

SHIATSU & INSOMNIA



WHAT IS INSOMNIA?

Insomnia is difficulty getting to sleep or staying asleep for long enough to feel refreshed the next morning, even though you've had enough opportunity to sleep. Most people experience problems sleeping at some point in their life. It's thought that a third of people in the UK have episodes of insomnia. It tends to be more common in women and more likely to occur with age. It's difficult to define what normal sleep is because everyone is different. Your age, lifestyle, environment and diet all play a part in influencing the amount of sleep you need.

The most common symptoms of insomnia are:

- difficulty falling asleep
- waking up during the night
- waking up early in the morning
- feeling irritable and tired and finding it difficult to function during the day

The symptoms of insomnia depend on the type of sleeping problem you have. In the UK, up to a third of people are thought to experience insomnia at some point each year. Symptoms can include:

- lying awake for long periods at night before falling asleep
- waking up several times during the night
- waking up early in the morning and not being able to get back to sleep
- feeling tired and not refreshed by sleep
- not being able to function properly during the day and finding it difficult to concentrate
- irritability

A lack of sleep can also affect your mood and cause tiredness and fatigue during the day.

When to visit your GP

You should consider speaking to your GP if a lack of sleep is affecting your daily life and you feel that it's causing a problem. Fatigue caused by insomnia can affect your mood and create problems with personal relationships and in the workplace.

Source: NHS UK, www.nhs.uk January 2014

RESEARCH

'Shiatsu – Challenge and Opportunities. A study by Christine Rackeseder and Robert Drabek. July 2006.

This study showed that 36 out of 52 patients with a sleeping disorder did recognize an improvement of their sleep. From the monitored six primary functions three showed a remarkable effect – mobility, character and sleep (between 69% and 85%).

CASE STUDIES

Hala Zaluckowska, MRSS

Personal History

R is 53 and lives in a small coastal village with her 2 dogs. She is in a long-term relationship and has a business with her partner. She also has a demanding full time job, with a regional post, which often requires travel all over the country. She has 2 grown sons who have been through college and are now quite independent.

R is somewhat overweight with saggy flesh, her upper body being more densely built than her legs. She exercises regularly, taking her dogs for walks twice a day. She also goes swimming occasionally and tries to incorporate exercises into her daily routine. She enjoys cooking and has a healthy diet with no meat. She sees this phase of her life as quite positive as she embraces the changes and is able to make more time for herself. She has been able to concentrate more fully on her love of writing, which has been something she has wanted to do for a while.

Medical History

R generally has a healthy constitution. Her main issue has been joint problems, which she attributes to a huge iron infusion when she had her last child in 1979. She has been prone to flu type symptoms, which often develop into chest infections, most often in Autumn. She has also been prone to sinus problems in the past and has occasional wheezing or coughing episodes and dry skin on occasions. Another major issue has been her sleeping patterns with frequent insomnia.

R has been involved in 3 car accidents (1972, 1994, 2004) and often suffers from discomfort in her neck and shoulders exacerbated by having to do a lot of driving or computer work. R has suffered from menopausal symptoms (hot flushes, lacking in energy) over the past 5 years and these seem to have subsided now. Her mother died about 2 years ago and although this stirred up difficult emotions, it also felt quite liberating for R at time when she wanted to reassess her life. She has been coming to me for treatments since I first started studying Shiatsu in 2000.

Presenting Symptoms:

- Joint pain
- Work stress
- Reassessment of life – post menopause
- Tendency to overweight
- Intermittent sleeping – insomnia
- Neck and shoulder stiffness

Aims:

To support R in her reassessment of life. Work with joints to create greater flow of energy. Release of tension in shoulders and neck.

Treatments:

1. 20.10.04 Kyo: BL Jitsu: HT

R feeling well generally. Slight tightness in chest. Some shoulder pain in left shoulder. Talked about diet, in particular macrobiotic diet.

R would like to lose some weight. Talked about doing some exercises on a more energetic level i.e. Tai Chi, Yoga.

2. 10.10.04 Kyo: LI Jitsu: HT

R in car accident. Left shoulder is more painful. Week off work and generally feeling well and stimulated. Feeling unsupported at work.

