

# SHIATSU & PREGNANCY



Shiatsu is one of only a few complementary therapies featured on the National Childbirth Trust's DVD given to all pregnant women in the UK. The Shiatsu Society was one of only 13 organisations that sponsored the DVD. We produced a short advertisement which appears on the DVD in between the documentary-style footage about how parents can prepare for the birth of their baby. The film combines information and real life stories from real women, including top TV presenter and mother of three, Davina McCall. The 'Happy Birth Day' DVD is designed to show how women and their partners can help themselves to have the best birth possible and is stocked in all GP surgeries, hospitals, anti-natal clinics etc in the UK.

## RESEARCH

### **The effect of P6 acupressure (Shiatsu incorporates acupressure) for symptom control in pregnant women having hyperemesis gravidarum).**

Article in Korean. [Shin HS](#), [Song YA](#). College of Nursing Science, Kyung Hee University, Dongdaemungu, Korea.

**PURPOSE:** The purpose of this study was to determine the effects of Nei-Guan(P6) acupressure on nausea and vomiting in pregnant women having hyperemesis gravidarum. **METHOD:** The research design was a randomised control-group pre-test – post-test repeated measure design with counter balancing. For the experimental treatment, P6 acupressure was carried out for ten minutes. Data was collected from April 1, 2003 to April 30, 2004. The participants were 66 patients admitted with hyperemesis gravidarum. They were divided into three groups, a P6 acupressure group, placebo point group and a control group. **RESULT:** Hyperemesis gravidarum patients who received P6 acupressure during admission experienced much less nausea and vomiting than the placebo acupressure and control group ( $F=8.259$ ,  $p=.001$ ). **CONCLUSION:** Nei-Guan(P6) acupressure is considered an effective intervention for reducing nausea and vomiting in pregnant women having hyperemesis gravidarum. Furthermore Nei-Guan(P6) acupressure maybe used as an independent nursing intervention method for pregnant women with severe nausea and vomiting.

Publication Types: Randomised Controlled Trial

### **Effects of SP6 acupressure (Shiatsu incorporates acupressure) on labour pain and length of delivery time in women during labour.**

*Lee MK, Chang SB, Kang DH.* Department of Nursing, Dankook University, San #29 Anseo-dong, Cheonan-si, Chungnam, Korea 330-714.

**OBJECTIVE:** The purpose of this study was to evaluate the effects of SP6 acupressure on labour pain and delivery time in women in labour. **DESIGN:** Randomized clinical trial. **SETTING/LOCATION:** Delivery room in a university hospital. **PARTICIPANTS:** Seventy-five (75) women in labour were randomly assigned to either the SP6 acupressure ( $n = 36$ ) or SP6 touch control ( $n = 39$ ) group. The participants were matched according to parity, cervical dilation, labour stage, rupture of amniotic membrane, and husband's presence during labour. There were no additional oxytocin augmentation

or administration of analgesics during the study period. INTERVENTION: The 30-minute acupressure or touch on SP6 acupoint was performed. OUTCOME MEASURES: Labour pain was measured four times using a structured questionnaire, a subjective labour pain scale (visual-analogue scale [VAS]): before intervention, immediately after the intervention, and 30 and 60 minutes after the intervention. Length of delivery time was calculated in two stages: from 3 cm cervical dilation to full cervical dilatation, and full cervical dilatation to the delivery. RESULTS: There were significant differences between the groups in subjective labour pain scores at all time points following the intervention: immediately after the intervention ( $p = 0.012$ ); 30 minutes after the intervention ( $p = 0.021$ ); and 60 minutes after the intervention ( $p = 0.012$ ). The total labour time (3 cm dilatation to delivery) was significantly shorter in the SP6 acupressure intervention group than in the control group ( $p = 0.006$ ). CONCLUSIONS: These findings showed that SP6 acupressure was effective for decreasing labour pain and shortening the length of delivery time. SP6 acupressure can be an effective nursing management for women in labour.

Publication Types: Clinical Trial & Randomized Controlled Trial.

**Effects of San-Yin-Jiao(SP6) acupressure (Shiatsu incorporates acupressure) on labour pain, delivery time in women during labour. Article in Korean. [Lee MK](#). Department of Nursing, Dankook University, Korea. [maternity99@hanmail.net](mailto:maternity99@hanmail.net)**

PURPOSE: The study was done to examine the effects of San-Yin-Jiao(SP6) acupressure treatment on subjective labour pain, length of delivery time in women during labour. METHOD: The study design was a randomized controlled clinical trial study using a double-blinded method. Data were collected using a structured questionnaire, a subjective labour pain scale and measurement of delivery time. The experimental group( $n=29$ ) was received SP6 acupressure and control group( $n=29$ ), SP6 touch for the duration of each uterine contraction, during 30 minutes after 3 cm dilatation of cervical os.

RESULT: The subjective labour pain scores was significantly different between the two groups( $p=0.042$ ). The total length of delivery time in the group which had the SP6 acupressure was shorter than SP6 touch group ( $p=0.036$ ). CONCLUSION: These findings showed that SP6 acupressure was effective related to labour pain, length of time for delivery. SP6 acupressure during labour could be applied as an effective nursing treatment.

PMID: 15314393 [PubMed]. 1: Taehan Kanho Hakhoe Chi. 2003 Oct;33(6):753-61.

**Differences of Cesarean Section Rates according to San-Yin-Jiao(SP6) acupressure (Shiatsu incorporates acupressure) for women in labour.**

*Article in Korean. Chang SB, Park YW, Cho JS, Lee MK, Lee BC, Lee SJ. Taehan Kanho Hakhoe Chi. 2004 Apr;34(2):324-32. College of Nursing, Yonsei University, Korea RIHHPC.*

PURPOSE: The purpose of this study was to explain differences of cesarean section rates according to San-Yin-Jiao(SP6) acupressure for women in labour. METHOD: A non-equivalent control group pre-test – post-test design was used to explain differences of cesarean section rates according to SP6 acupressure. The participants were 209 women who were assigned to one of three groups SP6 acupressure( $n=86$ ), SP6 touch( $n=47$ ), and control group( $n=76$ ). For 30 minutes, the SP6 acupressure group received SP6 acupressure, and the SP6 touch group received SP6 touch for the duration of each uterine contraction. The Control group was encouraged to deep breath and relax for the duration of each uterine contraction for 30 minutes. RESULT: The rates of cesarean section were 12.8%, 29.8%, and 22.4% for the SP6 acupressure group, SP6 touch group, and control group respectively. There was a significant difference among groups ( $p=0.049$ ). Cesarean section rates were significantly different between the SP6 acupressure and non-SP6 acupressure group( $p=0.035$ ).

CONCLUSION: This finding shows that 30 minutes of SP6 acupressure was effective in decreasing the cesarean section rate. Therefore, SP6 acupressure during labour could be applied as an effective nursing intervention.

PMID: 15314328 [PubMed - indexed for MEDLINE]

**Effects of LI4 and BL 67 acupressure on labour pain and uterine contractions in the first stage of labour.** Chung UL, Hung LC, Kuo SC, Huang CL. *J Nurs Res.* 2003 Dec;11(4):251-60. National Taipei College of Nursing, No. 365 Ming-Te Road, Peitou, Taipei 112, Taiwan, ROC.

Acupressure is said to promote the circulation of blood and qi, the harmony of yin and yang, and the secretion of neurotransmitters, thus maintaining the normal functions of the human body and providing comfort. However, there has been little research-based evidence to support the positive effects of acupressure in the area of obstetric nursing. The purpose of this study is to determine the effect of LI4 and BL67 acupressure on labour pain and uterine contractions during the first stage of labour. An experimental study with a pretest and posttest control group design was utilized. A total of 127 parturient women were randomly assigned to three groups. Each group received only one of the following treatments, LI4 and BL67 acupressure, light skin stroking, or no treatment/conversation only. Data collected from the VAS and external fetal monitoring strips were used for analysis. Findings indicated that there was a significant difference in decreased labour pain during the active phase of the first stage of labour among the three groups. There was no significant difference in effectiveness of uterine contractions during the first stage of labour among the three groups. Results of the study confirmed the effect of LI4 and BL67 acupressure in lessening labour pain during the active phase of the first stage of labour. There were no verified effects on uterine contractions.

