or maintain abstinent; and

- b) To assess the effectiveness of CT in supporting individuals to improve their well-being and to reduce the symptoms most commonly associated with substance misuse.

#### Background:

The research study was carried out over a 6 month period (1 October 2005 – 31 March 2006) by three Complementary Therapists working at Project 6 (a voluntary Drugs and Alcohol agency) in Keighley, West Yorkshire.

61 service users participated in the study. 61 % were male (n =37) and 39% were female (n=24). 2% were in the 16-18 age range (n=1); 13% were in the 19-24 age range (n=8); 52 % were in the 25-39 age range (n=32); 18 % were in the 40-49 age range (n=11); and 15% were in the 50+ age range (n=9) Six types of CT were used.

#### Methodology:

Both a quantitative and a qualitative approach were adopted.

Quantitative: service user's age and gender, as well as the number and type of CT delivered were recorded. MYMOP forms were used at each session to record the amount of substance currently being used as well as the scores given by the service user to rate their symptoms, their cravings and their likelihood of relapse.

Qualitative: the long-term effects of the therapy were recorded, as well as how the service user felt before and after a treatment.

#### Findings:

The study demonstrated the effectiveness of CT in supporting individuals to reduce their substance use. The following figures relate to those substance users who received more than one CT treatment. 41% (n= 18), reduced their level of substance use. 35% (n=15) stabilised their level of substance use. 15% (n = 7) remained abstinent throughout their course of CT treatments.

Of the substance users questioned about cravings 38 %, (n = 10), reported a reduction in cravings for a substance. 35%, (n = 9), reported no change in their cravings. These figures are significant because, as many substance users were reducing their substance use, we would have expected their cravings to generally increase.

The study also demonstrated the effectiveness of CT in supporting individuals to improve the symptoms most associated with substance misuse. 42 substance users received more than one CT. 86% of these (n = 36) reported an improvement in at least one of their symptoms. 40.5% (n = 17) reported a significant improvement in at least one of their symptoms.

The most commonly reported main symptoms amongst substance users were 'poor sleep patterns' and anxiety. 52% (n = 24) reported 'poor sleep patterns' as their main symptom. 67 %, (n = 16), reported an improvement in their sleep patterns. A further 39% (n = 18) reported either anxiety or an anxiety related condition, (such as panic attacks, depression or low self-esteem), as their main symptom. 67%, (n = 12), of them reported an improvement in this condition.

90% (n = 42) reported an immediate improvement in their general well-being after their CT session. Service users were given the opportunity at each session to choose the CT that they felt would be the most effective for them in terms of improving their general well-being, their symptoms, as well as helping them to reduce or maintain their levels of substance misuse. An interesting point we noted was that no one particular therapy seemed to outperform another in its effectiveness. It was important, however, that a choice of CT was offered, as individual preferences for what was perceived as most effective were varied.

Significantly, we are pleased to note the positive effect of CT on opiate users. 33%, (n =5), reduced their substance use; 67%, (n =10) maintained the levels of their substance use; and 67%, (n =10), of opiate users reported that their symptoms associated with substance use reduced in severity. A comparative group made up of 44 individuals who had been in Structured Treatment only during the research period was randomly selected in order to appropriately analyse the efficacy of the research. 41%, (n=18), of substance users who did access CT reduced their substance use, as compared to 25%, (n=11), of substance users who did not access the CT service. 50%, (n=22), of substance users who did access CT maintained their level of substance use, or remained abstinent, as compared to 23%, (n=10), of substance users who did not access the CT service.

### Conclusion:

Our study has provided an evidence base that proves the effectiveness of CT when used in conjunction with Structured Treatment. We have demonstrated the effectiveness of CT in supporting individuals: to reduce their substance use; to maintain abstinent; and to stabilise their substance use.

There are various studies that report the close relationship between poor sleep patterns, anxiety related conditions and substance misuse, such as Cowley 1992 and Dick et al (1994) (ref 13); the Mental Health Foundation (ref 15); and Wake Forest University (ref 11).

Our study also demonstrates the effectiveness of CT in improving both the symptoms of poor sleep patterns as well as anxiety related conditions, symptoms that are often cited as precursors to substance misuse ( Brower KJ et al), ( ref 14).

It was evident from our study that individual's general well-being improved as a result of their access to CT.

Our study adds positively to the current evidence base of CT and substance misuse as our findings demonstrate that CT provide significant benefit within Drug and Alcohol treatment services. As a result of these findings, we believe that all Drug and Alcohol services should review their provision of CT by either increasing their access to them or including them as part of their standard treatment service.

