

Journal of Shiatsu *& Oriental Body Therapy*



Issue 2

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The Shiatsu Body

Lewis Thomas pointed out in his book "The Lives of a Cell" that the cells, of which we are composed, almost certainly evolved from a symbiotic collaboration of bacteria. The cells then collaborate to form our bodies. In fact, life up to the level of an individual organism seems to have evolved through cooperation.

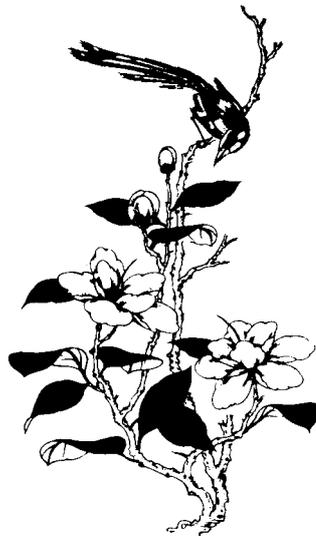
He is contrasting this fact with the common view of life as evolving through raw, tooth and claw competition. This simplistic, marketplace view of evolution forgets that structured groups are more often than not the most successful social, economic and biological structures. This is particularly true for humans who are innately tribal creatures.

The down side of collaboration is the initial time spent establishing internal communication channels but as the world is full of biological symbiotic groups, it is obviously worth it. Once good internal communication channels have been set up then collaborating groups are extremely powerful. In fact, they become *Bodies*, able to act as organisms in their own right.

The growth of professional bodies for Shiatsu and other Oriental Body Therapy has, up until recently been in the first stage of internal development and the setting up of communications.

Now that many countries in which Shiatsu has taken hold have completed this first stage and have well structured professional associations it is probably time that, instead of growing metaphorical nerve and muscle cells, those bodies used their neuromuscular systems for self-expression and activity in the outer world.

Hopefully this Journal will aid this second stage of development. It is now being published internationally in North America, Australasia and Europe with a team of fifteen editorial and administrative collaborators and a fast growing circulation in the UK, Ireland, USA, Canada, Australia, Japan, New Zealand, Italy, Spain, France, Germany, Holland and with subscribers also in Turkey, Israel,



South Africa, Mauritius and Greece.

This international networking, while a great thing, might not show anything more than another step within the first stage of development: growing channels between countries. I am sure that this is happening as can be seen by the publication of the new North American Journal of Oriental Medicine, which has a primary aim of networking N.America. I hope that national and international networking will continue to grow and flourish through the existing newsletters because it is through this activity that the many Shiatsu Practitioners around the world become integrated into the "Shiatsu Body".

On the other hand, here are certain signs that the JSOBT is being used by the Shiatsu Body in a different way. One sign is that 19% of the subscribers are not Practitioners of Shiatsu or another Oriental Body Therapy. This means that the articles are of interest to the outer world and that Shiatsu practitioners have a channel of communication to other health professionals, including orthodox doctors.

Another sign is the immediate influx of high quality articles from all over the world. This means to me that practitioners have reached a level of maturity and experience in which they are ready to be creative. To publish the results of their experience and to add to the traditional body of knowledge that is our common root. Why are they suddenly being written?

I know for certain that most were written because the JSOBT came into existence. That is, these people with valuable research experience had not published their work because there was no suitable channel.

In order to be a suitable channel for the Shiatsu Body to use in its expression to the outer world, the JSOBT has to encourage the writing of articles which can be respected by peers and outside readers alike. I hope this means that we will learn to articulate and analyse our experience in a language that other professionals can understand and start to be objective about our results. As Philip Harris points out in his article on research, it is not necessary to do controlled experiments to be objective and useful.

A controlled experiment may be necessary to *prove* that we can help prevent scoliosis in children. Such an experiment may be difficult to do but Ana and Sam McClellan's observations on scoliosis in this issue show how it fits in with our energetic view of the organism. This provides clear suggestions on how others can follow on and use this analysis in treatment. Even if the case is not yet provable, the analysis is valuable: it provides a springboard for future research by peer professionals and also shows the outer world that we can be respected as a profession with some academic integrity.

Acupuncture has long had several journals which perform this same function and it is maybe not surprising that the orthodox medical professions show signs of accepting it as a respectable healing method.

The fact that quality of touch is such an essential (and unmeasurable) part of Shiatsu and most other oriental body therapies means that we have found it more difficult to start articulating our expertise in a voice that other professions can respect. I hope that through the growth of the JSOBT we can learn to do that now.

Bill Palmer

Three Windows on Research

by Philip Harris

In the Hitch-Hikers Guide to the Galaxy, Douglas Adams tells the tale of a race of beings who designed a computer, known as Deep Thought, to calculate the answer to the ultimate question of life, the universe and everything. Seven and half million years later, Deep Thought delivered the plain and simple answer: forty-two. The recipients were disappointed. The problem was that they had never actually known what the question was.

Research is about asking answerable questions

Asking questions which cannot be answered is a common mistake in research. Many interesting questions such 'what is the meaning of life?' simply cannot be answered by science. Formulating questions that can in fact be answered is an essential first step and often involves compromise. Moving from the general, interesting (but unanswerable) question to a more specific and perhaps less interesting, answerable question can be a painful process for the would be researcher.

For example, asking the question 'does shiatsu work?' is not answerable. It is too broad a question and largely depends upon what we mean by 'work'. 'Does shiatsu improve general well-being?' is a somewhat narrower question, but it still requires greater specification to be answerable. There are several different ways in which this question could be made more specific, eg does shiatsu:

- increase relaxation?
- reduce tension?
- decrease the sensation of pain?
- increase tolerance to pain?
- increase immunity?
- decrease infections?

These are all specific questions which may be answered by research provided the appropriate information can be gathered reliably.

It is worth mentioning here that research can lead to different types of conclusions. To say that shiatsu is always relaxing is a *general* conclusion, ie it is true in every case. However, it is more likely that shiatsu

is relaxing for most people, this is an *aggregate* conclusion, ie on average, shiatsu is relaxing. An *existential* conclusion states that something exists and could be important although it may only happen occasionally, eg someone may react to shiatsu by tensing-up. Although this may not usually happen, it may be important to document it.

Research is about evaluating the effects of treatment

All therapies have outcomes no matter how vaguely they may be defined. A condition may improve, worsen or remain the same as a result of treatment. Asking specific questions about the effects of treatment helps to define potential outcomes more sharply. To evaluate these outcomes it is necessary to have some means of measuring them. Thus evaluative research is about *identifying* and *measuring* the outcomes of treatment.

Andrew Vickers has identified some of the most common benefits of complementary healthcare reported by disabled people. These include:

- an increased sense of relaxation
- improved posture
- increased mobility
- improved appetite and digestion
- reduction in recurrent infections
- improved bowel function
- help with pain

For research purposes, any of these factors may be specifically defined as potential outcomes for evaluating the effects of treatment.

Attempts to measure outcomes may be subjective or objective. *Subjective* measurements are peculiar to the individual since they depend on opinions or preferences. In contrast, *objective* measurements are verifiable should not vary widely between different individuals, eg body temperature and blood pressure readings should be reasonably consistent no matter who takes them (provided the measuring procedures are accurately conducted).

Some outcomes can be measured either subjectively or objectively.

Take, for example, the complex phenomenon of pain. This is a chronic problem for many people which is sufficient reason for evaluating the effectiveness of therapies attempting to help. Pain can be measured in many different ways. It can be measured subjectively by examining the individuals' experience of the intensity and duration of the pain and its effect on their general well-being. Ann Bowling gives a comprehensive overview of some of the ways in which quality-of-life has been measured by healthcare researchers.

Pain can also be measured objectively by observing its effects on daily activities and the consumption of pain killing drugs. Procedures which attempt to examine the effectiveness of a therapy in increasing specific daily activities or reducing the frequency of drug taking have the advantage that these measurements are verifiable.

Sometimes there are good reasons for taking both subjective and objective measurements. Evaluating the effects of treatment on pain using both types of measurement may help to discover whether the treatment is effective in decreasing the pain experienced or in increasing the person's level of tolerance. In some cases, the sensation of pain may be unchanged, but there may be fewer restrictions on activities and less dependence upon drugs.

Research is about linking theory with practice

There is a saying about the relationship between theory and research which suggests that: practice without theory is blind, whereas theory without practice is sterile. Some shiatsu practitioners might argue that theory is not necessary, but this depends on what is meant by theory. It is arguable that in order to understand what is happening in the course of a treatment and to know what to do next we need some kind of theory. Theory in this sense may simply be 'intuition' based on previous experience which guides our actions.

George Kelly likened people to

scientists. He believed that we must interpret reality in order to make sense of the world we live in. From our experience we construct a model of the world which allows us to predict events thus enabling us to gain some sense of control over our environment. We use this model to guide further experiences and as we gain more experience we may alter our model to achieve a better fit with the world as we know it.

Traditional forms of medicine and healthcare developed in a similar fashion. They relied on careful observation and the testing of ideas. The results of many years of study and experience were recorded by practitioners and form the body of knowledge which we have inherited and which is still developing today. Scientific research has a relatively short history in healthcare and in many respects it is simply a refinement of this naturally occurring process. It is primarily concerned with the *developing and testing of models*. A model is always a simplification of a more complex reality which may be difficult to comprehend. As Sandy MacRae explains:

“By constructing models we gain understanding; the models let us make predictions, we test the predictions and if they are fulfilled we make further predictions, and so on. But eventually, it often happens that even a very successful model turns out not to be exactly correct in every possible situation, When this happens, someone has to invent a new model.”

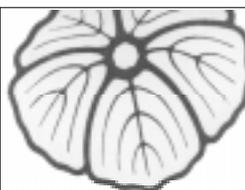
As our experience grows in shiatsu, we may develop insights into which conditions respond well to treatment and which do not. These insights may be a subtle mix of Oriental and Western medicine. For example, under the broad Western diagnosis of ‘depression’ there may be a number of more specific Oriental diagnostic conditions some of which may respond better than others. These observations and their subsequent testing-out is an example of model building.