Publication Types: Clinical Trial & Randomized Controlled Trial

PMID: 14685931 [PubMed - indexed for MEDLINE]

**Acupuncture and acupressure (Shiatsu incorporates acupressure). Applications to women's reproductive health care.**

[Beal MW.](#) Yale University School of Nursing, New Haven, CT 06536-0747, USA. *J Nurse Midwifery.* 1999 May-Jun;44(3):217-30. *J Midwifery Womens Health.* 2000 Jan-Feb;45(1):84.

An introduction to the therapeutic applications, history, and theory of acupuncture and acupressure is presented. The traditional concepts that underlie treatment of imbalances of ch'i, or vital energy, are presented, along with the theories of yin and yang, meridians, vital substances, pathogenic factors, five phases, and the eight principle patterns. Contemporary Western research findings on the biochemical mediators and effects of acupuncture are reviewed. Clinical applications to women's reproductive care that are presented include treatment for dysmenorrhea, infertility, and childbearing. Data on clinical trials are reviewed, and licensure and educational preparation for practice of these modalities are discussed.

Publication Types: Subscription is needed to read the full document.

PMID: 10380442 [PubMed - indexed for MEDLINE]

**Acupressure and meridian massage: combined effects on increasing body weight in premature infants**

**Chen LL, et al. Journal of Clinical Nursing. May 2008, Vol. 17 (9), pp 1174-81. Source: PubMed ([www.ncbi.nlm.nih.gov/pubmed](http://www.ncbi.nlm.nih.gov/pubmed))**

International Therapist Magazine, July/Aug 2008

A clinical trial in a medical centre in Taiwan suggests that a combination of acupressure (Shiatsu) and meridian massage helps premature babies to gain weight. Forty premature babies were randomly assigned to either a control group, receiving routine care, or to an experimental group. Those in the experimental group had a 15 minute acupressure/meridian massage treatment for one hour before feeding, three times daily for more than 10 days. The body weight and volume of milk ingested by each baby was recorded daily. At the end of the trial, the daily average weight gain of those infants in the experimental group was 32.7 grams compared to 27.3 grams in the control group. Interestingly, no significant difference was observed between the two groups in the first week. The authors suggest that nurses could be trained in acupressure and meridian massage techniques to provide a more effective level of clinical care for premature babies.

### **The Effects of acupuncture and acupressure for pain management in labour.**

**Smith CA, Collins CT, Crowther CA and Levett KM (2011). The Cochrane Library, July 2011; 6(7): CD009232**

13 trials, involving a total of 1,986 women, met the review inclusion criteria, with 9 trials on acupuncture and 4 on acupressure.

The review found that for acupressure:

- Pain intensity was reduced compared with placebo group and a combined control

### **The Effects of Shiatsu on Post-term Pregnancy.**

**Jennifer Ingram, Celina Domagala, Suzanne Yates. St Michael's Hospital, United Bristol Healthcare Trust, Southwell St, Bristol BS2 8EG. March to July 2000.**

The objective of this research was to evaluate the effects of Shiatsu techniques, as taught by hospital midwives, on the progress of post-term labours and deliveries, to inform practice.

Results: Post-term women who used Shiatsu were significantly more likely to labour spontaneously than those who did not. Of those who had used Shiatsu, 17% more went into spontaneous labour compared to those who were not taught Shiatsu.

### **The effects of Shiatsu on Post-Term Pregnancy**

**Jennifer Ingram, Celina Domagala, Suzanne Yates, MRSS(T)  
St Michael's Hospital, United Bristol Healthcare Trust, Southwell Street,  
Bristol BS2 8EG**

#### Summary

Objectives: To evaluate the effects of Shiatsu techniques, as taught by hospital midwives, on the progress of post-term labours and deliveries, to inform practice.

Design and setting: A pilot audit on the use of Shiatsu for post-term pregnancy at St. Michael's Hospital, Bristol, from March to July 2004.

Interventions: Sixty six women who attended a consultant clinic hospital appointment at 40 weeks gestation, were taught the massage techniques by one midwife, who had completed the Shiatsu course. Seventy-six comparison women were those who attended similar clinics when the midwife was not on duty.

Outcomes: The audit extracted outcome information from the Stork hospital database including induction, type of delivery, length of labour and analgesia used.

Results: Post term women who used Shiatsu were significantly more likely to labour spontaneously than those who did not ( $P=0.038$ ). Of those who had used Shiatsu, 17% went into spontaneous labour compared to those who were not taught Shiatsu.

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## Introduction

Low risk pregnancies which continue for more than 42 weeks, have an increased risk of perinatal mortality and morbidity. <sup>1</sup> Post-term pregnancy also carries a higher risk of the baby being admitted to NICU and is associated with an increased risk of obstetric and neonatal interventions. <sup>2</sup>

A systematic review of trials of sweeping of the membranes for inducing labour or preventing post-term pregnancy found that there was a reduction in the use of more formal methods of induction after sweeping the membranes, but women reported more discomfort and other adverse effects. <sup>3</sup> A meta-analysis of 19 randomised control trials comparing routine induction with expectant management concluded that routine induction after 41 weeks gestation reduces perinatal mortality. <sup>4</sup> The NICE guidance <sup>4</sup> consequently recommends sweeping the membranes after 41 weeks followed by routine induction. Sweeping the membranes, however, is an uncomfortable and invasive procedure, and the guidelines conclude that further studies are needed in order to develop and standardise measures of maternal satisfaction, attitude and response to induction of labour.

The main problems experienced during pharmacological induction of labour are an inability to achieve effective labour, or the production of excessively strong uterine contractions. The latter may cause both maternal and foetal distress and both problems may lead to an increased risk of instrumental delivery and caesarean section. <sup>5</sup> During an induction, a woman is not able to have potent pharmacological pain relief until she is in established labour and this can also cause distress.

There is growing interest in the use of complementary therapies during pregnancy and labour and there has been some research into the use of acupuncture. Kubista et al. <sup>6</sup> and Tsuei and Leuizi <sup>7</sup> have shown that electro-acupuncture can be used to induce labour. Smith and Crowther <sup>8</sup> reviewed trials of using acupuncture for inducing labour and found that none of the trials were well designed, and recommended that good randomised trials to evaluate the efficacy of acupuncture in inducing labour were needed. Smith and colleagues in Adelaide, Australia, are currently carrying out such a trial with women with post-term pregnancies, comparing acupuncture with sham acupuncture (personal communications. <sup>9</sup> Several studies have shown that acupressure is an effective non-pharmacological method to reduce nausea and vomiting during and after caesarean section. <sup>10,11</sup> However, there is very little published research on the effects of Shiatsu on labour.

Shiatsu is a form of massage based largely on Chinese acupuncture theory and it often includes the use of breathing and exercise. It is traditionally done through the clothes, but may include direct work on the skin. Shiatsu is characterised by the use of static pressure, which can vary from fairly deep physical pressure to light holding. This is applied mostly with the palm of the hand or thumb, although fingers and knuckles and other strokes can also be used.

Midwives may already be using similar massage techniques as part of their routine care, and Shiatsu gives more 'focus' to these practices. There is no evidence of any harmful side effects but much reported practitioner evidence of effectiveness. The response of the mother to Shiatsu can be immediately and directly monitored by her positive or negative reactions to the techniques. Shiatsu lends itself well to maternity care, since certain specific Shiatsu techniques can be taught to non-practitioner, such as midwives and birth partner, for use particular situations. <sup>12,13</sup> A 6-day course for midwives has been developed by one of the authors (S.Y.), a Shiatsu practitioner specialising in maternity applications, which has enabled midwives to use certain Shiatsu tools in their work. <sup>13</sup> This course was run by S.Y. at St Michael's Hospital, Bristol, and several midwives started to use Shiatsu with post-term women. The aim of this study was to evaluate the effects of Shiatsu techniques, as taught by hospital midwives, on the progress of post-term labours and deliveries, to inform future midwifery practice.

