

SHIATSU & FIBROMYALGIA



WHAT IS FIBROMYALGIA?

Fibromyalgia is a chronic condition of widespread pain and profound fatigue. The pain tends to be felt as diffuse aching or burning, often described as head to toe. It may be worse at some times than at others. It may also change location, usually becoming more severe in parts of the body that are used most.

The fatigue ranges from feeling tired, to the exhaustion of a flu-like illness. It may come and go and people can suddenly feel drained of all energy – as if someone just “pulled the plug”. Fibromyalgia is a common illness. In fact, it is more common than rheumatoid arthritis and can even be more painful. Prevalence of Fibromyalgia: A Survey in Five European Countries (see www.fmauk.org/prevalence for details) put the prevalence of FM at between 2.9 and 4.7%. People with mild to moderate cases of fibromyalgia are usually able to live a normal life, given the appropriate treatment. If symptoms are severe, however, people may not be able to hold down a paying job or enjoy much of a social life. The name fibromyalgia is made up from “**fibro**” for fibrous tissues such as tendons and ligaments; “**my**” indicating muscles; and “**algia**” meaning pain.

Source: Fibromyalgia Association UK, December 2013

RESEARCH

A Study of the Effects of Shiatsu on Pain Management at the Pain Management Clinic of the University Aretaieion Hospital Athens Greece (March 2008 through October 2011)

By Maria Gryllaki, founding member and current Treasurer of the Hellenic Shiatsu Society.¹⁾

Our team included my two Shiatsu practitioner colleagues: Marianna Lazana, founding member and current President of the Hellenic Shiatsu Society (HSS); and HSS member Anna Vazirgiatziki, in conjunction with and supervised by three chief anesthesiologists, Erfili Argyra, Athina Vadalouka and Ionna Sifaka, who also teach at the University of Athens Medical School.²⁾

Of the 68 patients ranging in age from 30-85 presented by the doctors (and us) to receive shiatsu, I saw 25 (about 300 sessions), Marianna saw 38 (about 240 sessions), and Anna saw 13 patients (about 257 sessions), for a grand total of 797 sessions, with each patient receiving approximately 12 sessions. Psychotherapy, acupuncture and reflexology are also integrated at the pain clinic but were not measured in this study.

All the outpatients we saw were suffering from chronic, nonmalignant-related pain in four major categories. About 80% were on medications, for:

- Myoskeletal problems (fibromyalgia, athletic injuries, deformities, osteoporosis, etc).
- Auto-immune diseases (Multiple Sclerosis, Rheumatoid Arthritis, etc).
- Neurological diseases (Migraines, post-herpes neuralgia, trigeminal neuralgia, etc).
- Complex Regional Pain Syndrome (CRPS).

Patients expressed their appreciation for the advice they received from us about regular

exercise (breathing, - walking, yoga, stretching, etc.), and nutrition. Relief from secondary problems (intestinal disorders, stress, hormonal imbalances, allergies, and insomnia) was related mainly to shiatsu. Therefore our holistic approach went beyond merely addressing the origin of their chronic pain. Our interaction with the patients was aimed at enhancing their understanding of the nature/etiology of their pain. It helped their self-confidence to realize they had some measure of control over ways in which they could mitigate pain. Additional complications compounding their pain included psychosocial issues like addictions, family problems, financial stress, and mental stress.

Assessment Parameters

Improvement in:

- Level, frequency, duration of pain
- Quality of life (stress levels, parallel complaints/ illnesses, functioning, mood)
- Satisfaction

Outcome

Almost every patient expressed feelings of relaxation and relief. All commented on the unique experience of being treated as an individual with a particular health issue, and not just as an impersonal “medical statistic.”

Specifics

- Myoskeletal syndromes: 61% (of 36 patients) = 21-90% improvement
- Neurological syndromes: 67% (of 9 patients) = 21-90% improvement
- Complex patients (Myoskeletal syndromes-Neurological syndromes-parallel diseases and complexities in life): 44% (of 23 patients) = 21-90% improvement

Details

- Myoskeletal syndromes: 36 patients
 - 2 patients (6%) = temporary improvement
 - 12 patients (33%) = 5% - 20% improvement
 - 22 patients (61%) = 21% - 90% improvement
 - Neurological syndromes: 9 patients
 - 2 patients (22%) = temporary improvement
 - 1 patients (11%) = 5% - 20% improvement
 - 6 patients (67%) = 21 - 90% improvement
 - Complex patients 23
 - 8 patients (34%) = temporary improvement
 - 5 patients (22%) = 5% - 20% improvement
 - 10 patients (44%) = 21% - 90% improvement
- 60% (of 68 patients) = 40%-50% quality of life improvement

Conclusions

Shiatsu has a considerable and important effect on pain of any etiology/cause, and more specifically:

- Age was not a definitive parameter to the pain improvement. Patients of 40 years old and 60 years old experienced improvements equally.
- However, age was a factor in compliance issues! Younger patients were more positive and optimistic about dealing with their health issues. Older patients tended to be more pessimistic and linked their health problems to their limited prospects in life. They tended to get disappointed and to give up more easily.
- PTSD, grief, and psychological factors played a frequent role in their pain profiles.
- Compliant patients experienced faster and better long term results.

Final Observations

Shiatsu offered pain relief and improved the quality of life of those involved in the study. Patients praised the feeling of support from us after their doctors had run out of many other options in pain management. And finally, according to the personnel of the Pain Management department of the Athens Aretaieion Hospital, shiatsu has enhanced the status of onsite services there.