In summary, three windows on research have been described which shed some light on how shiatsu can be studied in a systematic way. First, there is a need to refine the questions we ask so that they are specific and answerable. Second, in evaluative

research, we need to identify the possible outcomes of treatment. These outcomes are usually identified through clinical experience. For research purposes, outcomes must be defined in a measurable way. Third, the process of research involves model building. A useful model provides understanding and acts as a practical guide. The process of model building is a dynamic one, ie we use models of reality to act upon it and in doing so we may reconstruct our models and so change the way we behave.

References

- Adams D (1979) *The Hitch-Hickers Guide to the Galaxy*. London: Pan Books
- Bowling A (1991) *Measuring Health: a review of quality of life measurement scales*. Milton Keynes: Open University Press
- Kelly G A (1963) *A Theory of Personality: The Psychology of Personal Constructs*. New York: Norton
- MacRae A W (1994) *Models and Methods for the Behavioural Sciences*. The British Psychological Society



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Teaching Shiatsu to Mothers of Disabled Children

by Nick Pole

A state of openness between the two people involved is one of the things that makes shiatsu effective. When that state already exists, for example between a mother and child, then very simple techniques can produce big results. This was a theory I wanted to test out when offered a chance, through charity funding, to use shiatsu to help children with severe mental or physical disabilities.

Together with Suzanne Adamson, a reflexologist, midwife and health visitor, and working through a charity specially set up to provide complementary therapies to disabled people (SCOPE), we soon found a group of parents who were interested in working with us. One of our pre-conditions was that the parents should be motivated enough to explore this project with us over a period of about five months. Through a local Family Link project - a group of parents with disabled children who each have a volunteer carer to look after the child a few hours a week - we found three families keen to try out a combination of simple Shiatsu and Reflexology techniques.

We started with a meeting with each mother, child and carer simply to explain the project and ask if they were sure they wanted to be involved; (in each case, for different reasons, the father chose not to be directly involved in the project). This was followed by a longer meeting in which we asked in detail about all the issues involved- and made a list of aspects of their current situation they would like to change, and a list of aims they would like to achieve by the end of the project. We put these to one side as a guide rather than a set of rigid goals to be attained.

In fact, the approach to teaching the shiatsu itself was to concentrate on taking the time to get into the right state so that the mother or carer could be truly relaxed and centered before making contact with the child. Rather than teaching meridian-oriented techniques, we focused on the simple,



Photo: Jamie Facer

intuitive perceptions and responses which start to happen when you connect in this way with someone else's energy patterns. We used a very simple routine, moving round the whole body and finding simple ways to 'tune in' to energy imbalances in each part. This is a common approach in various body/energy therapies but the origins of it for me were in the work of Michael Rose, Bill Palmer and the workshops I've done over the past three years with Shinmei Kishi.

The shiatsu I had done with disabled children previous to this project, in which I had been working as the "professional" directly on the children, had been challenging and sometimes very moving, but also confusing and had decidedly mixed results. With this new approach, by concentrating on the "quality" of the connection and the quality of the state the mother gets into before even making a connection, we freed ourselves from focusing primarily on results, or even on techniques. We had a weekly teaching session in which I might work on the mother and the carer to demonstrate, and then supervise them working on the child I

did very little direct work on the children myself. During the week the mother would work a couple of times - before bedtime, for example - with her child. I started to realize this approach was working when one of the mothers said that working on her daughter on her own tended to produce much better relaxation than when I, the supposed "professional", worked on her daughter in the weekly teaching session. To be honest, there was a time when I would have found this feedback a little hard to accept(!) so stuck was I in a model of professional expertise. I now realize that no matter how much time and skill I might put into building rapport in a relationship with a child (and of course to the parents and carers in this way it is essential to build excellent rapport with the child too), that relationship could never have anything like the potential of simply helping the child and the mother to step outside their everyday roles and behaviour and to connect with each other through touch in a simple, honest and very direct way.

With the three families I have

worked with so far many positive by-products (I would call them "by-products" rather than "results") have been reported by the mothers and carers. One 7 year old boy with severe communication and co-ordination difficulties began "trying to express himself almost every minute" after his mum began regular sessions with him, and the head teacher at his special school noticed, without knowing that the boy was having any treatment, that he was consistently more alert and aware at school. Also, before the project he had been arriving at school each morning with his nappy soaking wet; now he was arriving with it dry. Considering the emotional associations of the Bladder meridian, this could be as significant psychologically as physically.

A 7 year old girl with cerebral palsy was said by her carer to be much more mentally and physically relaxed on visits away from home while her mother said she was sleeping better through the night and that the peaks and troughs in her energy patterns through the week seemed to be evening out. Prior to our project, this girl's mother had been using some manipulation techniques suggested by a physiotherapist and wrote for us a very interesting comparison of that approach with shiatsu:

"Now instead of 'automatically' practicing physio on my daughter and she, sometimes uncomfortably, 'automatically' receiving physio, shiatsu has helped to link her and me so that we both relax together, listen together, and correspond. She has learned a very important element from shiatsu that she never gained from physiotherapy - RELAXING! When practising traditional physiotherapy, not only is she relieved that it's all over, but it can also be quite tiring for me! In shiatsu, because relaxing is the first "must" for both sides, she and I feel most beneficial at the end. So not only does the child gain physically and mentally, but also the carer! Children with cerebral palsy usually suffer from spasms and can be very stiff. When doing shiatsu she becomes very relaxed and her body is at ease. I think that relaxation is the key to listening to your body, and when you listen you learn, and when

you learn you feel more in control"

This same mother summarised her comparison in the table below

One way this wheelchair-using 7 year old described her experience of having her mother working on her was "feelings of tropical fish swimming gently in my legs". It's one of the most vivid descriptions of shiatsu I've ever heard.

We are now looking for money to take this research to its next stage - working with more families and using more formal methods of assessment. One key question for me, and one which would be impossible to answer with conventional clinical trials, is

how far the shiatsu itself has been responsible for the benefits which the children and mothers have experienced so far, and how much the shiatsu has simply been a means of building another dimension into the relationship between mother and child, the benefits being more a result of the improved relationship than of the shiatsu itself. As a result of this project I have begun to think of shiatsu not simply as "energy balancing" but also as a form of "communication through touch".

Nick Pole is a teacher at the Shiatsu College, London, UK

PHYSIOTHERAPY

physical
tiring
automatic
carer gives & child takes
beneficial only to client

SHIATSU

Mental and Physical
Reviving & Relaxing
Communication
Mutual Interaction
Beneficial to Both

ISSUE 3 of the JSOBT

will include:

Meridians & Patterns of Child Development. Part 2.

By Bill Palmer

Energetics of Food. Part 2

by Daverick Leggett

Embodiment

by Alice Pitty

Teaching Shiatsu to Adults with Learning Difficulties

by John Whitman

Shiatsu and M.E.

by Susan Woodd

The Healer in the 'Rescuing Role'

By Delcia McNeil

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Ideopathic Scoliosis

An Integrative Acupressure™ Perspective on the Interactions of Structure and Energy
by Ana & Sam McClellan

In examining the relationship between structure and energy, we have come to believe that the most subtle structural changes are directly caused by energetic imbalances. Most of these structural deviations go unnoticed by physicians or parents. Most of us view structural issues like pronation of the feet as an acceptable norm. However, pronation is not normal; neither is supination, flat feet, “toeing in,” or a variety of other structural abnormalities of the feet. We suggest that each one has particular pathological origins that directly reflect the energetic integrity of the individual. In this way, every aspect of our structural picture can be seen energetically. This “integration” of structure and energy in both diagnosis and treatment is the central premise of Integrative Acupressure™.

At the New England Institute for Integrative Acupressure™, the evolution of our work has been shaped by a decade of observing and treating problems that were considered structural in nature, such as idiopathic scoliosis. Working with individuals, primarily girls, with this condition significantly influenced our understanding of the relationship between structure and energy. Over time, we discovered structural patterns that reflected particular Oriental energetic patterns of imbalance. Common trends emerged, but just as each scoliosis differs from another, the energetic imbalances also differ. We believe that the primary reason that the etiology of scoliosis remains unknown is because the systemic context of the condition has not been examined, and that, even within a systemic examination, a single causal factor cannot be named. In this article we will present a systemic perspective on scoliosis that takes into account not only the skeletal system but also the other systems involved in the structural support of the back.

The Skeletal-Muscular system is a dynamic and fluid “container” of the body. While the torso’s skeletal system is usually viewed as the primary

support of the trunk, in actuality a codependent balance of organ, gland, muscle, ligament, nerve, fluid and bone support the trunk. The skeleton’s role in supporting the trunk is “in relation” to the other systems. It continually changes its form in response to the dynamic balance of the systems it contains.

Our research suggests that the spine reflects the underlying organ support through patterns of compensation. For example, if T-9 displaces to the right then other vertebrae further up or down the spinal column will move to the left to compensate for T-9’s movement. In a healthy individual, these compensations are fluid and changing like the natural movement of the spine. T-9 doesn’t stay displaced and therefore neither does the compensator. In this way, the spine maintains a healthy balance. As well, greater numbers of compensations reflect the spine’s “multiple choice” capacity to correct itself. In a scoliotic spine, the number of compensations becomes limited and the spine’s capacity to correct itself also becomes limited. These limitations are defined by vertebrae that become “held” in a dysfunctional way and challenge the mobility of the entire spine. This is directly reflected in the muscles and ligaments (soft tissue) that support the spine and can be examined energetically through the Bladder Meridian.

The Shu Points: Soft Tissue/Energetic Containment System

The compensatory activity of the muscles and other soft tissues supporting the spine can be viewed through the **Shu points**, the points on the **Bladder Meridian** directly along the side of the spine. Palpation of the Shu points provides a wide range of diagnostic information about the positioning of the vertebra, the acute or chronic state of the organ it reflects, as well as the overall patterns of excess and deficiency. This section will lay

the foundation for how the Shu points and the outer line of Bladder points (B-36-50) act as a primary and secondary containment system for the vertebral spine. We will refer to the outer Bladder points as the “Outer Shu Points” even though this is not technically correct. We call them the “Outer Shu” to underline their relationship to the “true” Shu points.