## Methods

Following the introduction of Shiatsu techniques into practice, an audit was carried out on the use of Shiatsu for post-term pregnancy. All consultants had given permission for the techniques to be used on their patients and Shiatsu was approved as an acceptable complementary therapy to be used within the United Bristol Healthcare Trust. Women, who attended a consultant clinic appointment at the hospital at 40 weeks gestation, were taught the massage techniques by one midwife who had completed the course. Comparison women (who were not taught the techniques) were those who attended similar clinics when the midwife was not on duty.

The Shiatsu points taught to women were Gall Bladder 21 (GB-21) (in the hollow on top of the shoulder), Large Intestine 4 (L1-4) (between the thumb and forefinger on the back of the hand) and Spleen 6 (SP-6) (thumb widths above the tip of the ankle-bone). Each point has a slightly different effect, so all points were shown and held with thumb pressure as deep as the woman found to be comfortable until a reaction was felt. If a reaction was felt on the point, then the woman was encouraged to work the point as deeply and firmly and for as long and often as was comfortable. If a woman experienced no reaction from a point, then she would probably not use that particular point. If her partner was present, they were also shown how to work the point with pressure.

The women were also taught simple breathing techniques and exercises on all fours (rocking, squats, cat arches.) Each session took no more than 15 min and the women were then encouraged to use the Shiatsu points at home as often as it felt comfortable using firm pressure.

The audit extracted outcome information from the Stork hospital database, including pharmacological induction, length of labour, drugs used, foetal distress, type of deliver and birth weight of baby, for women attending the antenatal clinic for post-maturity from March to July 2000. All the women who had been taught the Shiatsu techniques were given an audit questionnaire to complete soon after delivery to document their use of Shiatsu and thirty women consented to the use of this information by returning their questionnaires.

Data were analysed using chi-square tests for categorical variable (induced labour, vaginal or Caesarean delivery, primiparous or multiparous mother) to compare those who had been taught Shiatsu with those who had not, or t-tests for continuous variable, including maternal age, length of labour, gestation of baby and baby weight. Significance levels of 0.05 were taken to indicate that a finding had not occurred by chance.

## Results

There were 66 women who delivered 34 (52%) boys and 32 girls in the Shiatsu group and 76 women with 42 (55%) boys and 34 girls in the comparison group. There were no statistically significant differences between the groups for parity, maternal age, gestation at delivery, type of drugs used in labour, number of caesarean deliveries, or birth weight. There were, however, significant differences in the number of labours which were induced in the two groups and also in the length of the labours. Post term women who used Shiatsu were significantly more likely to labour spontaneously than those who did not (chi-square test,  $p=0.038$ .) Of those who had used Shiatsu, 17% more went into spontaneous labour compared to those who were not taught Shiatsu. If those who had emergency caesarean sections (15) are excluded from the analysis, the difference between the groups is even greater with 68% (41) of spontaneous labours in the Shiatsu group and 46% (31) in the comparison group (22% difference, chi-square test,  $p=0/012$ ).

The Shiatsu group had longer labours than the comparison group (an average of 1.4h longer), but had similar use of analgesia to cope with their longer labours. Since some of the labour lengths were very short for those who had emergency caesarean sections, if these deliveries are excluded from the analysis, the difference in the length of labour is not significantly different between the two groups (chi-square test,  $p=0.19$ ).

Of 30 women in the Shiatsu group who completed an audit questionnaire, 87% (26) used the Shiatsu points, 80% (24) found the points helpful before and during their labour and 76% (23) used the

breathing and relaxation exercises, which they had been taught. Most women (63%, 19) used all three Shiatsu points that they had been shown and 63% (19) of those who did went into labour spontaneously.

### Discussion

The relatively small size of the study and the fact that women were not randomly allocated to the Shiatsu or control groups means that the findings can only be used as an indication of the generalisability of Shiatsu in this context, but the results are interesting and the use of these techniques in midwives' daily practice can be justified.

This study was carried out before the NICE<sup>4</sup> guidance on sweeping the membranes was introduced and a comparison of sweeping the membranes with Shiatsu would also have been useful, but this procedure was not routinely documented on the Stork database at the time.

The trial run by Smith, which is evaluating the efficacy of acupuncture in inducing labour, has not yet been reported, so it is not yet possible to compare the effects of acupuncture with this audit of Shiatsu techniques.

Midwives can be taught the most relevant Shiatsu points and meridians for pregnancy, birth and labour by a skilled practitioner, without needing to complete the full Shiatsu practitioner training. They can use Shiatsu combined with existing midwifery skills of touch, gentle pressure and massage in a more focused way in their daily practice. <sup>13</sup> This study has shown that they can also teach some of the techniques to mothers and their partners to use during pregnancy and labour.

Since current best practice, as reflected in the NICE guidelines, can only recommend invasive or uncomfortable procedures (sweeping the membranes or pharmacological induction) for inducing labour, this seems to be an appropriate time to investigate the use of less invasive techniques to enable women to labour spontaneously with well designed randomised trials.

This preliminary study raises the hypothesis that the use of specific Shiatsu techniques on post-term women by midwives reduces the number of labours that need to be induced pharmacologically.

### Acknowledgements

We are very grateful to the United Bristol Healthcare Trust for funding the initial 6-day course for the midwives at Michael's Hospital. Permission has been granted by Elsevier to reproduce Fig. 1 from Yates <sup>13</sup>

### References

1. Crowley P. Interventions for preventing or improving the outcome of delivery at or beyond term (Cochrane review). The Cochrane library, vol.2. Oxford : Update Software; 2004
2. Luckas Mk, Buckett W, Alfirevic Z. Comparison of outcomes in uncomplicated term and post-term pregnancy following spontaneous labour. J Perinatal Med 1998;26/6: 475-9.
3. Boulvain M, Stan C, Irion O. Membrane sweeping for induction of labour (Cochrane review). The Cochrane library, vol.2. Oxford: Update Software; 2004
4. NICE. National guideline on the induction of labour; 2001.
5. Hofmeyr GJ, Alfirevic Z, Kelly T, Kavanagh J, Thomas J, Brocklehurst P, Neilson JP. Methods for cervical ripening and labour induction in late pregnancy: generic protocol (protocol for a Cochrane review). The Cochrane library, vol.2. Oxford; Update Software; 2004.
6. Kubista E, Kucera H, Muller-Tyle E. Initiating contractions of the gravid uterus through electro-acupuncture. Am J Chin Med 1975; 3-343-6.
7. Tsuel J, Leuzi Y. The influence of acupuncture stimulation during pregnancy. Obstetr Gynaecol 1977;50; 479-88
8. Smith CA, Crowther CA. Acupuncture for induction of labour (Cochrane review). The Cochrane library, vol.2. Oxford: Update Software; 2004
9. Dunn PA, Roger D, Halford K, Transcutaneous electrical stimulation at acupuncture points in the induction of uterine contractions. Obstetr Gynaecol 1989; 73: 286-90.

10. Harmon D, Ryan M, Kelly A, Bowman M. Acupressure and prevention of nausea and vomiting during and after spinal anaesthesia for caesarean section. *Br J Anaesth* 2000; 8-4(4); 463-7.
11. Stein DJ, Bimbach DJ, Danzer B1, Kwoda MM, Grunebaurn A, Thys DM. Acupuncture versus intravenous metoclopramide to prevent nausea and vomiting during spinal anaesthesia for caesarean section. *Anesth Anal* 1997;84(2); 342-5
12. Yates S/ Supporting women with Shiatsu: another tool for keeping birth normal. *MIDIRS Midwifery Digest* 1998; 8(4); 422-4
13. Yates S. *Shiatsu for midwives*. Edinburgh; Elsevier; 2003.

