

Shiatsu and Stroke: some experiences and thoughts

by Catherine Scanlon PhD MRSS¹

Just Imagine... You've had a Stroke...

you're receiving conventional care... you're in a Stroke rehabilitation unit. What is your body craving? You can't move, but to be moved may feel nurturing and important. Gentle movement, touch and pressure may help reawaken the body, keep the blood moving, keep the body warm, and reconnect with fundamental life energy. What do you think? How can we encourage the use of shiatsu for people who've had a stroke, whether they're in hospital or back at home?

(on Shiatsu Health Centre website 2009)

intended readership: this article may be of interest to people who have suffered a stroke as they consider how they can support themselves; friends and relatives of stroke sufferers; practitioners (orthodox, integrative, complementary and alternative) who work with people who have had a stroke; and students of shiatsu and other therapies.

Abstract

A reflection on how shiatsu treatment may support people who have had a stroke. New information is anecdotal, but pulls together a series of experiences over 15 years of shiatsu practice. Links are made to relevant academic research literature. There would seem to be some promise for using shiatsu as part of an integrative raft of treatment in stroke care and management.

Key points for service users

Shiatsu treatment may be helpful to help in your recovery from stroke, or for management of symptoms. The shiatsu practitioner may help you move in a way that your body most needs at that time, and supporting movement can be helpful. Shiatsu is occasionally available in voluntary community healing groups. Be aware that shiatsu practice may mean different things if an orthodox e.g. physiotherapist says they do shiatsu (which is likely to mean they work on particular acupressure points), as opposed to a shiatsu practitioner, who is likely to have undergone a much fuller training, including fuller study of acupressure points and meridians (energy lines), as well as holding and mobilising techniques.

Key points for practitioners

Many shiatsu techniques may be helpful for someone following a stroke. Cranio-base hold and release may be a good technique to use, among others. It would be good to have a central place to share information and experience on treatment of people with stroke with shiatsu treatment. This is something shiatsu practitioner Catherine Scanlon is keen to facilitate (c.e.scanlon@btinternet.com).

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Introduction

Stroke is a serious health condition which may be supported by shiatsu treatment. Shiatsu is a form of Japanese healthcare which involves stimulation of pressure points (used in acupuncture), working along meridian (energy) lines, mobilisation of muscles and joints, and holding techniques, allowing the tissue to reorganise itself. This article explores how shiatsu may support people in post-stroke management, and concludes with ideas of potential future research.

Robinson et al (2011) report three studies of stroke and acupressure. They cite a study by McFadden and Hernandez (2010) where acupressure appeared to reduce heart rate although not blood pressure. Kang et al (2009) showed acupressure to help in variety of ways, both psychological and physical, for 56 stroke patients. Shin and Lee (2007) found that pain decreased and motor power increased following acupressure.

Zhang et al (2009) review the use of acupuncture for acute stroke, and conclude that acupuncture did not constitute a risk, and would be worth researching further on the basis of evidence so far. Hopwood et al (2008) report an intervention using acupuncture in stroke recovery having little apparent positive effect on recovery, though they did find an apparently accelerated improvement in the Motricity Index at 3 weeks. Hopwood and Donnellan (2010) review acupuncture for neurological conditions (for stroke, Hopwood and Donnellan, 2010, pp. 100-115; spinal cord stroke - Hopwood and Donnellan, 2010, pp.158-160). Acupuncture theory for stroke would include moving stagnant Qi and Blood (Hopwood and Donnellan, 2010, p.108). They describe treatment of various people who have suffered stroke, where acupuncture would seem to have had a positive effect (Hopwood and Donnellan, 2010, pp.112-5). They suggest that the use of acupuncture in the treatment of stroke warrants further investigation. Acupuncture points are generally the same as acupressure points used in shiatsu treatment.

Sanchez (c2006) reports interesting and successful shiatsu treatment of someone following a severe stroke, in the context of his work at Columbia Presbyterian's cardio-thoracic surgery department in New York as part of the integrative medicine programme. He reports how his shiatsu treatment had become part of their standard of care for all patients following open heart surgery. The patient discussed had suffered a stroke in the operating room. Sanchez's shiatsu treatment apparently facilitated significant increased mobility, strength increase, as well as pain reduction.

Methods

In constructing this report, I have used my path as a shiatsu practitioner, and reflections on various aspects of shiatsu which have touched on working with stroke. This means considering my shiatsu practitioner training in the 1990s, my subsequent holistic shiatsu practice in Scotland and England, experience gained as a tutor for the Open University 2nd level course Perspectives in Complementary and Alternative Medicine (K221), and my six year term as a director of the Shiatsu Society, with responsibility for education and research.

Findings

My first encounter with stroke and shiatsu.

During the final year of my shiatsu training with the British School of Shiatsu Do in London, we had to do a mini research project. My co-student, Joyce Hurd, focussed her project on how shiatsu could support people post-stroke. She worked on various people who had had strokes in Farnham hospital, and believed that the shiatsu had a beneficial effect. I remember Joyce talking about this work, and what I remember from that time was that she was inspired to do this work, because a close friend had suffered a stroke, and how she talked of the need for flexibility in giving people who have had a stroke shiatsu. Thus, it was very unlikely she would be able to give them treatment on a futon, as is very common in the UK as well as Japan. She gave treatment to people lying down in bed in hospital, as well as sitting up.