Historically, the Shu points have been described poetically as “containers” or “hollows.” In his book “Images and Functions,” Arnie Lade describes B-23 “Kidney’s Hollow” in saying, “*Hollow* suggests a container or conveyor through which the circulating Qi of the organ passes.” The “outer” Shu points (B-36-50) are described as either containers or gates depending on their individual function. As containers they have a variety of poetic names such as “Spirit’s Hall,” “Intelligence Lodge,” and the “Will’s Chamber” to name a few. Each one holds a vital function of containment as a residence or home of the essence of character that each individual organ reflects. In this way, the outer Shu’s are seen as the Chambers or containers of the inner Shu’s action as a vessel of Qi movement. Metaphorically, the inner Shu’s are “energy conduits” while the outer Shu’s are tantamount to a secondary containment system. The sluiceway channels the movement of the water, but it is the dam at the bottom that contains the reservoir.

When a vertebra either displaces or rotates laterally, the muscles pull directionally in the following way. On the side that the vertebra is moving toward, the muscle fibres shorten and a contraction of tissue occurs. This contraction may extend above and below the site of vertebral movement. On the opposite side, the muscle fibres lengthen and the tone reflects a weaker elongation of tissue. These patterns show how the muscles acting as the “container” of the spine are changed by the movement of the contents. As well, they show how the Shu points reflect tonal differences side to side

depending on the movement of the vertebra associated with that Shu point. From a treatment perspective, they also reflect the potential to treat the container and effect a change in the contents.

Just as the Bladder Shu points reflect the compensatory patterns of vertebral movement, they also reveal the condition of their associated organs. To ask which feature is the *cause* is similar to asking which of the chicken or the egg came first. One view is that the vertebra's movement inflames the Shu point causing the nerve supply to the organ to be affected resulting in impaired organ function. Another is that the functional problem of the organ affects the Shu point first, which in turn affects containment of the vertebrae. While both theories have truth, we prefer the second view from a developmental standpoint. If the organ's form or function is either deficient or excessive, then *internal support* is compromised and this is reflected in the realm of structural containment. In other words, the surface tissue (meridian) will directly reflect the deep tissue (organ) integrity; the Shu points reveal the state of the organ at the energetic level.

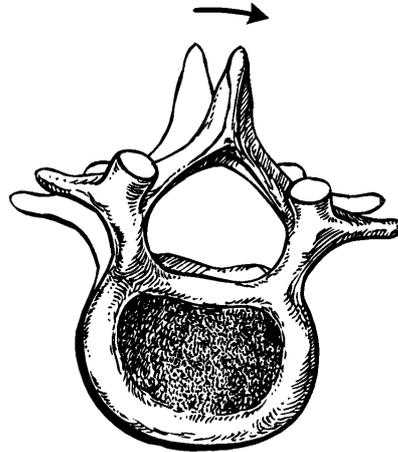
Our diagnostic system differs in one way from the traditional map of correspondences between Organs and Shu Points. At the level of the first lumbar vertebra, we believe that the B-22 Shu point is governed by the Triple Burner and yet at the organ level, reflects the state of the Adrenal Glands. In his book "Dragon Rises, Red Bird Flies" Leon Hammer states his view that the adrenal glands should be included in the Chinese concept of the Kidney. He also points out that the adrenal medulla corresponds in activity to Kidney Yang while the cortex corresponds to Kidney Yin. Since the Triple Burner mediates between Kidney Yin and Yang this provides a possible basis for our supposition.

Structural Movement: Acute vs. Chronic Imbalance

We have observed that when a vertebra moves it does so in particular ways based on the organ's state of acute or chronic imbalance. While a

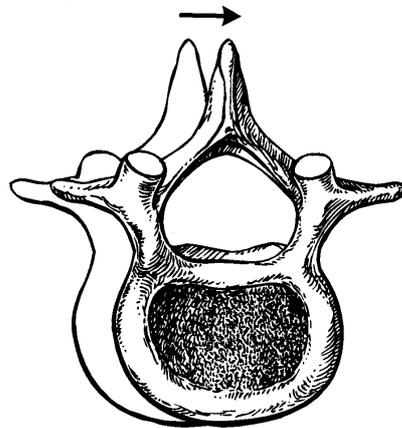
vertebra can move in all directions three dimensionally, there appear to be four types of movement that typify structural pathology. They are as follows;

1) **Posterior Rotation**- See *diagram*. This movement is seen in cases of acute inflammation of the organ.



Posterior Rotation

2) **Lateral Displacement**- See *diagram*. This posture is seen energetically as the middle ground between acute and chronic organ imbalance. The problem has moved to a deeper level.

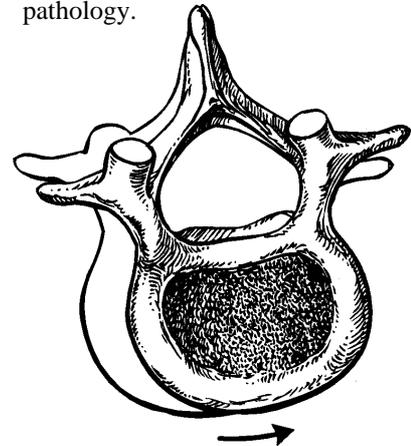


Lateral Displacement

3) **Anterior & Posterior Displacement**- Here we see the whole vertebra displacing in a forward or backward direction. We believe that anterior versus posterior displacement reflects the balance between excess and deficiency in postural support in the sagittal plane. Posterior displacements represent a more serious chronic energetic problem. Here the Shu points become tight and held at a

very deep level laterally which pulls the vertebra posteriorly.

4) **Anterior Rotation**- See *diagram*. This is a manifestation of a chronic energetic problem in the organ that reflects a deeper level of dis-ease and is the most serious structural pathology.



Anterior Rotation

The soft tissues surrounding the spine and the energy of the Organs specifically reflect these structural displacements at the Shu points. The inner Shu points reflect a more acute response and the outer Shu points (the secondary containment system) will reflect a very chronic picture in the following ways.

In a **posterior rotation** the inner Shu points will exhibit the one sided contraction and extension of muscle fibers discussed earlier as a compensatory pattern. While the fullness and emptiness from one side to the other is clearly palpable, the tissue reflects a "first level" tone and depth quality. This level of tissue disparity defines an acute condition and can be palpated at a surface level.

In a **posterior, anterior, or lateral displacement**, the area of greatest tonal change is seen in the outer Shu points. In lateral displacements the right to left compensatory tissue patterns are visible. As well, a more chronic "second level" tonal disparity is noticeable in the tissue. In anterior or posterior displacements, a more bilateral holding or collapse is apparent in the tissue. In the lumbar spine, a contractive, holding pattern pulls the vertebra posteriorly whilst insufficient tone causes anterior movement.

In an **anterior rotation** a more chronic loss of structural integrity is seen. Here the first and second level

Research Features

of tissue (Shu) containment has failed and the body of the vertebra moves laterally. The same right to left compensatory tissue patterns exist, though a chronic “third level” tonal problem is clearly visible outside the second Shu points. In this “third level” of tissue imbalance the body of the vertebra can be palpated and the tone exhibits layers of tight fullness contrasted by opposing deep emptiness.

While this discussion views the Bladder meridian as a primary and secondary structural containment system, the integrity of the organs and the mutual movement of Qi and Blood determine the true foundation of structural support. Through the organs and the structural picture they portray, we can begin to examine a more dynamic view of the energetic trends that manifest in individuals with scoliosis.

Organ Support and Mobility:

There are several patterns both structurally and energetically that are common in individuals with scoliosis. In relation to the organs, these patterns indicate a breakdown of right to left organ support. Often one Kidney Shu will be excessively tight, while the other Kidney Shu will be comparatively empty. The organs will reflect these same tonal qualities. This same pattern can be seen side to side in the three burners.

These oppositional patterns laid the foundation of our understanding of the spiral movement of the spine from top to bottom which is the basis of the compensatory “S” curve. Most often, *deficiency can be equated with a loss of organ support while an excess manifests through dysfunctional holding patterns.* Both patterns contribute to the evolution of an “S” curve. If you consider the nature of the spiral on an organ level, imagine the following: In the lower burner there is a loss of support on the right (fire) kidney. This corresponds with a loss of support in the middle burner on the left (deficient spleen with excessive liver yang), and as you might guess, in the upper burner the loss of support is on the right (right lung). The loss of support in these organs automatically translates into a compensatory postural pattern

extending from one side to the other of the body from the pelvis through the spine and ribcage. *The dysfunctional nature of this pattern expresses the loss of the organs’ capacity to mediate between action and support.* Movements and patterns like this which cross the midline of the body and involve the upper and lower limbs on opposite sides are called contralateral

In this pattern we see the contralateral nature of organ support that is essential to functional contralateral movement.

Bonnie Bainbridge-Cohen describes how support for contralateral movement is developed through homologous (symmetrical) and homolateral (one sided) movement. This implies that the baseline of organ support and movement is established in the first year of life. Bill Palmer has shown how this development of contralateral movement is orchestrated by the Bladder and Triple Heater Meridians in infancy (*see his article in next issue*).

While the foundation of lateral organ support and action is laid down in the prone position, once we learn to walk we shift ourselves to the vertical world. In the vertical, our base of support is in the lower burner (pelvis), while our capacity to contralaterally support and initiate movement is a collective effort that is dependent on all three burners.

Organ support and skeletal-muscular action are therefore mutually dependent. How far a scoliosis will move in the upper thoracic region is often dependent on the relationship between the Kidneys and the organs of the upper burner. In this way the foundation of vertical support that is established in the Kidneys interacts with other Organs through the Triple Burner. *“Nothing is more important than the triple burner in (promoting) circulation around the body, nurturing the left and nourishing the right, conducting above and diffusing below.”*

The Kidneys and the Triple Burner have a significant role in the establishment of a foundation for both structural and energetic support in the vertical direction.