## CLIENT TESTIMONIAL

Name of client: Fiona Hamilton. Age: 33. Occupation: Legal Secretary

Name of Practitioner: Sara Browne, MRSS

What were your main reasons for receiving Shiatsu?

*To try to help with fertility issues.*

Do you feel Shiatsu has helped?

Yes

If yes, in what ways?

*Since starting Shiatsu I have noticed that I am releasing much more deep-rooted emotion – especially the day after receiving treatment. This has been important for me and has now left me feeling much more positive about my situation. My energy levels have also improved.*

How does Shiatsu compare to other therapies you have received?

*I have received acupuncture in the past which I have found calming, but the Shiatsu has definitely had a much more powerful and positive effect on me.*

## ARTICLES

### **SHIATSU-DO, PREGNANCY & CHILDBIRTH by Ray Ridolfi, 1993**

Enhancing the process and dealing with specific conditions. By Ray Ridolfi. Copyright 1993

Treating a disease after it has arisen is the lowest level of healthcare and treatment. Quote from *The Nei Ching*. Preparing your Shiatsu-Do partner for pregnancy and assessing her 'potential' is being a greater friend than relieving her stress during her gestation. Everything in nature moves in ephemeral cycles of birth, life, and death. In our modern western society we celebrate the birth and mourn the death as a beginning and ending of a life. Other more traditional cultures may take a more celebratory view of the whole cycle as having no beginning and no end, simply a cycle.

The creation of new life and the birthing process is thought to be the highest spiritual experience. Women may achieve it and men can only wonder. It is for this reason that I, a man and father, have a particular interest in this field of Shiatsu-Do healthcare. I feel greatly complimented by those women who have sought my professional assistance in their pregnancy healthcare.

The Oriental philosophy draws a parallel between life in the womb and to the 2.8 billion years of the evolution of life on earth as it developed in the 'Water Phase.' This amphibian period is thought to correspond to 280 days of pregnancy in which the foetus evolves from a single cell to a multi cellular being. 'One grain, ten thousand grains', as the Chinese would say. So from this we can deduce that 10 million years of evolution is occurring for every day of pregnancy. Pretty serious news. Every day of pregnancy helps for a more 'developed phase, we are in a meditative state of cosmic learning. There is little disturbance from the Jing. The 'resonance' of our entire evolutionary past is stored

here. We 'know' how to breathe at conception (the real birth period is simply preparation for the land state and the birthing process is the initiation into gradual independence. We will teach ourselves how to eat, see, smell, taste, crawl, walk, talk and think.

At birth this information initiates a life pattern in the Land Phase; LUNG energy for breathing independently air and not liquid, The TRIPLE WARMER has to spark into life to heat the child outside of the warm water state, HEART PROTECTOR for emotional/spiritual protection outside of the secure womb. The providing of a happy and secure environment for the foetus 'in embryo' and subsequently for entry into the Land Phase needs to be the underlying principle for parental care and Shiatsu assistance. Loving tender kindness really. The Japanese talk of Tai Kyo, 'Embryo education.' The parents should educate their child about life in the 'outside' world through happy thoughts and feelings.

#### EARLY INDICATIONS OF PREGNANCY

The Woman may experience amenorrhoea, breast swelling, sickness, fatigue (progesterone in blood steam acts as a tranquilliser, relaxation, 'blossoming'), colour change (facial hue, change in metabolic rate, revulsion at fatty, oily food all relate to Liver function', Spleen function, sweet cravings), increase in frequency of micturation, swelling or weight gain, self-awareness (may know intuitively from moment of conception).

Conception can occur in fallopian tube within 60 minutes of ejaculation. Sperm passes through acidic medium of uterus to the more alkaline fallopian tube. After fertilisation of the ovum by sperm, the magnetic charge of the ovum changes and it no longer attracts more sperm. The internal diameter of the fallopian tube is only two hairs breadth, so it is easily blocked by scar tissue; inflammation, adhesions, wearing an IUD can aggravate the area. After a day or two the fertilised ovum journeys to the uterus for implantation and sustenance by blood in the Blood Chamber, a Chinese description of the womb. The Chinese also called the uterus the 'Palace of the Child'. A single cell can produce an 8lb baby, an increase in size of 3 billion times.

The structure of and deep location of the ovum is yin with Yin energy action (stationary) while that of the sperm is yang with a Yang action (movement) generated by heat. The yin and yang polarity attracts the sperm and ovum. Because the Chinese did not have microscopic investigations they believed that conception occurred as a result of the mixing of the women's 'red' essence, the menstrual blood, and the male 'white' essence, the sperm. The first eight weeks are designated the embryo stage, after that, foetus (= 'young person', Latin).

The traditional approach to conception observed many considerations of the laws of nature and culture in China. The optimum conception time is thought to be in the Lung phase, that is, between 3 am and 5am. No doubt late night discos were popular even then. Conception in the Autumn, gestation during Winter and Spring, and birth in Summer was also thought preferable. Situations adverse to a happy pregnancy were conceived during the following: an electrical storm, at midnight, at midday, during a rainbow, during the winter of summer solstice, when intoxicated, or when 'hot diseases' are apparent. For most of these times the environmental energy is too highly charged and will affect the conception. The mother is advised to avoid any violent and frightening scenes or situations during pregnancy. Care needs to be taken to remain calm and serene. That's easy.

#### CONSIDERATIONS OF CHANGES IN ENERGY SYSTEM OF THE MOTHER

From conception there are profound changes in Zang organs of the mother. These 'vital' organs will have to cope with the support and maintenance of two 'beings'. The foetal Original or Yuan Ki, initiated at the moment of the polarity charge between ovum and sperm, sustains it until the placenta develops. From the cosmic 'charge' of the yin/yang attraction there appears a preponderance of Blood and Ki. The Blood congeals as the Heart sends the blood to nourish the embryo in the womb. The foetus will then exist off the mothers Blood, that is, the energy created by the Liquid essence of her Spleen, the Original and Acquired Ki of her Kidney energy, and the circulation and sustenance of the Heart. This Blood quality will be the nourishment for her child.

The Fire of conception continues to ensure the Blood nurtures them both. The function of the Spleen is challenged as the increase of Damp prevails to form the amniotic fluid to nourish and protect the embryo. The Spleen will become Deficient. The Liver Ki will maintain the patency of the flow of the energy in the womb and indeed both the mother and foetus, the Liver will become Excess. Because the mother is supplying her Yuan Ki and the Kidney yin and Kidney yang her Kidney Ki will become Deficient. The 'Furnace in her Belly' should continue to warm them as long as she 'listens' to her body signals. All these changes are considered symptoms of a single causation, that is , pregnancy and are normal.

Pulses: A Slippery full pulse, slightly faster, will be apparent after about the sixth week. Spleen and Kidney Deficiency and Liver Excess is very common. The Pulse is larger and more superficial than usual. A larger Left pulse (Yang) means a boy, the right (Yin) a girl. It is also considered that if conception occurs on an odd date of the month then it will be a boy and a girl on the even dates.

#### 1<sup>ST</sup> TRIMESTER. 0-12 WEEKS.

Non-interference should be the golden rule. Support and nurturing attention is usually all that is needed. Little or no Shiatsu unless strengthening is needed. (See the section on 'Miscarriage' herein). Concentrate on the Body Rhythm Dural tube balancing and releasing the horizontal planes of the Chakra system and nurturing the mother. In a treatment you are now working with two people, mother and child.

#### 2<sup>ND</sup> TRIMESTER. 13-27 WEEKS

The 'period of miscarriage', if this condition was prevalent, is now passed and you may start to give Shiatsu monthly as maintenance. Treat specific conditions if arising. Still avoid strong stimulation below pelvis, strong ampuku, strong stretches.