At a conference for the Alternative and Complementary Health Network at the University of Nottingham about 2005, I remember an osteopath colleague saying how most research on osteopathy was within the context of a Master's thesis. This was new to me, as someone who did a doctorate as a kind of training to do later research. However, I could see what she was saying, and I pondered that the equivalent for shiatsu was these third year projects that some Shiatsu Schools required of their students. With this in mind, it seemed to me important that at least shiatsu practitioners should have access to such reports, so that students and practitioners could draw on this basic research.

Two encounters whilst in practice in Scotland:

rather impressive:

At a community fair in Elgin, in the 1990s, I ran a shiatsu taster stall. A woman who had had a stroke recently presented herself for a short treatment. My memory is that I concentrated on a cranio-base hold and release. (This is a technique which crops up in many therapies, but I believe is drawn mainly from cranio-sacral therapy, but osteopaths and shiatsu practitioners seem to use it too. I wonder if physiotherapists do...). After the session, she got up and danced (her husband was a local dance teacher running dance sessions in a neighbouring stall). The people around said that it was very unusual for this woman to dance.

I am not making some kind of exaggerated claim about someone who was unable to move when I worked with her – but my memory was that it nevertheless felt somewhat miraculous that she was able to do what she did. I remember talking with her husband about future shiatsu treatment, but I think he was put off by the cost, and then said that her physio could 'do shiatsu'. However, giving shiatsu can mean a variety of different things, and I wonder what it was that the physio would have done in this case. Generally, a treatment given by a practitioner like myself (trained part-time for 3 years, followed by a registration exam) is a more substantial shiatsu than perhaps a few pressure points pressed by a physiotherapist or medical doctor.

not so obviously impressive:

another client I had during this time was an elderly woman who had had a stroke and was presently in residential care. Her daughter brought me in to give a treatment or

two – I think she was in a more debilitated state than the client mentioned above. My memory was that I did not feel that I had had much impact on this woman. The simple massage her family had been suggested to give seemed pretty good, and I wasn't sure that my shiatsu helped particularly further.

A friend/ ex-client has a stroke and finds shiatsu useful:

Someone I know had a stroke in her mid 40s. She had had shiatsu previously: 'when I was lying in the ward I craved shiatsu – I just felt it would 'unknot' things'. After her initial shiatsu treatments post stroke, she emailed 'I feel it is such a great treatment – going on experience so far'. She had a lot of shiatsu as part of her recovering journey, and found it inspiring and helpful. Her practitioner developed a way of measuring change and progress which sounded helpful, and might be worth sharing with others. 'We developed a kind of table, so we can compare feelings on different sections using a scale of 1-10 – great way to chart progress'. My friend mentioned how little guidance and information she was given by the NHS in her part of the UK. '– what a pity the nhs can't/ won't embrace its existence! Even if they could suggest alternative therapies/ treatments before they released you from hospital, it would be a huge help/boost.'

Visiting a relative in two stroke units at different times

recovery unit:

Walking into the Unit, I felt that everyone could benefit from some shiatsu, but it felt like an environment where it would not be worth bringing up with the medical staff. Patients often have physiotherapy as part of their journey to recovery. However a presentation in December 2010 by the Westminster Health Forum suggested that mainland Europe offered more of this than we do in the UK. Apparently, our sessions tend to be shorter, weighed down with administrative paperwork, and only available on weekdays, by contrast with mainland European provision. I talked with someone from a Stroke charity who said that it is well-known that community physiotherapy can be helpful for people to recover from stroke, but there is virtually no funding for this. How much less there is therefore likely to be for shiatsu.

severe stroke unit:

My sense on visiting this unit was that many sufferers would benefit from shiatsu. I had a sense of patients being 'tidied up' and laid out in a straight line, when perhaps they would be better lying in disorder. Staff presumably were kindly, and moved patients to help prevent bedsores at regular intervals. My sense was that the patients' intuitive movements might be important, and that a shiatsu practitioner could help them follow these, using techniques of 'unwinding'. Again, not a place that I thought there would be any point even discussing this.

Voluntary treatment of stroke, among other conditions, in the community

Talking with someone who was studying shiatsu, as well as practising as a massage therapist, I heard that there was a healing group in a local town (Leighton Buzzard). She reported that people with all sorts of conditions, including post stroke attended, and benefitted from various complementary treatments. It occurs to me that this kind of voluntary provision is not well recorded, and may be providing valuable service.

Discussion

Whilst the above reports are anecdotal, and some of which are from some time ago, it seems to me worth recording because they provide a line of thought on this subject of how shiatsu may support people with stroke. There does seem to me to be some strong suggestion that shiatsu can be helpful for people following a stroke. I suggest it can be helpful for improving, as well as managing, and even in a process of dying.

further research ideas:

To my mind, it would not be useful at this point to do a study which is very quantitative, using statistics to explore how stroke may be helped by shiatsu. I suggest that next steps that would be valuable could include:

1. recording the nature and frequency of provision of complementary treatment is give to those with stroke, whether in a community or possibly hospital setting.
2. a qualitative study exploring the perspectives of patient/service users, practitioners (orthodox and complementary) and others (e.g. relatives/ carers).

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