Structural Patterns

So what is the structural foundation of scoliosis? *The key observable fact is that in any pathological displacement of the spine there is a vertebra which initiates the movement.* This **initiator** is the “trouble maker”, as it initiates a pathological movement of the spine while other vertebrae from above and below must move to compensate for it. On an acute level, this won’t be too serious.

• *In the case of scoliosis, there is always an initiator vertebra that exhibits a chronic anterior rotational pattern.*

• *The initiator vertebra is always found in the lower or middle burner.*

This creates a series of compensations above and below this site that are pulled in a more extreme fashion due to the chronic displacement of this one vertebra in an effort to hold the spine’s alignment. How the movement progresses pathologically depends on organ support and which vertebrae “let go” in the process of compensation.

Our experience has shown that *the vertebrae/organs above and below with “dysfunctional energetic” issues will be the most likely to be pulled out of alignment in the compensatory process.*

This is a key point in understanding the compensatory process, especially as it relates to scoliosis. In other words, while one individual will compensate at T-5 (Heart), another will compensate at T-3 (Lung), and the reason why is purely an energetic difference.

Finally, another “cornerstone” of our theoretical understanding of scoliosis has been that, *one of four vertebrae in the lower or middle burner initiates the scoliosis.* This point helped us to define a more individual diagnostic base for understanding the etiological differences between individuals with scoliosis

In the lower or middle burner, the vertebra that will initiate the scoliotic pattern reflects the most chronic aspect of the individual’s particular organ imbalance. When viewed in relation to the compensator it sets the stage for seeing different Eight Principle patterns emerge. The vertebra that is most often the initiator is L-1 /B-22

(TripleBurner/Adrenal), followed by L-2/B-23 (Kidney), third is T-11/B-20 (Spleen), and the fourth most common initiator is T-9/B-18 (Liver). Here we see the critical role the Triple Burner plays in contralateral upper and lower burner support and stability. We find that L-1/B-22 is the most commonly compromised point structurally and energetically.

The Pelvis: Container of the Jing:

In the pelvis if the ileum rotates anteriorly on the left and posteriorly on the right the ischium will conversely move posteriorly on the left and anteriorly on the right. In simple terms, the two halves of the pelvis move oppositionally in a flexion-extension pattern. This is a primary structural pattern in scoliosis that is further developed by shortening and lengthening of the ligaments and muscles side to side. In this example, the sacrotuberous ligament and gluteal muscles will shorten on the left and lengthen on the right, while in the front the inguinal ligaments, the iliacus and iliopsoas will exhibit the opposite pattern. We call this pattern a sacral torque because as the pelvic halves rotate oppositionally, the sacrum is pulled out of alignment. On a movement level, one especially noteworthy pattern is often seen in this pelvic configuration; *persons with scoliosis often exhibit fixed contralateral movement patterns whereby one side of the pelvis will habitually support while the other side will habitually initiate movement.*

Structural-Energetics in the Ribs:

The ribs have a unique role in the structural patterns of scoliosis because they afford us a closer view of organ integrity in the middle and upper burners. Here we see the dynamics of the Liver and Spleen, as well as the Heart, Lungs and Pericardium. By their anatomical relationship to the thoracic spine, the ribs reflect the movement of the thoracic vertebrae. In the individual with an "S" curve, the same flexion-extension pattern that is visible in the pelvis can be seen in the two halves of the rib cage. Here we see a forward rotation of the rib

cage on the right and either a static holding or a posterior rotation of the ribs on the left. This structural pattern, like all the others, can be acute or chronic. One energetic pattern that we have noted on the chronic level is *Constrained Liver Qi*. In this pattern, poor free-coursing leads to excessive holding of Liver blood leading to a "false swelling" of the Liver. When this occurs, the ribs push out posteriorly (on the right) from T-7 through T-12 with a concurrent forward movement in the upper thoracic ribs. This is one example of energetic issues that can be assessed through the ribs.

As all of these different structural patterns get put together we can begin to differentiate the following features: Patterns of excess and deficiency in the organs; acute vs. chronic organ imbalance; compensatory patterns left to right on the organ, tissue and bone level; and the "initiator" vertebra/organ.

In a complete assessment that compares the structural diagnosis with the traditional forms of energetic diagnosis, an individual picture of a scoliosis becomes evident. While this has been a theoretical view of the relationship between structure and energetics, the following cases will hopefully bring the theory to life.

Case 1: Claire:

Claire is a nine year old girl of "normal" development. She is right handed and displays a tendency to initiate movement with the right side of her body while stabilizing on her left. She exhibits a mild scoliosis that is at an early stage of development. She manifests a very common pattern of imbalance energetically. It is our opinion that if her energetic issues are not addressed now in the prepubescent phase of development that her scoliotic pattern has a strong potential to advance as she enters puberty.

Claire had profound Otitis Media in the first five years of life. She had 58 ear infections and was on antibiotic therapy for over two years continually. Ventilation tubes were inserted twice. For the past six years, Claire has lived in a new "energy efficient" house constructed without ventilation. Particle board, "stain resistant" carpeting, and many other chemically based building materials were utilized

throughout the house. Claire's diet reflects a strong desire for yeasted breads and carbohydrates. She enjoys sweets, butter, dairy products, and cold drinks. She has aversions to beans and nuts.

While Claire exhibits a mild scoliosis, her constitutional imbalance has been exacerbated by the effects of continual antibiotic use and the toxicity of her home. Her diet "desires" potentiate her tendency toward Dampness. Oriental modes of diagnosis show heat in the Liver and her scoliotic pattern reflects movement toward a Kidney Yin deficiency with Constrained Liver Qi invading the (damp and stagnant) Spleen. The initiator of the scoliosis is L-1/Triple Burner (Anterior rotation to the left), indicating the communicational stress between the burners and the systemic ramifications of the condition. The primary "compensators" are Liver (T-9 Posterior displacement & rotation to the right), Gallbladder (T-10 Posterior displacement to the right), and Circulation/Pericardium (T-4 Posterior rotation to the to the left). The compensation of both Liver and Gallbladder in the middle burner is indicative of the heat in both organs and the holding nature of excessive patterns. These vertebrae and the lateral Shu points exhibit the organ imbalance and the torsional stress that sets the pattern in motion. Claire's case illuminates the beginning of a condition that can become infinitely more chronic as the multiple stresses of puberty begin.

In scoliosis the most common factor of imbalance is damage to the Kidney Yin. Leon Hammer states that, *"Whereas the Heat of Kidney Yang controls Water by 'misting' it to other parts of the body, Kidney Yin is the Water itself. Since we are over eighty percent water and since water is an essential part of every metabolic process, the importance of Kidney Yin to every aspect of the organism is obvious. The working of all body systems always involves the Kidney, especially when any system is overworking"*

In most cases of scoliosis we see constitutional imbalances that get pushed to a more pathological level by some sort of stress to the system.

Research Features

Rapid growth, excessive exercise, toxic exposures, trauma, and a diet that potentiates one's imbalance can advance the development of a scoliotic pattern. The additional stress that is created by the onset of the menarche is often underestimated. Familial constitutional history also plays a role in establishing etiological patterns. Often young women and girls will manifest a constitutional pattern that their mother and/or grandmother have. Through the "passing on" of constitutional issues, we can see the multi-generational potential for scoliosis to be seen as genetic.

In Claire's case, there is a family history of Deficient Kidney Yin and Deficient Blood. The women of the family are prone to heat in the Gallbladder. In Claire, there is pathogenic heat, dampness, and there is evidence of Yin damage. Her early history of repeated ear infections reveals the root of Spleen and Kidney issues. In Western terms, we see a young girl with chronic Candida who exhibits Liver, Kidney/Adrenal and Nervous System stress that is related to toxicity.

2. Kate: Kidney Unable to Grasp the Qi.

Kate is a twenty-four year old woman with a scoliosis that measures 31 mm of movement on the lower with 27 mm in the upper thoracic region. She has a significantly dropped right shoulder with an anterior rotation of the upper thoracic rib cage. Her left hip appears higher and the gluteal muscles are significantly tighter and overdeveloped on the left. The sacrotuberous ligament is shortened on the left and she manifests a *sacral torque* in the pelvis.

Kate's foundation of structural support is compromised in the pelvis by the sacral torque. In the lumbar region the initiator of the scoliotic pattern is L-1/B-22 (Triple Burner) with a chronic anterior rotation of the vertebra to the right. The major spinal compensations occur at T-9/B-18 (Liver, posterior rotation to the left), T-3&4/B-13&14 (Lung, Pericardium, posterior rotation and displacement to the right).

Kate was a competitive swimmer from age seven until eighteen. Over several years of training and racing,

Kate was pushed to the brink of self-described exhaustion. She frequently went to bed with wet hair because she was "too tired to dry it." Kate began to drink coffee at age 13. The rest of her diet was comprised of fried foods, sweets, and carbohydrates. She ate a lot of cheese and milk products for "energy to work out."

At fourteen, Kate's scoliosis was noticed by her coach and a brace was prescribed to be worn when she was not training. Asthma and bronchitis developed within a year and both adrenaline and an inhaler were necessary during acute attacks. The asthma was "controlled" by these methods until twenty years of age when multiple allergies became apparent and the asthma became "exercise induced." Kate's career as an athlete was halted by asthma attacks that would occur within minutes of exercising.

Kate's family history offers interesting clues to her constitutional health. Her maternal grandmother and mother both manifest low blood pressure, hypothyroidism, Reynaud's syndrome (circulatory), and a tendency toward anemia.

Kate's case clearly expresses the relationship between the Kidneys and the Lungs with the classic "*Kidney Unable to Grasp the Qi*." As well, it shows how the stress of excessive exercise burns out the Kidney Yang and the Qi generally. Like her mother and grandmother, Kate has developed low blood pressure and a global pattern of *Blood and Qi Deficiency*. The vertebral points of greatest stress are Triple Burner, Liver, Lung, and Pericardium, reflecting the underlying organ disharmony. In Kate, the rotation of two vertebrae in the upper burner indicates the stress that her training has placed on the Lungs and Circulation.