#### 3<sup>RD</sup> TRIMESTER. 28-40 WEEKS

Can do more leg work. Continue maintenance of mother and have the father, upon both parents agreeing, attend treatments to learn basic pain relief and baby contacting techniques. Avoid contraindicated points unless treating specific conditions such as 'breech' position. Turning a 'breech' by energy contact through the Body Rhythm is possible.

#### FOETAL MERIDIAN DEVELOPMENT:

At conception the energetic union stimulates the transformation of the single cell structure to a multi cellular one. The electro magnetic charge polarised by conception, existing in the fertilised ovum creates a protective force field around itself. This polarisation comes from a central axis in the ectoderm (inner fascia) and permeates through the endoderm (intermediate fascia) and mesoderm (superficial fascia). This axis is referred to by Kiko Matsumoto as the 'primitive streak'. I will refer to this as the Chong Mai or Central Channel. When the Ovum divides, the walls of the two cells are joined and become the location of the Chong Mai. The outer walls will become the Ren Mai or Conception Vessel and the Du Mai or Governing Vessel respectively.

The Chong mai develops and creates a 'Source' area which becomes the sacral plexus encompassing the ming men (Kidney Yupoint) and a secondary 'Source area which becomes the occipital/cervical junction. The yin and yang polarity of these locations charges the spinal cord into development to produce the central nervous system. The brain and spinal cord are Curious Organs and considered to be Marrow and thus governed by the Kidney Ki. The prenatal Jing provides the information for its development. From the Su mai the spinal nerves eventually grow as the meridian pathways circulate to create the organs and physical attachments of the spinal nerves. Hence the Yu Associated Affect Points reflect this manifestation. The more yang influenced upper limb buds develop firstly and then the lower yin buds come.

#### CONTRAINDICATED POINTS ARE:

'Shoulder Well' GB21, 'Adjoining Valleys' L14, 'Arm Three Mile' L110 (cautionary point only), 'Three Yin Junction' SP6, 'Foot Three Miles' ST36, 'Great Thoroughfare' LV3, 'Gushing Spring' KD1, 'Reaching Yin' BL67 (until final stages). The above points are principally contraindicated for needling and moxa. Can give Shiatsu to feet, if the feet are sore, or to shoulders, but avoid deep pressure. Avoid strong KID treatments throughout but Kidney will be deficient and needing nurturing gently. Generally, avoid concentrated stimulation inferior to the pelvis in 1<sup>st</sup> and 2<sup>nd</sup> Trimester and inferior to knee in 3<sup>rd</sup> Trimester. (You can use some contraindicated points to remedy specific conditions as part of set treatment formulas.)

### LABOUR – some specific treatments

#### 1<sup>ST</sup> STAGE

##### INDUCING LABOUR

Labour overdue or 'Lazy' – usually overweight and atonic woman. Stimulate L14, SP6, GB21, BL67, if no response in 6-8 hours try GV1, BL67, L14, SP<sup>^</sup>.

Indian take-away. Hot, spicy food, very yin, expelling. Later LV3 for muscle chi.

Speeding slow labour – Stimulate SP6, L1V3, BL31, L14, GB21. Standing, squatting, general movement with Do-In, warm shower.

Maintaining strength – Ume-sho-bancha tea, or Ginseng tea to prevent atony of uterus. Ki and Blood stagnation – Dark blue complexion in labour, swollen loins, heavy chest, depression, tearful, 'I can't go on', Pulse is deep and solid and irregular. Give whole body treatment especially tonify SP, KID, HT, for the Blood stagnation.

Contraction, dilation of cervix to 10cm. Normally proceeds at approx. 1cm/hour. **NB** can get homeopathic birth kit.

#### 2<sup>ND</sup> STAGE

LABOUR PAIN relief points in the Birth process- Sacral and lumbar Bladder points, ST36, BL60. Pain relief points can actually slow the contractions so be observant. Only use these for the bigger painful contractions and for 5-10 seconds. Holding the cranial base to relieve neck tension will ease the pelvis.

#### 3<sup>RD</sup> STAGE

##### PLACENTA RETENTION

To discharge without drugs. Vitality important that whole of placenta is discharged. A Cold stagnation condition. Need to expel the cold. GB21, BL60, 5mins. L14, SP6, BL67, (CV3 Moxa). Mother to blow into a bottle. Doctors use Syntometine. Cord should not be cut until it stops pulsing.

### HAEMORRHAGING IN CHILDBIRTH

Blood or SP deficiency usually needs tonification and heat. Tonify SP especially SP6, SP9, SP15, ST36, TH6 for long duration until the meridian response is strong. THEN Moxa CV4, CV6, CV8, & ST36, if no obvious response within 10-15 minutes. Pan-fried hair, powdered, mixed with water to make a drink. Good for internal bleeding.

(ARNICA 30) Homeopathic tablets for post-partum repair. Seek specific Homeopathic or Herbal for any birth complications.)

### CAESAREAN SECTION

Most C.Sections are unnecessary. 80% of 'breech' babies can be delivered vaginally if time and consideration are allowed. In labour chemical releases dry out the lungs and stimulate kidneys and liver into healthy functioning. A woman is five times more likely to die after C.Section than vaginal birth experience. (Ref: W.D.D.T.Y.Vol 3 No 10 Energetic disturbances upset LV/KID/SP meridians.)

Scar tissue formation will cause further complications in pelvic viscera. Consider the relevance of counselling, visualisation, pelvic floor exercises, support from religious groups, services and family.

Treatments can focus on CV, Dural tube, lower abdomen (ampuku, palm healing for lower burner), TH, AP, LV & KID meridians. Magnet therapy over the scar tissue. Body rhythm fascia release of deep fascia. (this can be done from one week post-partum).

### OTHER SPECIFIC CONDITIONS

#### ABORTION

Putting aside the moral, cultural, or sociological considerations of this situation, the choice is the parents and should be respected without judgement. An abortion will disturb the physical and energetic centre in the hara as it is removed by external force. Unfortunately, this will leave a void and cold deficiency condition in the womb. The natural body process of Energy concentration for pregnancy is disturbed, it doesn't know what to do, becomes erratic and dispersed. This may affect the pscho/physical and spiritual bodies. The 'needs' of the mother must be paramount. What does she want to do with the pregnancy. Your Shiatsu needs to work on inward focussing energy following abortion with 'self-image' Spleen attention, May lead to Blood stagnation, tumours, cysts, pelvic inflammatory disorders, cystitis, lower burner deficiency. Liver of lower burner becomes deficient and does not 'draw' the Blood. The Blood Chamber, the uterus, may become congested with stagnant blood. Reduces chi flow to lower body, poor libido, coldness in womb. Tonify Spleen, Liver, Kidney. CV points of lower burner can be Moxaed especially CV8.

#### MISCARRIAGE – motion of the foetus

More a natural shutting down of hormonal system. Try and encourage the mother to see positive aspects. Not ready. Now try again. Change in lifestyle, diet, exercise. Have chance to prepare for future pregnancy. Tonify the pelvis as with abortion. Hara pumping techniques to be used. Navel moxa if not contra-indicated. Meditation and chanting with an 'offering' of salt, water, rice, and incense for the harmonious departure of the spirit of the child may be helpful and to prevent karmic attachment to the mother of this spirit. The spirit chooses you as parents and will be born when it is ready. This is a Buddhist belief. Consider whether your Shiatsu partner would be open to this suggestion before giving advice.

PREVENTION: You may even see the indications for these etiologies apparent preconception, early diagnosis is necessary. Commonly a Deficiency condition but can be due to Excess. Six Types of miscarriage preconditions are usually apparent.

General Ki deficiency – frequent vaginal bleeding, fainting, abdominal swelling, cold aversion, poor appetite. General tonification needed.

Blood Deficiency – lower hara drops, swelling, dizziness, yellow complexion, puffiness, weak pulse, palpitations. SP.KID.HT.LIV to tone the Blood.

Hot Blood – menstrual type flow, bright red, red complexion, heat in upper body, cold feet, sore dry throat, scanty hot urine. Check for KID sedation, tonify the LU and SP if necessary.