Upper body felt full with lower legs lacking. Strong connections on LI. Worked to disperse Ki in upper body, working shoulder points and LI 10. R knee wanted attention.

3. 1.12.04 Kyo: LIV Jitsu: SI

Last night was awake from 3-6am. Tension in shoulders, due to a lot of driving and computer work. Scanning indicated banding. Worked heavily on the hips but R welcomed work. Legs felt more energised with upper body more yielding. Work on shoulders and neck always creates release.

4. 22.12.04 Kyo: SP Jitsu: LIV

A bit tired today. Doing some work in the house and is feeling a bit achy. Heaviness in the shoulders and neck. General banding of energy. Treatment worked to create a more even distribution of energy and also to disperse energy downwards.

5. 2.02.05 Kyo: LI Jitsu: ST

Helping partner move house – some back strain. Too much sitting/driving. Very hectic work month. Flu bug after Xmas. Not exercising. Strong connections on LI & ST. Left side of body lacking, more energised after treatment. Neck tight and banding of chest area.

6. 16.02.05 Kyo: SI Jitsu: TH

Feeling well. Some shoulder ache. Joints good and diet.

L & R of SI noticeably different. More similar and yielding after treatment.

TCM Diagnosis

Metal tends to figure primarily in R's symptoms. She tends to wake early at 5am (LI time) and is prone to colds, which can lead to bronchitis particularly in the Autumn. She also has periods of dry skin and occasional wheezing relating to the function of elimination in LI. Her neck and shoulder pain could be attributable to meridian problems in LI or SI.

Frequent presentation of SI reflects the function of assimilation. Although there seems to be little evidence of physical symptoms relating to SI, emotionally R is going through a process of change as she digests the possibilities of what is available to her and makes appropriate choices, as to her own needs (rather than that of the family). The functioning of the Liver and Gall Bladder has been affected by R's process of planning and deciding on her life goals. The defensive quality of TH is evident in R feeling unsupported in her work role, with LI marking her ongoing struggle to 'let go' of associated responsibilities. Ongoing joint pain may be attributable to deficient Liver Blood where the Liver is slow to release blood to the muscles. Her abdominal structure with soft flabby flesh indicates a deficiency of Original Qi.

Zen Shiatsu Diagnosis

The last 2 years has been a time of significant change with the death of her mother and relinquishing of her financial responsibility of her sons, which has necessitated a period of 'letting go', mainly on an emotional level. The nature of her work can create a lot of stress with frequent travelling which tends to upset her diet affecting the functioning of the Spleen with Spleen Qi Deficiency evident

SI presents on three occasions and has presented regularly in past treatments. The disharmony evident in her body at times, with accompanying heaviness of legs is likely to be due to the process of assimilation. It is possible that the iron infusion that she had in 1979 created a shock to her body, (she describes it as this) with ongoing subsequent joint pain. The car accidents that she has been involved in are also likely to have created some inherent shock within the body, creating past hurts that may not have been fully assimilated, evident in her tendency to neck and shoulder pain. This is likely to have manifest in a Heart-Blood deficiency indicated by R's insomnia and pale complexion.

Results of treatments:

R's main focus for treatments was in relation to joint pain. This has progressively improved and she is only occasionally aware of any pain in her joints. Her neck and shoulder pain is relieved by treatments and is related to busy periods at work, which she is aware of. Her sleep is much more regular and she only occasionally suffers from insomnia. R is generally more aware of how her life and work affect her body and actively seeks to balance out elements.

Conclusions:

R comes for Shiatsu for 'general maintenance' and feels it supports her in her various roles. The last few years have been a time of change as she has been dealing with menopausal symptoms and coming to terms with her changing role in relation to her family. The Shiatsu has supported R to embrace all these changes and focus on her needs and where she wants to go with her life. In the past work has been a prominent stress, but this is now more of a functional role, allowing her more space to do other things which she has maybe not allowed herself to do in the past i.e. creative writing.

We have discussed the benefits of a macrobiotic diet and although R finds it difficult to follow this diet strictly she tries to incorporate elements of this diet, which she feels has benefited her joint pain. She also practices the Makho stretches as part of her daily exercise routine.