Trends

Exceptional stresses will always push an existing imbalance further along toward a deeper disharmony. In the years before and during puberty, rapid growth and development challenge the integration of structure and organ support. During this important time stresses to the Jing, Yin and Yang of the Kidneys can manifest in myriad ways but, in any case, *the security of*

Water is the foundation upon which every system's capacity to function is dependent. When Water is challenged, lower burner support becomes compromised and systemic imbalance is virtually guaranteed.

The ways in which a Water imbalance can manifest are broad, but our research has revealed the following trends. Approximately three quarters of the cases presenting with scoliosis exhibit a chronic anterior rotation of the first or second lumbar that is indicative of problems "initiated" by Water. Deficiencies of the Jing and the Yin are the most common followed by Yang deficiency. How these imbalances are functionally expressed is entirely relational. While one individual might exhibit Kidney Yin issues that affect Liver, Lung or Heart, another might have Kidney Yang issues that affect Heart, Lung or Spleen, and a third might exhibit problems in the relationship between the Jing and the Central Nervous System.

The remaining one quarter of the cases that we have observed initiate the scoliotic pattern at either Spleen or Liver (T-9 or T-11). Spleen is the more common of the two and is generally indicative of substantial Spleen Yang deficiency. In cases that initiate at Liver, there is often a Liver Yang excess or deficiency or Yin excess and in many cases a substantial toxic exposure can be traced in the history. One case that we treated was a woman who had on several occasions during her childhood followed a DDT truck as it slowly moved through her neighborhood spraying for mosquitoes. In regard to injuries to Liver Yang, Leon Hammer states, "*The Liver Yang Deficient physical syndrome is to be seen with increasing frequency in a toxic world. It deserves a fuller discussion.*"

Early Intervention and Research

While diagnostic trends can be seen in scoliosis, the individual's inherited constitution along with stresses in the life history are the critical factors that will determine etiology and treatment. If there is a soap box we would like to stand on, it would be to urge the medical community toward the following recommendations for early intervention.

In families with a history of scoliosis, intervention should begin in the first year within the realm of developmental movement. We would recommend the Body-Mind Centering™ approach pioneered by Bonnie Bainbridge-Cohen and the approach of Movement Shiatsu™ pioneered by Bill Palmer, which defines the role of the meridians in developmental movement. Attention would be focused on the development of support for contralateral movements, such as creeping and walking, through previous stages of movement development: early patterns of yield and push supporting patterns of reach and pull which lead on to development of rolling and balanced homologous stability. Special attention would be placed on balancing areas of low or high tone and structural imbalances.

From an Oriental Medical approach, we would recommend treating the child's organ and structural imbalances with a combination of hands-on treatment (Integrative Acupressure™, Shiatsu, or other Oriental Body Therapies), the use of Chinese Herbal treatment by a qualified professional herbalist, and that the child's diet be designed toward healing their constitutional

imbalance with special emphasis given to the reduction of excessive sugar, fat, salt, and "junk food."

We postulate that if these recommendations were followed in the first seven years of life that a scoliosis would not develop even in families with strong pre-existing conditions. This model is our ideal, yet in most cases screening for scoliosis begins in early adolescence. Here again, we would recommend that screening begin earlier between five and nine years of age, the reason being that the child's scoliotic pattern will in most cases be clearly evident by seven to eight years of age. By the time that it is posturally visible at twelve to fourteen, the pattern is chronic. We believe that if treatment begins during the early development of a scoliosis that the potential for treatment efficacy is greatly enhanced.

For the past few years the School for Body-Mind Centering™ and the New England Institute for Integrative Acupressure™ have been collaborating in a study of idiopathic scoliosis. During this time we have established an ongoing dialogue and discovered parallels in our views of scoliosis. At this time, we are making efforts to begin a comprehensive "team approach" research project that will

more clearly document our findings. We would like to take this opportunity to invite the larger bodywork community to join us in this effort through the sharing of information and knowledge to aid the understanding of all.

Our experience suggests that the etiology of scoliosis is a complex and uniquely individual phenomenon. After ten years of examination, we are critically aware of the basic level of our understanding. The implications for research are broad. It is our hope that the development of methods that address scoliosis in a systemic and developmental context will lead to an understanding of etiology and the development of comprehensive treatment approaches.

References:

Leon Hammer: *Dragon Rises, Red Bird Flies*

Arnie Lade: *Images & Functions*

Bonnie Bainbridge-Cohen: *Sensing, Feeling & Action*

Yang Shou-zhong: *Master Hua's Classic of the Central Viscera*

Bob Flaws: *Scatology & the Gate of Life*

Jean-Pierre Barral: *Visceral Manipulation*

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The Energetics of Food. Part 1

by Daverick Leggett

Food is one of the eight strands of traditional medicine in the east alongside disciplines such as bodywork and acupuncture. A knowledge of food energetics can deeply supplement a practitioner's ability to help their clients and this new series of articles sets out to provide guidelines for giving dietary advice and working successfully with food.

"Let food be your medicine and medicine be your food" said Hippocrates. It's an idea rarely found in the western doctor's surgery but it would sit well in China where it is traditionally held that the most skilled doctor "should first understand the pathogenesis of the disease, and then treat it with diet, using medicines only when food fails" (1). This four part series looks at the role played by food in our wellbeing from the perspective of Traditional Chinese Medicine.

In this first part dietary practice is set in the context of the whole person as we look at food through a wide-angled lens. In subsequent sections we will zoom in on the specifics and look at the language of food energetics and its application in our lives. We begin our journey by looking at the central Organ of digestion in Chinese medicine, the Spleen.

The Spleen

As infants we learn to adapt to whatever environment we are born into. This remarkable and beautiful skill, the ability to adapt to our environment and get our needs met, is one of the functions of the Spleen in Traditional Chinese Medicine. We can think of the Spleen as the Organ of adaptation.

This may seem a strange definition to a westerner, for whom an organ is a specific location in the body where certain tasks are performed but in the language of Traditional Chinese Medicine an Organ is a set of functions which are expressed in various ways throughout the body/mind. The functions of the Spleen are adaptation, nourishment and support (the set of skills through which we get our needs

met). As we shall see, these functions are expressed at a physiological, anatomical, mental, emotional and spiritual level.

At the physiological level the Spleen is expressed as the digestive system, the means by which we meet our nutritional needs. Digestion is the process of converting food into usable substances within our bodies and sending them to where they are needed. The Spleen adapts food to nourish and support our system. This process is called 'transformation and transportation'. The stronger our Spleen function is, the better we are able to extract nourishment from any food to support our body's needs.

When we eat the question is not so much whether a particular food is good for us but rather how strong and skilled our Spleen is at extracting the nourishment from it. The first step towards eating well may not involve changing our diet at all but rather strengthening and maintaining our Spleen. We shall see how to do this later.

The Spleen's physical manifestation as the digestive process is expressed at the mental level as the thinking process. The Spleen governs our ability to study and concentrate, to process information. Although it may not seem so at first glance, the thinking and digestive processes are very similar. When we read an article (this one for example) we have to adapt words (food) into sense (nutritional substances) and then store them or put them to use.

We recognise this connection when we say "This book is hard to digest" or "I need time to chew this over" or "There's food for thought". The Spleen's function is to adapt both food and information into something we can use.

There are other ways we can observe the connection between eating and thinking. Overeating, for example, may make the mind sluggish; too much studying often produces cravings for sweet foods; too much worrying (a knotted form of thinking) can easily

knot the digestive system. Our powers of concentration and digestion are related and each will influence the other.

At the emotional level the Spleen is expressed as our ability to meet our needs, to obtain and give emotional nourishment and support. When our needs are met we feel nourished and supported, comfortable and secure in our lives. Often we confuse emotional and nutritional needs, eating when in fact we need comfort or perhaps using foods to suppress feelings such as frustration or desire. From the moment we first suck on our mother's breast the link between food and comfort is established.

So our ability to find and receive emotional nourishment is intimately linked with our digestive system. As we wean ourselves from mother and, later, from our parental home, we develop an internal mother and an internal home which we carry round inside ourselves as a constant source of nourishment and support. The internal mother and home is another description of the role of the Spleen.

It is easy to see how the quality of our early nurturing, both physical and emotional, deeply influence our ability to develop this internal sense of self-support. Our belief that we completely deserve nourishment and our trust that there will always be enough nourishment available are thus key elements in developing a strong Spleen.

We have looked at the physiological expression of Spleen as the digestive process. Anatomically the Spleen is expressed as the fascia and soft tissue. The fascia are a continuous network of moist membranous wrappings that connect the whole body and hold everything comfortably in place. Without the fascia our bodies would have no tone and we would collapse in a saggy heap. The fascia express the Spleen's function of support and containment.

When our fascia are relaxed and without constriction, all the subtle and larger movements of the body are

smooth and easy. Our limbs have a full range of supple movement and our organs are supported in their functions. Today's bodyworkers are aware how our fascia contort and tense, or relax and spread, in direct response to our deepest held emotions (2). When the fascia are free we feel toned and comfortable in our bodies, supported from inside. We are 'at home' in our bodies, comfortable with who we are in the flesh. Being at home in our bodies is an expression of strong Spleen energy.

Spleen-supportive lifestyle

The stronger our Spleen is, the better we are able to absorb and put to use the food that we eat. So how can we strengthen and maintain our Spleen? This question can be answered at several levels.

Physically the Spleen likes to stretch. Stretching eases out constrictions in the soft tissue and brings relaxed tone to our limbs and organs. All exercise will help the Spleen provided it is balanced by stretching and relaxation. Massage will also help, releasing toxic build-up from our muscles and encouraging us to soften deep inside ourselves. The Spleen likes nourishing physical contact and a 'hug a day' is definitely good Spleen medicine. So is bodywork: whatever our 'treatment' the impact of touch is to nourish the Spleen.

Mentally it is helpful to train the mind just as it is to stretch and exercise our bodies. On the other hand, overuse of our mental powers (i.e. in prolonged periods of study, or in tasks that involve hours of sitting and processing information, or even habitual brooding on our problems) can weaken our Spleen. It is important to balance mental work with physical exercise and fresh air.