Liver Ki congestion – painful foetal motion, vaginal bleeding, vomiting or bilious taste, thick greasy yellow tongue coating, rapid pulse. Sedate LIV, liver vacuum technique, diaphragm release, tonify the Kidney and Spleen.

Traumatic injury – an external causation. Determine the energy trauma (where is the Ki 'information' interrupted?)

#### STILLBIRTH

Energetically possibly similar to miscarriage. Could be caused by cord around neck (even a knot). Smoking can predispose. Suggest counselling for both parents and give support through Shiatsu. Subsequent conception should be delayed for nine to twelve months and strengthening ensured. A

Deficiency syndrome will be apparent in the general Ki especially of the womb. Homeopathic or Herbal advice would be helpful. The same ritual as in 'Miscarriage' may be helpful.

#### MASTITIS

Treat S11, SP18, SP6, ST18, ST34, LV3, GB21. Assess each point. This is a Hot disease=Excess. Bring down energy in the body. Breast massage. Axilla massage. Try ST17, subject to sensitivity of client. Warm the hara.

#### POOR LACTATION

Rest and attention to diet is needed. The mother should be allowed to rest for at least three weeks after birthing to give all her attention to her own recovery and developing the mother/child relationship. You can Moxa CV17, treat GB21, S11, L14, SP6, BL13, ST17, and HT1. Dural tube balancing. Other influencing factors; poor post-partum recovery, alcohol and smoking intake, drugs during childbirth, emotional state, 'can I cope?', mother's desire to return to work, environmental considerations.

#### BREECH POSITION

From around 36 weeks it is safe to use moxa for this situation. Moxa B67 if possible on successive days until it works. This is usually successful. Teach mother to do it. Moxa five to six times. Mark the point with a pen. Also she can lie down with open legs resting against a wall, with groin close to wall as possible. Lie on the floor (back pillow supports) with legs on a chair for twenty minutes daily. Make an 'energy contact' with the foetus through the fascia and feel which direction in which the foetus will move, follow this movement until the head is down. The anterior occiput attitude is optimum. This technique can be applied daily by partner or a friend.

#### OEDEMA

This is commonly a Spleen deficiency with Blood stagnation in the hara. Indications may be; the four limbs, face, eyes and groin are swollen. Coldness (hara), yellow or dark skin colour, mucus, swelling lymph nodes, sticky mouth, aversion to cold and need for hot drinks. Tongue has light coating in lower body, sometimes hotness in head. Looks like bruising around swelling eye bags. Tonify all areas moxa CV8, give Daikon Drink number Two ½ cup grated daikon or radish, squeeze juice into warm water ratio of 1:3 daikon to water, add several drops of shoyu or sea salt, bring to boil and simmer one minute. Drink once daily for three days maximum. Increases sweating and urination. Exercise to sweat every day will help. Control liquid intake.

#### ANAEMIA

This is a Blood Deficiency syndrome. A pallid complexion, pale lips and eyelids, pale fingernails, lacking vitality, breathlessness, palpitations, sore tongue (inflamed), headaches. Need to tonify the Blood – Spleen, Kidney, and Heart. Moxa at GV22, TH6, and SP10. Mugwort tea or Ume-sho-banch daily. Two sheets of toasted Nori eaten daily (from Holland and Barret)

#### MORNING SICKNESS

There are three types.

1. Rotten and muddy ki rebelling – belching of 'offensive energy', abdominal swelling, congested lung, depression, hiccoughs. Clear the stomach energy by treating (usually sedation) HG6, ST36, ST44. (Note it is generally to use some contraindicated tsubo if part of a treatment formula).
2. Muscous and fluid toxin – Disturbance of the Zang organs, the vital organs are suffering shock. Dizziness, vomiting water liquid, white coated tongue, low energy, coldness. Treat the above plus ST40 and can moxa CV17.
3. Rising Fire of Liver – Kidney energy is exhausting in the uterus, the Liver lacks Yin and dries, this damages the Stomach Ki. Bitter taste, belching, rib pain, hypochondriac pain, rapid wiry pulse. Formula number 1 plus sedate LIV2 and GB34.

Generally, eat dry biscuits (oatcake or rice cake) and consume bancha tea, avoid caffeine and alcohol.

#### CHRONIC COUGH DURING PREGNANCY

1. Wind and cold penetration – thin white tongue coating, continual cough, fatigue, sporadic mild fever, clear sputum, congested chest, tight diaphragm, short breath. Lung Vacuum techniques, release the diaphragm, tonify the LU, sedate the LIV if necessary. External cause.
2. Sputum chronic cough – white greasy tongue coating, frothy clear sputum, vomiting, poor appetite. Internal cause – Dural tube balancing, Spleen and Kidney tonification, percussion techniques over lungs to expel the sputum.
3. Yin deficiency chronic cough – red tongue with little coating, dizziness, heat in body, dry mouth, thirst for cold drinks, blood in sputum or green sputum, rapid pulse. Tonify the yin, LU BO & YU points, KID tonify, sedate Th and/or LI. Lung percussion and diaphragm release, rebalance Dural tube.

For more details, see 'Maye's Midwifery' (Balliere Tindall). Recommended for expectant parents are Dr. Miriam Stoppard's 'Pregnancy & Birth Book', 'Active Birth' by Janet Balsakas, Bob Flaws 'The Path of Pregnancy', the latter giving a traditional Chinese medical viewpoint. 'Tsubo' by Namikoshi, 'Acupuncture Medicine' by Yoshiaki Omura, the 'Shiatsu-Do Handbook' by Ray Ridolfi, 'Macrobiotic Home' remedies by Michio Kushi, 'Endometriosis and Infertility' by Bob Flaws. Hara Diagnosis: Reflections on the Sea by Kiko Matsumoto and Stephen Birch.

### **Shiatsu for Babies & Children**

#### **By Karin Kalbantner-Wernicke**

#### **Published in the Shiatsu Society News 119, Autumn 2011**

A success story in Germany, Austria and Switzerland.

#### Introduction

Karin Kalbantner-Wernicke initially trained as a physiotherapist and went on to study Shiatsu in Japan. In 1985, together with her husband Dr. Thomas Wernicke, she founded an institute for Complementary and Alternative Medicine just outside Frankfurt, Germany. She is the author of several books including "The Five Elements in Children" and her most recent work, "Shiatsu for Babies and Children" (available in German only.) Karin will be teaching a 'Baby shiatsu' course in London in July 2012. For more information, please visit [www.aceki.de](http://www.aceki.de) or contact Suzanne Yates who is organising the course: [www.wellmother.org](http://www.wellmother.org)

A new profession has been established in the German speaking countries of Europe in the last few years: that of Baby and Child Shiatsu Practitioner. For people just starting a career in Shiatsu, this specialist area offers excellent opportunities to attract more clients and to stand out from other Shiatsu practices. Just how wide the interest is in Baby and Child Shiatsu is demonstrated by the enormous influx of student to Mother and Baby Shiatsu courses. After taking these courses many mothers and fathers continue to come, with or without their children, for private treatments.

#### East Meets West

By Karin Kalbantner-Wernicke

Children are not small adults! They don't think like adults, they don't feel like adults and they don't experience their environment like adults. The theoretical base of Baby and Child Shiatsu has its roots in the Western understanding of child development and in the Eastern understanding of Meridian development. Modern neuroscience, developmental psychology and physiology, as well as the traditions of Japan, provide the foundation of the Baby and Child Shiatsu training. This expanded way of thinking opens up new aspects of child development and interaction in the family, which results in specific therapeutic approaches.

A new developmental model has been formed out of this East-West connection. For over 20 years at the "Therapeuticum Rhein-Main" the author and her husband have been working on and exploring this new model. It basically states that, similar to the developmental steps for the motor and sensory nervous systems, every development in the energy system is built on the development that went before. It is a step-by-step process.