Research received from Complementary Therapy Team at Project 6, jill.allott@project6.org.uk

## **Advances in heroin addiction treatment with traditional Chinese medicine: a systematic review of recent Chinese language journals**

### **Advances in heroin addiction treatment with traditional Chinese medicine: a systematic review of recent Chinese language journals**

[Link to PubMed abstract](#)

*This study has met our selection criteria but has not been fully appraised by the CAM specialist collection. Where there is an appraisal available we have linked to it. If there is no appraisal and you wish to appraise this systematic review here is a [link to a list of appraisal tools](#).*

#### **Citation**

Jordan JB, Tu X. Advances in heroin addiction treatment with traditional Chinese medicine: a systematic review of recent Chinese language journals. American Journal of Chinese Medicine. 2008;36(3):437-47.

#### **Authors' objectives**

The aim of this review is to critically examine the clinical trial research on Traditional Chinese Medicine (TCM) as an intervention in treating heroin addiction in People's Republic of China.

**Authors' conclusions**

Most trials were excluded because they did not declare randomization and had poor methodology or reporting. The majority of clinical evidence in the random controlled trials demonstrates good evidence for TCM patent medicines in heroin addiction treatment. When compared to typical Western medications, TCMs demonstrate fewer side-effects, in addition to equal measures of treatment efficacy and safety.

**Access**

NHS staff: for full text access to this resource contact your local NHS library.

- **Publication Date:** 01 Jun 2008
- **Publication Type:** Systematic Review
- **Publisher:** Scientific World
- **Creator:** Jordan JB, Tu X
- **Next Review Date:** 09 Dec 2010

## CASE STUDIES

### Shiatsu Shifts defensiveness

PATIENTS NEED A LOT OF SUPPORT AS THEY FACE UP TO CHRISTMAS AND THE NEW YEAR – JULIE GATES STEERS US THROUGH THERAPY GROUPS WHICH CREATE AN ATMOSPHERE...

Shiatsu – literally meaning finger pressure – originated in Japan 4,000 years ago. It is used to relax and revitalise the mind and body by applying varying degrees of pressure to parts of the clothed body along meridians, the same as those used in acupuncture and certain pressure points or tsubos. Shiatsu is always given through clothing – pure cotton is the best.

Treating pressure points is sometimes called acupressure. The essential principle is to reactivate the body's tendency towards balance and harmony. Shiatsu can be self-administered – we call this Do-in – or given to others as part of a treatment.

THE SHIATSU THERAPY GROUP WHICH I HAVE DEvised FOR PATIENTS IN REHABILITATIVE TREATMENT FOR ADDICTION FOLLOWS A BASIC FLEXIBLE STRUCTURE:

- **Introduction** invites each individual patient to focus and share any known physical damage generally and any particular discomfort they might be experiencing today. This usually involves getting a brief physical history from each patient.
- **Centring meditation** – the group begins by closing eyes, relaxing the belly, dropping shoulders, unclenching the jaw and hands, then placing feet firmly on the ground with awareness of the breath moving into the belly. Centring is repeated throughout the session, as I can use this exercise to measure levels of resistance.
- **Grounding meditation** – the group give Do-in to their feet. Through socks, they work pressure points round the ankle, locating kidney 1 pressure point and liver 3 pressure point. The patients can then reconnect their feet firmly with the ground, focusing on the kidney 1 pressure point in the sole of the foot. A full grounding meditation includes the centring exercise plus this one. It can be conducted standing or sitting. I use this exercise to harness the attention of the group.

- **Meridian stretching** involves body awareness during half a dozen simple stretches to clear stagnation and encourage free-flowing movement with emphasis on 'no competition'. Do-in is then applied to the jaw, shoulders and limbs incorporating pressure points pericardium 6 and 8 and large intestine 4, with emphasis placed on respectful touch. If appropriate, some vocal sound release can be encouraged during the lung/large intestine meridian stretch, if the group needs to release an excess of frustration or anger (Yang) or if the group is too passive and nonresponsive (Yin).
- **Locating internal organs** – the group discusses the location of their internal organs, such as liver, gall bladder, stomach, spleen, lung, large and small intestine, heart, kidneys and bladder. Patients are then guided to give a gentle palpitation through clothing – for example, their liver – to familiarise themselves with the basic functions and purpose of these organs. Again, emphasis is placed on respectful touch. This exercise often has a balancing effect, quietening the more dominant members of the group of patients.