Emotionally we can explore and honour our needs. For some this may simply mean being kinder to ourselves, treating ourselves well; for some it may mean joining a supportive group; for some it may mean finding ways to deeper fulfilment in our relationships.

Finally, within oriental medicine each Organ belongs to a particular element. The Spleen belongs to the Earth element, the earth being our

provider of nourishment and support, our true mother. It is through our connectedness to the Earth and to the Divine Mother that the Spleen finds its spiritual expression. We can do a great deal to support our Spleen by attending to our relationship with the Earth.

Attending to our relationship with the Earth may mean becoming more grounded, simply giving more attention to the ground beneath our feet both physically and metaphorically. When done with awareness, all activity which connects us more deeply with the Earth, whether it be gardening or working with clay or simply being outdoors with the soil, the plants, the seasons, all these can help ground us in our bodies and in the natural environment. In these ways too we can support and strengthen our Spleen.

It is important to keep this wide perspective on the Spleen when considering dietary issues. We can strengthen our Spleen by working at any of the above levels and change at one level will resonate throughout the Spleen's whole sphere of influence. With this wide perspective in mind, we can go on to look at the dietary approach to supporting our Spleen.

Supporting the Spleen

Now that we have set the Spleen in its broader context let us look more specifically at how to assist the Spleen in its digestive function. After many years of working with my own and my clients' dietary needs, I have come to the conclusion that the following general guidelines are more valuable even than the detailed understanding of food which will be discussed later in this series. The first of these is joy.

Joy. Enjoying our food is part of opening up to being fully nourished by what we eat. If we are happy when we eat and in our relationship with food, then our bodies will literally accept the food more effectively into our system. Often it is more important for us to heal our relationship with food than it is to change what we eat.

Positive Attitude. Often we develop beliefs about 'good' or 'bad' foods. Some foods are 'good for us' even if we don't enjoy them. Other foods are 'bad for us' and we eat them guiltily or avoid them resentfully.

Although common sense tells us that there is some truth in these labels, our attitude to the food we eat will instruct our Spleen what to do with it. So whatever we eat, once we have made a choice it is better to accept the food lovingly, to welcome the food as wholeheartedly as we can. In this way we will get the most out of all foods.

Relaxation. The Chinese believe that it is better not to mix food and work. Our digestion works best when we are focused on our enjoyment of the meal, not distracted or troubled by other influences. So it is better to make mealtime a relaxed occasion when we are not trying to read, watch television, do business etc..

It is helpful to take a little time to relax our posture too, perhaps take a few quiet breaths before eating. Crossing our legs, sitting twisted or hunched will compress our digestive organs and hinder the passage of food through our body.

Chew well. There is a saying that 'The stomach has no teeth'. Well chewed food lessens the work our digestive organs have to do and increases the efficient extraction of nutrients. Chewing also warms chilled food.

Stop just before you are full. In a culture of plenty this can sometimes be difficult. If we overeat at any one meal, we create stagnation, a temporary queue of food waiting to be processed. As a result we feel tired while our energy is occupied digesting the excess food. If this is a habit, our Spleen becomes over-strained and may produce Mucus or Heat (see later sections).

Don't flood the Spleen. The Spleen does not like too much fluid with a meal. A little warm fluid with a meal is helpful, but too much dilutes the Spleen's action and weakens digestion. A teacupful is generally sufficient. Most of our fluid intake is best consumed between meals.

Don't chill the Spleen. Too much raw or chilled food or fluid will also weaken the Spleen. The digestive process needs warmth. This is expressed in oriental medicine as the Digestive Fire. Prolonged or excessive use of chilled or raw food will eventually severely weaken the Digestive Fire, leading to collapse of the Spleen function.

Energy & Therapy

Eat the main meal early. When we eat late at night our system is naturally slowing down and the food sits around for longer in the digestive tubes. This creates Stagnation, and in the body's attempt to burn off the food Heat is created and the Yin of the Stomach will be damaged.

Choose foods with strong life force. It is helpful to include as much locally grown food and organic quality food in our diets as possible. In both cases the life force is more strongly preserved. For the same reason it is helpful to eat plenty of fresh food. The life force is also significantly damaged by microwave cooking, by excessive processing and by chemical preservation. The life force is killed by irradiation.

Trust your body. Sometimes we crave our poison, but there is in each of us a deeper level of knowing. As we bring our awareness to our

eating, we can begin to feel what our true needs are, what truly nourishes us. At first we may need to be guided by more analytical judgments, but as we listen inside we can begin to make choices from our bodies too. What makes us feel good at the deepest level is good for us. Over time we can cultivate this skill of separating our cravings and addictions from our deeper levels of guidance.

A final word

It cannot be stressed enough how important general principles are over specific dietary intervention. We are talking about a relationship with food which we have to live with for the whole of our lives. If joy, movement or creativity are squeezed out the relationship is unhealthy, and if the relationship is unhealthy then so are we. Step One in dietary therapy is usually to work on the relationship

before trying to change the food we are married to.

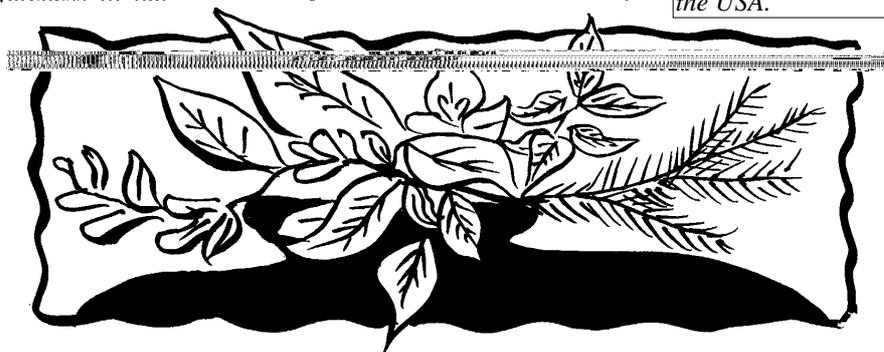
In the next section we will look at the classification of food according to Traditional Chinese Medicine and the implications for giving advice on food.

References:

1) See **Sun Simiao's** *Thousand Gold Remedies for Emergencies* written in the 7th century A.D.. Sun Simiao believed that only those adept in dietary therapy could be called superb physicians.

2) See **Deane Juhan's** *Job's Body* for an excellent discussion of the fascia.

Daverick Leggett is co-director of the Centre for Oriental Medicine in Totnes, England and author of Helping Ourselves: A Guide to Traditional Chinese Food Energetics. He teaches Food Energetics, Qi Gong and Shiatsu throughout Britain and in the USA.



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The Art of Feng Shui

by Simon Brown

Last summer I went to Orlando Florida, to teach a Feng Shui course. As many people are building new houses it is popular for them to have Feng Shui incorporated into the design right from the beginning. That way it is more preventative rather than remedial. Two of my clients, Betty and George, were building a house near the shore. Their land had a great feeling of space. There was a kidney shaped pond, geese, rabbits and generally felt very wild. However since they had moved in, their relationship with their southerly neighbour had deteriorated to the point that he was dumping his rubbish along the border of their land. George, and this neighbour were on the point of physical violence. To make matters worse they were finding it hard to make progress on simple things. George had been trying to sell a car for some time. Potential buyers would see the car, like it, but somehow never get to the point of actually buying it. I listened to everything that was happening to them, and then walked around their land with Betty. Their southerly neighbour had a huge hanger, facing Betty and George's land. There was also a runway that ran through the end of their land. When I returned to London I prepared drawings, and wrote a report of my diagnosis and recommendations.

The main problem was that the runway went right through the areas that in Feng Shui relate to wealth,

fame, and relationships. My recommendations for their land included using a hedge, and fence, to create the impression that their land ends before the runway. In addition they created a natural partition with their neighbour, and enhanced their relationship area. The car was more straightforward, I simply recommended parking it in their wealth area.

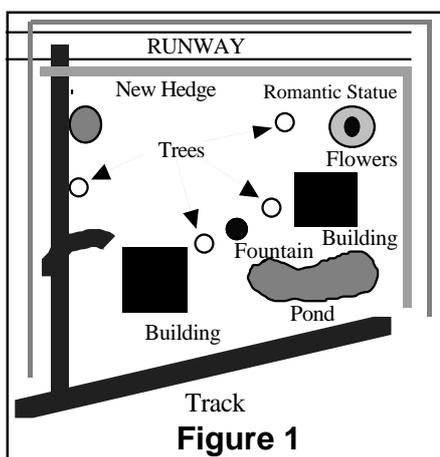
About a month later Betty wrote to me to say they had completed most of my recommendations, and that George had sold his car almost immediately after moving it. More importantly their neighbour, had come to them offering his hand in peace, and expressed his wish to be friends with them.

How does Feng Shui work? Essentially it is the same as giving a building, or a site, a Shiatsu, except now our tools are the creation of; colours, shapes, proportions, and layouts that enhance the gentle flow of chi throughout each room and each part of the land. As an analogy, imagine that chi is represented by air, and that in certain places within a home there is a rush of air. These areas will generally be stressful, and unpleasant to stay in after a while. At the same time in another part of this home there may be little or no air movement. Here the air becomes stagnant and unhealthy. The Feng Shui practitioner's job is to ensure that there is a gentle, healthy flow of air into each corridor, each room, each corner.

Feng Shui is based on the Chinese magic square, see fig 2, where 8 the outer squares each correspond to a part of the building we are concerned with, and each number carries its own energetic characteristics. This is known as the Ba Gua, and can be laid over any site, building, room, or even your desk. The row with numbers 8,1, and 6 is placed along the leading edge that includes the most commonly used entrance. See figure 3. So in figure 1, the top right corner has the energy associated with number 2. This is the

relationship area. The energy here was continually stirred up by planes flying through it, and the surrounding area was completely barren. By bringing the boundary of the site to the near side of the runway, planting a flower garden, and placing a romantic statue in this area, all helped settle the energy down, and create stronger reserve of this chi.