### Fundamental Principles

Through soft yet distinct pressure Baby Shiatsu exercises a regulating influence on the adequate processing of sensory stimulus. This aims at the three major sensory systems: depth perception (proprioceptive sensibility), touch (tactile system) and balance (vestibular system).

Children receive information which enables them to feel themselves clearly. The baby learns to feel the change between stimulation and relaxation. He/she finds it easier to return to inner peace after over-stimulation and therefore to find inner balance. Today's modern society can have an overwhelming effect on babies, which can lead to confusion and restlessness in the child. Baby and Child Shiatsu encourage motor and sensory nervous development, as well as supporting the emotional and energetic foundations needed to create balance.

As with all Shiatsu, attentiveness is a key element. It is important to be sensitive to the signals sent by children: to understand and react appropriately to them, and to recognise that children cannot truly be supported and understood outside the environment they live in.

Therefore the person a child relates to the most closely is vital. The challenge to the practitioner is to discover and support the abilities of that young parent in their home environment. It is important to build up a new quality within the mother father child relationship, which serves as a stable foundation for the child to grow into a socially-oriented adult with the ability to accomplish his/her goals. Therefore the mother and/or father must be integrated into the session. With a stronger foundation in place, the child can better develop and allow his/her potential to unfold.

### The Meaning of Energetic Development

Baby Shiatsu assumes that the 12 main Meridians are not fully developed at birth. The theory is that during the first year of life, groups of Meridians act together as a team, we call them the "Meridian Families". The more a baby changes from a horizontal to an upright position, the greater the differentiation of the Meridians and the related developmental steps. By the time the child reaches 6 or 7 years old, the Meridians, and the 'relay-switches' which belong to them, should be fully developed.

During the first year of life, there are 3 'Families' containing four developing Meridians each. The four Meridians in each Family are not fully differentiated and are considered "One Long Meridian".

	Life theme	Development theme	Sensory theme
Front Family – Lu/LI,St/Sp	Awareness of own boundaries	Finding the centre	Tactile system (touch)
Back family – Bl/Kid,Sl/Ht	To move	Upright posture	Proprioceptive sensibility (depth perception)
Side Family – TH/HP, GB/Liv	Conquering room/space	Rotation	Vestibular system (balance)

They are called the Front Family, the Back Family and Side Family and each has certain life and developmental themes as well as sensory systems linked to them, as above:

#### Child Development according to the Front Family

Using the Front Family as an example: The first 3 months of child development deal mainly with the theme of 'Finding the Centre' or middle of the Body. During the first 6 to 8 weeks a new born lies asymmetrically in the foetal position. The head is rotated to one side and the torso is in a C-formation while the arms remain flexed. Most importantly, the baby should be able to lie asymmetrically on both sides. If this is not the case, a referral is necessary to clarify any restricted movement due to e.g. a blockage in the cervical spine.

Throughout the first few weeks an infant increasingly orients itself towards its centre. During this period the hands start to open and the arms can be lifted. Around the tenth-twelfth week the hands finally find each other over the breast or mid-line in what we call 'hand-hand contact'.

The legs go through a similar development. The legs are lifted a little higher from the surface every day, until they find the mid-line of the body and the feet come to rest sole on sole. If this happens around the 3<sup>rd</sup> month after birth we assume that the child has found his/her centre. The prerequisite has been achieved which allows the child to start experimenting with movement around the centre of the body. The baby lies secure and stable on his/her back and begins to rock to the left and to the right, until eventually baby can roll onto his/her side and then return to the central position.

So the baby has accomplished its main task related to the Front Family – 'Finding the Centre'. It has also attained the prerequisite for the next developmental phase now related to the Side Family, namely turning. Although the Side Family already exists and is functioning, its related movement can only take place when the ability to find the centre has first been developed.

What does this all mean for the development of the Meridians? After birth the Front Family (later Lung, Large Intestine, Stomach and Spleen Meridians) is important for satisfying the needs of a new born baby. Most important is the taking in of food (the Chinese include the taking in of air) and the excretion of that which the body does not need. For the gradual development of the immune system, the baby needs a continual supply of food, love and security. Through the continual supply of these things the baby develops a sense of basic trust in life. A feeling of security is being built at the same time as baby starts to be aware of separation. The continual connection with the mother through the umbilical cord has been cut. With the first breath the process of letting go of the mother has begun.

The tactile system also belongs to the Front Family. The baby perceives his/her boundaries through the skin – through touch - and through touch, the baby truly experiences the world around him/her.

As demonstrated in the table above, the two other groups, the Back Family and the Side Family play just as important a role in the development of the child. The main development theme of the Back Family is 'Upright Positioning'. Even new-borns are able to lift their heads high enough to turn their heads left and right, and the upright position that begins at this stage is completed by standing freely. Every morning as we drag ourselves out of bed we undergo this cycle once again.

Rotational movements form the basis of our flexibility and co-ordination and rely upon the development of the Side family. For many routine movements the ability to rotate is necessary: try parking your car if you've woken up with a stiff neck!

A principal of this energetic development model is that physical structure follows energetic change. This theory becomes convincing when one works with babies. A baby that cannot roll over, who suddenly discovers this new movement after treatment of the Side Family Meridians, shows a delighted facial expression revealing what this new movement means. "Finally I can conquer the room, and finally I can reach all my toys!"

#### Programme of Preventative Health Care

Paediatricians are very interested in the themes related to the Front Family and they are particularly at a loss on how best to treat so-called 'functional disorders without discernible physical cause' e.g. delayed development, disturbed sleep or restlessness. They have been very helpful in encouraging Baby and Child Shiatsu courses and some even offer courses in their offices, clinics and special health establishments.

The courses are now finding their place in preventative health care programmes. Our increasingly fractured society, recent funding cuts and the crisis within the family unit itself make this work increasingly important. A child who has been disturbed in his/her development is often more difficult to understand, with limited expression or communication and parents often feel overwhelmed in their new roles. This can result in typical stress reactions such as impatience, yelling etc. In times of crisis, babies and small children are in danger of being ill-treated and, of course, adverse family environments have an overall negative impact on health.

Courses in Baby and Child Shiatsu give parents the opportunity for playful interaction with their children. These courses also have a positive effect on the energetic system of the parents – without their being aware of it. The observable changes are amazing.

#### Conclusion

One aim of this article is to make clear that a direct transposition of adult Shiatsu to babies and small children is not justifiable. To harmonise Ki requires an understanding of child Ki in contrast to that of adults and an understanding of Meridian development together with motor and sensory nervous development of children. When is which energetic or nervous developmental step to be expected? Should this child be treated or would a referral be more useful? These are questions which a Baby and Child Shiatsu practitioner must consider in each and every treatment, and a sound schooling is essential.

This schooling should include a thorough understanding of motor and sensory nervous development in babies as well as an understanding and knowledge of disorders, illnesses, or missed developmental milestones. A Baby and Child Shiatsu practitioner also needs to know how to handle

babies safely and properly. Practitioners must meet the highest possible standards to support not only the children but also the parents in their development.

## **Baby Shiatsu Practitioners**

**By Christine Lannigan, MRSS**

### **Published in the Shiatsu Society News 114 Summer 2010**

Having completed my three years training at the Aberdeen School of Shiatsu, I became a graduate member of the Shiatsu Society and searched their website with anticipation for contact details for my class mates and myself. It was with a sense of pride and achievement I saw our names beside those of other more experienced practitioners.

Five months have passed and I miss the sense of family support, which college and my fellow students shared. Whilst keeping in touch by e-mail helps, it lacks the personal contact which was so important during our training. I miss the monthly trek across country although not the after-weekend exhaustion, when Monday morning saw me back at work and only half-functioning with tiredness and information overload.

During the months since graduation, I've continued to work with the friends and family who supported my efforts to reach the magic one hundred treatments and my Shiatsu has taken on a shape and personality of its own which is becoming familiar and reassuring, dare I say comfortable. I have attempted to reach out to other practitioners in my area with mixed results. I know I am not ready to 'go public' and announce myself to the world, so I'm looking forward to starting a PGY (post Graduate Year) soon. Perhaps after that I'll be ready, who knows?