[1] Maria and her colleagues presented the details of this study at the 12th National Congress of Regional Anesthesia, Pain Treatment and Palliative Care held at Elounda, Crete on October 13-16, 2011.

[2] Shiatsu therapists in this study volunteered their time. Patients showed their gratitude by bringing bottles of homemade olive oil and cakes and pies.

Sources: A Study of the Effects of Shiatsu on Pain Management. In: AOBTA-Pulse Winter 2011
picture: Gerd Altmann (www.pixelio.de)

TESTIMONIALS

Elaine Dormon, London

"I work at a community day service in London I have had a massage from the Shiatsu practitioner who visits us. She cannot see me privately. I have quite a serious problem with my neck which has resulted in a disturbance throughout the body. I have a formal diagnosis of fibromyalgia. One treatment from this practitioner released this pattern and I was pain free."

ARTICLES

Sasha Howard found her life turned upside down by debilitating pain and fatigue. The 29-year-old Durango woman was waking up tired and un-refreshed, surprised that caffeine had no effect. Pain varied from dull aches all over her body to specific pain in her ankles, wrists, neck and shoulders. She often felt as if she was in a fog, her ability to concentrate diminished. Always a "people person," Howard found herself withdrawing from social activities, not able to commit to a simple lunch with friends. "There are times I can't even get out of bed," Howard says. After three years of tests, she was diagnosed with Fibromyalgia Syndrome. Forced to quit her position as vice president of sales for a large California firm, Howard returned to the Durango area to live with her mother.

Fibromyalgia Syndrome causes long-term fatigue and widespread aches and pains in the muscles, ligaments and tendons. Experts estimate it affects anywhere from 3 million to 8 million adults in the United States 3 percent to 6 percent of the adult population. Eighty percent to 90 percent of those afflicted are women.

Research into the syndrome continues, but many questions remains as to its cause and methods of treatment. Sufferers can find it to be anything from a minor inconvenience to life-debilitating.

Some symptoms are common, while others vary from patient to patient and can change because of weather, stress, physical activity and even the time of day.

In 1990, the American College of Rheumatology defined the criteria for diagnosing fibromyalgia as experiencing pain upon gentle pressure in 11 of 18 possible body points, and having had widespread pain for at least three months. Many physicians believe the criteria are too narrow.

Karen Zink, a certified nurse practitioner in Durango, estimates she has 20 to 30 patients who have been diagnosed with fibromyalgia. She agrees that the official criteria are too rigid and that all symptoms should be considered as a whole. She further believes that "the medical community can fail sufferers of fibromyalgia by focusing only on the individual symptoms rather than the cluster of

symptoms that can result in the proper diagnosis."

Fibromyalgia's cause is unknown, but a number of triggers are consistent among patients. According to the Mayo Clinic Web site, a common trigger is brain chemical imbalance, particularly in the chemical that regulates depression and migraines, and another associated with pain, anxiety and stress. The Fibromyalgia Network Web site says the same problem is seen with two hormones, one that is essential to the body rebuilding itself and another that influences nerve activity.

Other possible triggers are an injury or trauma to the upper spinal region or central nervous system; a viral or bacterial infection; an abnormality in the autonomic, or involuntary, nervous system; changes in muscle metabolism; and psychological stress.

Doctors know of no medication to treat fibromyalgia, although aspirin, ibuprofen or acetaminophen can help control aches and pains as can prescription muscle relaxants.

Zink believes that treatment must be approached as a "package" based on diet and exercise. Sufferers should limit the intake of starches, simple carbohydrates and sugar while eating more vegetables, particularly green. Also important are regular cardiovascular and stretching exercises and a regimen of premium vitamin and mineral supplements. Zink says additional treatments could include antidepressants or sleep aids.

Dr. Jennifer Heinicke, a local doctor of internal medicine, agrees with the importance of rest. "Sleep regulation has a profound (positive) effect on the body," and is Heinicke's first priority when treating fibromyalgia.

Howard has "tried it all" when it comes to fibromyalgia therapy. Those that have proven most successful for her are acupuncture, Shiatsu massage, Reiki (energy work) and craniosacral therapy. Other alternative therapies that have proven successful for fibromyalgia sufferers include yoga, biofeedback and acupressure.

Experts agree, however, that the most important factor in successfully treating fibromyalgia is the patient's willingness to accept the diagnosis and take control of their own treatment process. Living with a disease that waxes and wanes daily lends itself to living on an emotional roller coaster. The Mayo Clinic Web site refers to this as a "cyclic pattern" during which emotions such as fear, frustration, guilt, depression and hope continually recur. The National Fibromyalgia Partnership says, "It takes enormous energy as well as courage to adjust to fibromyalgia and find treatments that work well without wasting precious energy on guilt, self-deprecation and doubt."

Stephanie Neidermyer, a Durango-based family and marriage therapist, coaches her fibromyalgia patients to deal with the diagnosis by replacing negative views and behaviors with positive ones. Durango has a support group, which Howard attended regularly, dedicated to Chronic Fatigue Immune Dysfunction Syndrome and Fibromyalgia Syndrome which now meets as needed.

Howard says she is still struggling with the thought that fibromyalgia will affect the rest of her life. Though she is currently on disability and living on her own, she fervently hopes that she will someday be able to re-enter the workforce and "receive re-enforcement that her life has purpose."

Reach News Staff Assistant Julie Marble-White at julie@durangoherald.com. Marble-White has been diagnosed with Fibromyalgia Syndrome.

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FURTHER READING

The Fibromyalgia Association UK <http://www.fmauk.org>