Nearly a year ago I was invited to go to a school for a Feng Shui consultation. This turned out to be a great illustration of the different characteristics of energy in each area. The school essentially consists of one very large room. In this room there is a play area, work area, a place for the parents to sit, and an office area. When we place the Ba Gua over this room you will see in figure 4 that the children play, and the parents meet, in the knowledge area, and the children work in the children's area. The reason I had been employed here was partly that the schools enrolment had risen



4	9	2
3	5	7
8	1	6

Figure 2

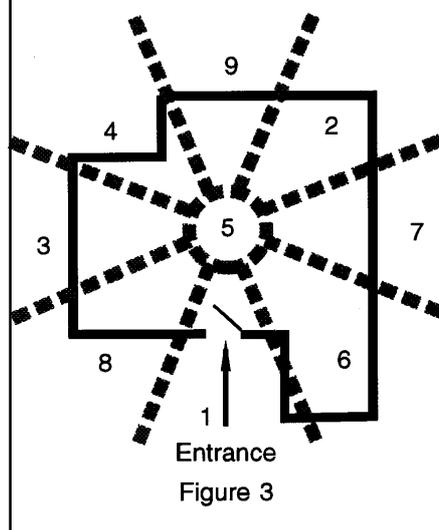


Figure 3

Energy & Therapy

to about half its capacity, but reached a plateau at this level. The most important recommendations I made were to move; the parents seating area into the relationships space, the play area to the children's space, and the work area to the knowledge space. See figure 5. The principle had these changes made that day, after school. The next day she was not there herself,

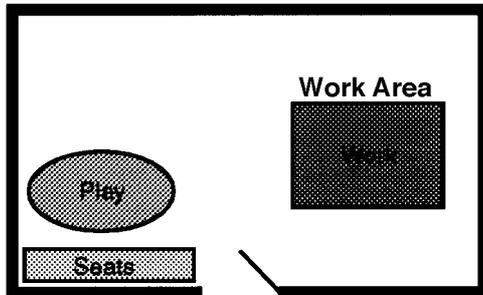


Figure 4

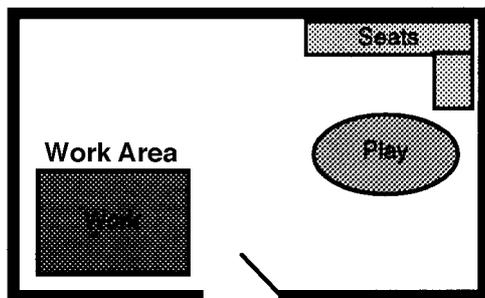


Figure 5

but asked the teachers to observe the children's behaviour. At the end of the day they reported that the children had been much more extrovert in the play area, even to the point of throwing sand around which had not happened before. When they were moved to the new work area, whereas before it was a struggle to keep them there to complete their work, now every child wanted to finish his or her project. When the parents came to wait in the new place they were far more chatty to each other, and later spent so much time talking that it was hard to finish on time. This seems to confirm these principles, as the children could not be said to be influenced through autosuggestion, and even the teachers had no idea of Feng Shui or why these changes had taken place. Within about 3 months the school enrolment had risen by another 50%.

In this case the knowledge area had the characteristic of 8 soil. (Each numeral is associated in Chinese Tradition with one of the five elemental energies. See Fig.6) The Chinese

give this the symbol of the mountain. Solid and sure. Ideal energy for study, concentration, and focus, but not so much fun for play. In comparison the Chi in the Children's area is 7 metal. The lake, its symbol, is a carefree place to be, ideal for play.

You may have noticed that in both this case, and the first case I recommended putting some kind of moving water in the wealth area. Those of you familiar with the five transformations of Chi will realise that by introducing the supporting element into an area you can increase that energy. The wealth area has 4 tree Chi. This is supported by water 1 Chi. You will often find an aquarium, or fountain in Oriental restaurants, and shops in this area to help increase their wealth Chi. Similarly I often recommend something red, carrying 9 Fire Chi, placed in the relationship area, 2 soil Chi, if the occupants want to increase the passion in their relationship.

Traditionally the most important areas of a building were considered to be where people sleep, cook, and eat. For good sleep the ideal position is with your head pointing towards north. For most activities when awake the ideal indoor position is one where you have the greatest view of your room. Particularly if you can see the door, and windows. The most powerful is to be situated in the corner diagonally opposite the door, facing the door with a view of the windows. One of my Shiatsu clients is a therapist at a London hospital, and responsible for a team of therapists working with her. She had her desk situated so that she was facing the wall, to the right of the door. I suggested she move her desk so that she was seated in the far right corner, facing the door. This puts her in the relationship area of that room. She was startled by the change in her colleagues perception of her. They now assumed she is more assertive, stronger, and on top of things. She feels more confident at work. In a clinic setting it is obviously important that both you and your clients are in powerful positions. If the shape of a room does not naturally make this possible you will often be able to position a mirror to provide a similar effect.

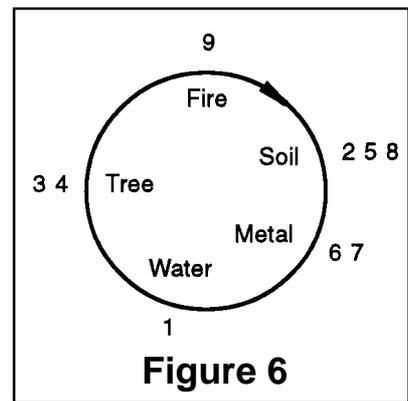


Figure 6

As a final example, I believe that the profit I made from the sale of my previous flat was due to the application of Feng Shui. I bought the flat in the summer of 1989, when prices were at their highest. It had been for sale for some time and the owner was in financial difficulties. On inspection I found that the bathroom, and toilet were situated in the wealth area. This water constantly running away, undermines the support from water chi, making the energy in the wealth area very weak. I bought the flat for £140,000, and spent a further £10,000 moving the toilet and bath to the knowledge area, and building a new kitchen and dining room in the wealth area. A kitchen in the wealth area is traditionally considered to be particularly beneficial in Feng Shui. The wealth area's Chi, 4 tree, is creative, busy, and flourishing. Creating meals here to provide the fuel for your own growth is in harmony with this Chi. I decided to move in 1993. The flat was put on sale for £160,000 and 3 people immediately expressed an interest. The person who finally bought it for the asking price said that they had looked all around the area, but found nothing that felt so good to be in. Interestingly, this happened when property values had been falling for some time. Two months before I bought this flat, the 2nd floor flat in the same building was bought for £170,000, and when I sold mine they were still trying to sell their flat for £140,000.

For anyone you has a good feel for Chi I would highly recommend also applying this to your home and work space.

Simon Brown runs a private Shiatsu and Feng Shui practice in London, UK. He is happy to discuss this article on the phone on 071 431 9897.

Movement Shiatsu & Cerebral Palsy

by Bill Palmer

This report describes the ways in which Movement Shiatsu and other complementary therapies are being used to help children with cerebral palsy. The families involved in this research have been referred privately and we now have enough experience to envisage bringing this work into the public health domain and, in particular, to encourage families with babies who might have brain damage to take part in our education system before diagnostic signs occur in their babies movement development.

We are setting up a project, with the collaboration of local doctors in two areas, whose aim is to teach parents to use aspects of complementary therapy to help their children find alternate ways of developing life and motor skills when certain normal motor patterns are unavailable.

In fact, we hope that this project will not be limited to families at risk since our view is that movement and postural patterns in 'normal' children which later result in vulnerability to back injury, clumsiness, chronic tension and possibly certain forms of learning difficulty¹ can be also helped at a very early stage by sensitive education of new parents.

We emphasise the words 'sensitive education' because our aim is to facilitate the warm, intuitive relationship between parents and baby rather than to cast the baby into the role of an 'achiever' who is getting it right or wrong. Education about child development can often cause more stress for the family when a child does not develop 'by the book'. By working with what we call *developmental themes* we find that this goal oriented view is bypassed and parents and babies become collaborators in exploration.



What is Movement Shiatsu

Movement Shiatsu is a synthesis of Oriental Body therapies and western styles of Physical Movement Therapy such as Body Mind Centering and Feldenkrais' Method. It is based on the premise that a major cause of suffering is a conflict between *intention* and *action* and aims to help people find more ease in their lives by helping mind and body to work in harmony.

Chinese medicine describes archetypal themes which facilitate the connection between intention and action by unifying all parts of the organism in the theme. Examples of these are the 'Earth' Theme (relating to the ground, relaxing, trusting, digesting, being etc.) the 'Water' Theme (spontaneity, moving through space, curiosity, action and doing). These are named poetically after basic elements but each is also related to specific functions and structures of the physical body. In Traditional Chinese Medicine (TCM), these themes are described as connecting different aspects of the body through channels of 'energy' flow, the meridians. Therapies such as Acupuncture and Shiatsu treat disharmony by working with these channels.

In Movement Shiatsu we relate these themes to developmental

processes. Babies are continuously learning about their body and the world through developing movement skills and interpreting sensory experience. At each stage they seem to be focusing on one or more *developmental themes*. This is a collection of motor and sensory skills, which all collaborate in a higher order function of the organism such as relating to the ground, reaching outside the kinesphere, moving through space.

These developmental themes are strongly related to the energy themes of TCM. Our research⁷ has so far shown how the Six Divisions of TCM each orchestrate one such theme during the developmental process and connect the parts of the body involved in this theme. This allows us to help a baby experience a developmental theme in a part of the body to which he has access and to transfer the skill to another part of the body through the appropriate meridian.

For instance, many babies with cerebral palsy stiffen when picked up and touched on the back. A lack of flexor tone means that the extensor muscles dominate both pathologically and as a compensatory mechanism. This means that the baby cannot cuddle into the mother and the developmental theme of bonding with the mother and with the ground is not being accessed. We see this developmental theme as being identical to the Earth Theme in TCM which also includes the ability to be nourished, to send blood to the internal organs and digest food. This ability is governed by the parasympathetic autonomic nervous system and is often accessible to such babies even when the associated movements in the developmental theme are not.