Recently, I approached a small group of National Federation of Spiritual Healers who work out of my local hospital, to ask if they would be interested in learning about Shiatsu. Happily, I was invited to meet with them and asked to contribute to a development day, by giving a presentation and demonstration. As a result, I've been invited to join their enthusiastic group, working initially with Reiki, which was my introduction to energy work. They are keen to expand and increase the number of therapies they can offer, so will advertise Shiatsu as well. A small step perhaps but who knows what possibilities may arise?

My first PGY approaches and with it a mixture of anticipation and apprehension. Will it live up to my hopes and expectations and will I be able to meet the requirements? Ah well, small steps seems the only way to go, so watch this space.

## **CASE STUDIES**

### **Heidi Armstrong, MRSS(T)**

A is 34 married and trying to conceive her first child. She is of slight build very pale with a dark hue and dark circles under her eyes. She is quietly spoken with a soft voice and is not very forthcoming. She has come for Shiatsu to aid her recovery after surgery and to support her whilst she is trying to conceive. She works in production for the B.B.C. It's a pressurised work environment in which personal problems or illnesses are not supported, she has difficulty asserting herself at work. She has a close relationship with her parents, her partner is finding it difficult to relate to her feelings after surgery. She feels emotional tearful and exhausted. A has a healthy varied diet and exercises regularly. She smokes 5-10 cigarettes a day. She is normally calm but finds she becomes irritable pre-menstrually.

#### **MEDICAL HISTORY**

A and her partner have been trying to conceive for 3 years. She had a dye lap which discovered endometriosis. She has a history of menstrual problems with painful heavy periods, pain starting before menstruation and carrying on nearly all the way through. Her breasts would also become swollen and tender around her period. She has suffered on and off with lower back -ache, worse at night.

She had surgery a month before coming for treatments on her uterus for the endometriosis and is now taking drugs to enhance ovulation. They are thinking of going for IVF, the drugs to stimulate ovulation may only be taken for a maximum of 1 year and she had started taking them 6 months before her surgery.

#### PRESENTING SYMPTOMS

Since her surgery, A is still getting stabbing pains in her lower abdomen and uterus. She is fatigued physically and emotionally. Normally a good sleeper, she goes to sleep and wakes up at 2-3 am, feels tearful and worries about treatment and conceiving. She has also been feeling irritable, short tempered, worse since taking drugs for ovulation.

A, feels and dislikes the cold, has to urinate often, which is clear and more at night. Since her surgery her lower backache has got worse. She is also holding tension around her shoulders.

#### PRESENTING IN PREGNANCY

Feeling very tired, her movements are slow, she has oedema mainly in her lower body, legs and feet, weak aching knees and lower back, she is also suffering from a lot of breathlessness.

#### DIAGNOSIS

##### *T.C.M.*

In T.C.M. terms Endometriosis is linked to stagnation of liver blood. A's history of P.M.S. heavy painful periods, painful swollen breasts, difficulty asserting herself, unhappiness, irritability and stressful work situation could have resulted in stagnation of Liver Qi. Liver Qi stagnation would have interfered with A's menstruation as liver regulates menstruation, which over time probably led to liver Blood stagnation and the more serious condition of endometriosis. During her medical treatment A experienced feelings of short temper and irritability which were the affect of taking ovulation drugs. It is probable that these drugs would further influence her liver Qi stagnation as during this time she was irritable and began to wake between 2 and 3 am. (Liver time).

Also has signs of kidney Yang deficiency this is shown by her feelings of cold, especially in her limbs, aversion to cold and lower back ache, exhaustion, darkish complexion and dark circles under her eyes, difficulty in becoming pregnant, her frequent urination clear in colour, quiet voice little desire to speak and lack of ability to assert herself, all reinforce a kidney Yang deficiency present.

From the onset of pregnancy, the oedema in the lower part of her body was accompanied by tired weak legs and knees.

Poor kidney Qi also account for A's symptoms of breathlessness as it is the kidneys which grasp the Qi of the lungs.

The liver blood stagnation and kidney Yang deficiencies would also account for poor spleen function. The loss of blood during surgery, and worry about becoming pregnant could have contributed to weakening A's spleen Qi. Her deep fatigue and stabbing pains in lower abdomen show that the function of the spleen to raise the Qi is impaired.

During treatments I used visual diagnosis. In treatment 4 I used Zen Hara diagnosis. A's kidney channel and spleen were depleted and liver energy stuck around shoulders, legs and pelvis, which appears to support the T.C.M. diagnosis.

#### TREATMENTS

#### Treatment 1. 02/03/04

A looked depleted, dark circles under her eyes, collapsed posture, energy looked flat, spleen, kidney meridians low. Treatment focus to support spleen, kidneys. I included kidney 1, spleen 6 for this.

#### Treatment 2 & 3. 09/03/04 16/03/04

Energy held around hips, shoulders. Full liver/GB gentle dispersing, rotation, stretches, massage. Using liver 13 to eliminate stagnation, harmonise spleen. Liver 3, GB 34 were effective to smooth flow of Qi. To tonify spleen, kidneys I used Kidney 7 to strengthen kidney Yang, Kid 6 Nourish Uterus, spleen 3 to tonify. Spleen 10, bleeding and pain due to Stagnation of blood.

#### Treatment 4 30/03/04

A had a cold, lung was Kyo in hara diagnosis. I continued to use points to tonify kidneys. GV4 BL 23, Tonify Yang. I added Lung 1 for lungs, and ease coughing. Also dispersed Liver, GB.

A similar pattern continued for treatments 5, 6, 7, pm 06/04/04, 20/04/04, 27/04/04.

By number 7 A's kidney energy was much improved. She looked more robust, circles under eyes gone, spleen less depleted.

Recommendation: I showed A Makaho kidney B1 stretch, liver GB complementary.

After treatment 7, A had a break while having IVF. She'd be taking hormones, and didn't want to disturb this process.

#### Treatment 8 10/08/04

A is 12 weeks pregnant with twins, has a strong connection with babies. During treatment, 9, 10, 11 on 07/09/04, 05/10/04, 09/11/04. My focus was to support her pregnancy, ease breathlessness. I supported kidneys, working KID-UT and PV using HP6 and spleen 4 to balance PV. Holding Kidney 3, BL23 gently, Kidney 7 for oedema. I gently mobilised her joints. Recommended sitting with legs up – gentle massage.

#### TREATMENT RESULTS

During her course of treatments A experienced the following change in appearance, she lost dark circles under her eyes and dark hue to her face and expressed herself with a clearer louder voice. She looked more vital and robust. By treatment 5, A had stopped smoking and found she was able to express her irritability more openly at work, became more organised and decisive, a change her colleagues commented on.

She felt much more energy and noticed a definite change after first treatment. Her back became stronger and less achy and the stabbing pain in her abdomen stopped. By treatment 7 these improvements had consolidated to the point at which she felt confident to start her IVF. She had a successful first round of IVF treatment. Her chronic pattern of kidney spleen deficiencies manifested during the pregnancy showing in oedema in the lower part of the body, painful knees, tiredness and breathlessness, but these were stabilised by the Shiatsu without the need of medical intervention.

#### CONCLUSIONS

A felt an immediate effect from receiving Shiatsu, feeling much more stable, vital and able to express herself more fully. This gave her a settled basis to embark on her IVF.

After successfully becoming pregnant she had a full term pregnancy, and gave birth by caesarean to healthy twins, that weighed the same as single babies. They are now all home safely and doing well.

## **Further Reading**

### **Can Shiatsu integrate into a model of midwifery care? – MIDRIS**

[www.midirs.org/.../0BA5388A36446EB080257A1E005A80D...](http://www.midirs.org/.../0BA5388A36446EB080257A1E005A80D...)

### **Shiatsu for Midwives by Suzanne Yates, MRSS(T)**

Order through the Shiatsu Society