### SHOULDER TREATMENT IN PAIRS.

These warm-up exercises act as preparation for the shiatsu shoulder treatments. I state firm guidelines before the treatment begins:

- patients not wishing to participate in pairs must stay in the room and join in the centring and grounding meditations; they can discuss their physical trust issues with their therapists on a one-to-one basis
- pairs work is always same sex
- the discipline of centring and grounding meditations is repeated before any contact is made
- if the partner receiving treatment is uncomfortable at any time, they are encouraged to express this
- treatment must be a quiet time, with appreciation expressed through slow breathing and a willingness to let go

I talk and guide each pair throughout this simple sequence. While I select the pairs, and they tend to remain as partners for the session, I might occasionally alternate partners to create a stronger group bonding.

One partner is the 'receiver' and sits on a chair, while the other acts as the 'giver' and stands behind the receiver's chair. The group of partners are instructed to close eyes and do the simple centring and grounding meditation. The giver then places respectful hands on their partner's shoulders, and shiatsu treatment begins with circular pressure movements through clothing, with thumbs over the highest point of the shoulder – the gall bladder 21 acupressure point – with 'the intention of kindness'. Slow breathing is encouraged. After a few minutes, the hands are stilled on shoulders then slowly lifted away. A peaceful atmosphere often ensues for some time until feedback. Honest feedback is then encouraged between partners on depth of pressure and ability to relax. The partners then swap and repeat the whole process, starting with centring and grounding.

The second part of the treatment repeats the above then places thumbs onto the back applying gentle pressure to three basis Yu points close to the shoulder blades. These points are deeply calming to the nervous system. Hands then arrive at stillness on the shoulders and are slowly lifted away. Honest feedback is encouraged and the partners swap places again. With each short treatment, the relaxation generally deepens.

After the treatment time, the group returns to the circle and each person says a few words on how they feel physically and emotionally. The popular feedback is an expression of deep relaxation and calm. I might then close with grounding and centring.

## BENEFITS OF A SHIATSU THERAPY GROUP

Shiatsu can create a sense of belonging 'here and now'. The safe therapeutic touch can stimulate a parasympathetic response, which can dissolve defences and defiance. Shiatsu is always given through clothing, so is easily applied, practical and respectful. It introduces the differences between therapeutic and sexual touch. The group introduces the concept of reclaiming the self by a new physical awareness based on respect and kindness.

Shiatsu can draw out memories from a cellular level and help to identify areas of sexual/physical abuse or confusion about sexual orientation which can then be addressed in one-to-one with therapists. This can serve as a relapse-prevention tool. Shiatsu also helps to create general group bonding – women bonding with women and men with men. 'Victimised' patients become aware and vocalised around levels of distance and touch. And they can retain the reality that scars, broken bones, liver disease and other damages are part of accepting addiction as a disease.

Shiatsu can provide a new awareness of simply-applied self-care techniques. It balances out time of laughter, vocal expressions and sound release (yang) with quiet times learning just to be with the self (yin). The generally relaxed patient can then be easier for consultants to treat.

## ACUPRESSURE POINTS AND THEIR USES

The first illustration is of the kidney 1 acupressure point. This 'descends excess' from the head, calms the spirit, revives consciousness and rescues yang, returns the un-rooted back to its source, descends Qi, clears headache, dizziness/ hypertension/ hot flushes, calms agitations/insomnia/propensity to fear, calms madness and rage, benefits throat/tongue/loss of voice, and grounds the individual, giving a sense of belonging.

The liver 3 acupressure point clears the head and eyes, regulates menstruation, benefits the abdomen, clears headache/dizziness/blurred vision, treats constipation/diarrhoea and balances excessive mood swings – spleen disharmony is due to the liver.

The pericardium 6 acupressure point unbinds the chest, regulates the heart, calms the spirit and harmonises the stomach.

The pericardium 8 acupressure point clears heat from the pericardium as well as fever, mania-depression, propensity to anger and ceaseless anger; it clears foul breath, difficult digestion and eczema.

The gallbladder 21 acupressure point acts on stiffness of the neck and shoulder which can extend to the back or arm, benefits breast-pain and abscess, and 'descends Qi'; it is contra-indicated in pregnancy.

The large intestine 4 acupressure point benefits the face and sense organs, headache, eye diseases, nasal congestion, toothache, loss of voice and tinnitus, and promotes the smooth flow of Qi the blood through the arm; it is also contra-indicated in pregnancy.

The bladder 15 point clears chest pain extending to the back, palpitations, inability to catch your breath, projected fear or worry and oppression of the chest; it regulates anxiety, weeping with grief, excessive dreaming and 'mad' walking.

The bladder 14 acupressure point regulates cough and shortness of breath; it 'descends Qi', pain or oppression of the heart (relationship difficulties) and creates greater clarity for one-to-one relating.

## **PRACTITIONERS SPECIALISING IN THIS AREA, OR HAVE EXTENSIVE EXPERIENCE**

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