By using specific movements of wobbling and rocking and certain modes of handling the child which stimulate the parasympathetic nervous system we can help the baby enter this theme. By stimulating the

Research Features

associated meridian (the Stomach Meridian) this internal organ tone often transfers to increased flexor tone even when the primitive reflexes which initiate flexor movement are not available. (*See reference 7*)

The philosophy of the project

Most therapists working with brain damaged children nowadays work with both parent and child but the emphasis during a session is often on the therapist treating the child expertly and the parent trying to absorb what the therapist is doing so as to take it home and do it there. This means that parents are prone to only learn techniques which may not be useful at another time and which can increase their own feelings of failure and impotence.

It is now becoming clear, as Dorothy Seglow³ points out, that it is as important to support the parents and the familial relationships as to treat the child. The creation of warm and flexible environment for the child to grow within is widely believed to be just as important as expert therapy.

Our approach follows this belief. Our aim is to help the parent to understand the developmental theme that the child is struggling with and to use the holistic approach of Oriental therapies to support that theme even when the motor patterns associated with it are unavailable. Developmental themes are not motor goals but are explorations of relationship (self to other, self to ground, upper body to lower body, reach to push etc). This makes them easily incorporated into play which is a normal activity between parent and child, rather than the parent 'treating' the child, which can alienate the relationship.

Factors influencing the success of paediatric developmental therapy

1. Continuity: It is well recognised that parents are the best teachers for the brain damaged child if only because they have the most contact with them. Conductive Education^{2,3}, developed by Professor Peto in the Institute for Motor Disabled in Budapest emphasises the importance of continuous teaching, giving the children an

intensive repatterning programme throughout each day. They also conduct a 'School for Mothers' teaching the mothers to facilitate the so called Basic Motor Pattern. This has had some remarkable results, such as helping wheelchair bound children to walk. However, in general these improvements in mobility are hard to sustain once the extreme programme stops and the child returns to normal home life. The repatterning requires continual conscious effort on the part of the family to maintain. It seems that the conductively taught patterns do not replace the pathological movements but only exist in unstable competition with them.

2. Early diagnosis: It is widely accepted that helping a baby explore a developmental theme at the stage that they would normally learn the relevant movement skill can have a more stable result than re-patterning a child who has already developed pathological and compensatory movements. Bonnie Cohen⁴ and others have showed that, with very intensive help, very young babies with severe brain damage can, in this way, develop normal movements which would naturally be unavailable to them. The essential factor in this process would seem to be the very early diagnosis of a baby's difficulty in exploring a theme. However, babies are often not diagnosed as brain damaged until the pathological movements have established themselves; that is, expert therapists are often not involved with the baby until it is too late.

We are attempting to optimise both of these factors by working with parents of newborn babies, whether the child has been diagnosed as being brain damaged or not. By educating parents about basic developmental themes they can become aware of what theme their baby is already entering and to encourage that process through play. If a child seems to be having difficulty with a theme in one part of their body then they can often learn the theme in another part. The techniques of Movement Shiatsu can then stimulate an associated development in the part that has difficulty.

This means that parents and child

are collaborating and relating in development rather than treating the child as a mass of problems. This opens up a warm and intuitive interaction between family members which is often problematic in these situations and provides, we believe, the optimal environment for the child's development of life and motor skills.

If very young babies have a high risk of having brain damage, for instance through breathing difficulty at birth, then parents can be educated to watch for missing developmental themes. The signs of missing patterns usually occur before the pathological or compensatory movements become entrenched so they can then be taught to stimulate alternative ways of accessing the missing skills in the baby. As mentioned above, there is the possibility then of avoiding the appearance or reducing the severity of any pathology.

What is the underlying neurological process?

Recent research (8) into nervous system development suggests that neuronal connectivity evolves by a natural selection process. This means that connections to various reflexes are competing within the nervous system for dominance. A particular part of the lower brain, the value system, judges the 'success' of the resulting movement according to the sensory feedback produced. A 'successful' movement is rewarded by a chemical re-enforcement signal which strengthens the neuronal connections which produced it.

If the part of the lower brain that emits these rewards is not itself damaged, then the movements learnt through external patterning can compete on an equal basis to the movements produced by the surviving primitive reflexes. This will encourage more normal automatic learnt-patterns to develop in the cerebellum and motor cortex because movements which incorporate them are more successful than those produced purely by the incomplete set of primitive reflexes.

This is only true if the externally stimulated movement is happening almost as regularly as the internally stimulated reflex movements. Otherwise, the value system will re-

enforce the movements produced by the incomplete set of reflexes, since they are dominant most of the time.

An analogy might be that an inefficient worker who turns up at office regularly might be promoted to a position of power while a far more efficient worker might be sacked for not being there when he is needed.

Furthermore, movements produced by manipulation of the child's body will not be reflected in motor neuron connectivity because it is not the child's nervous system that is producing the movement but the external mover. So guided movements will not be easily integrated into the child's unconscious movement repertoire. Movements produced in response to sensory stimulation, however, will be reflected in connectivity because it is the child's own motor nerves that are 'doing' the movement. This means that they can be integrated by the reward signals of the value system.

The orthodox view is that the only early movements that can be produced by sensory stimulation are the reflexes (primitive and spinal), righting reactions and equilibrium responses. The last two depend on primitive reflexes for their development so it would seem, in this view, that reflexes that are missing through brain damage will inevitably result in incomplete movement development.

We do not believe this to be true. As mentioned above, our research shows that the energy meridians of Traditional Chinese Medicine connect different parts of the body which are collectively involved in particular developmental themes. Our observations suggest that by stimulating a part of the body which *can* move reflexively at the same time as connecting along a meridian can produce 'missing' movements in the part effected by the brain damage. We hope that these meridian stimulated movements can take the place of the missing reflexes when stimulated often enough in young enough babies.

The neurological mechanism underlying meridian stimulated movements is unknown but we can suggest some lines of research. The digestive tube and the front of the body are both formed in the embryo

from the folding of one layer of cells. Possibly this early relationship is also reflected in a connectivity in the developing brain. This might mean that the motor connections relating to tonification of the flexor muscles might also be capable of stimulation by neurons connected to the digestive tract if the neurons which normally trigger the tonic flexor reflexes are damaged. This is guesswork but some such mechanism might explain our observations of flexor tone being produced by stimulating the tone of the digestive organs through the Spleen & Stomach Functions.

This style of work does not require specific developmental knowledge on the part of the parents and they do not need to learn detailed manipulation techniques. Instead, more generalised ways of handling the baby which stimulate specific meridians are learnt.

This means that we are also working with the way in which the parents and child relate. Inevitably this also means working with the difficulties that the parents themselves face. Developmental themes are processes in which the whole family takes part and the therapeutic value of this work to the parents is also important to the developing child.

Our main aim therefore is to regain the warm intuitive relationship that is the normal environment of healthy child development by involving the parents in ways of encouraging developmental themes rather than fighting against pathological movement patterns that have already become established. We believe that this not only optimises the child's potential development but also provides an alternative way in which movement skills can develop through meridian stimulation.

References

¹ **P. Blythe & D. McGlown** - *Organic Basis for Neuroses*: Svenka Inst. för Neurofysiologisk Psykologi 1980

² **E Cotton** - *Conductive Education & Cerebral Palsy* Spastics Society. 1974

³ **D. Seglow** - *A pattern of Early Intervention* - in *Pediatric Developmental Therapy* Ed: S. Levitt 1984

⁴ **E Cotton** - *The Basic Motor Pattern* - Spastics Society 1980

⁵ **Sophie Levitt** - *The Cerebral Palsies in Paediatric Developmental Therapy* .ed S. Levitt Blackwell 1986

⁶ **Bonnie Bainbridge Cohen** - *The Evolutionary Origins of Movement* . Unpublished 1994

⁷ **Bill Palmer** - *Meridians & Patterns* JSOBT Issue 1 1994

Bill Palmer is Director of the School for Experiential Education and a founder of the British Shiatsu Society. He is author of the Six Forms of Touch and of Movement Shiatsu.

Spiritual Connection & Shiatsu Practice

by Michael Rose

By its nature, shiatsu can have special qualities of healing. While these may not be easy to master, they are not complicated, but are simple and direct, and have the power to affect the soul as well as the body.

In recent years however, the teaching of shiatsu has become more complex and intellectual, with increasing studies in anatomy, physiology and pathology, the sophisticated theories of traditional chinese medicine, and many professional skills. While all this knowledge is undoubtedly useful, it can obscure the essential qualities of shiatsu. I believe that it is in the development of these qualities that the most profound benefits lie.

Shiatsu is basically about making connections. Different kinds of connection. Inside to inside, and inside to outside connection. Between similar parts, and between different levels.

Generally, the focus is on the meridian connections running through the body, trying to help their flow of energy and balance. But there are other connections which are very powerful in opening and supporting healing power. In order to develop these, it is important to recognise a unique aspect of our existence as human beings.

We are, through ourselves, connectors between heavenly and earthly realities. Between spiritual and physical spheres. Our bodies come from the earth, and include mineral, vegetable and animal nature. But our soul's essence is not from the earth. It is from outside of space and time. From spiritual 'power oceans' in the realm of the 'Absolute', the 'Divine', which, in the words of the Buddha, "was not born, and not made, and without whose existence there would be no possibility of escape from the sufferings of this world." This reality cannot be reached by the



mind, and is outside the scope of scientific materialism. But it can be tasted through the heart. Not the physical heart, nor the emotional heart, but the spiritual heart, the locus of the lights and secrets given to souls before they come into physical existence. The treasure houses of our 'original love'.

As our bodies are in constant need of support and nourishment from the earth, so our souls are also in need of connection with their heavenly origin, taking power from there.

When the soul is awake and connected, it becomes brighter, and it is easy to reach health, happiness and peace. When it is asleep, and covered by worldly problems and attractions, it darkens, and it is difficult for physical and emotional health to follow.

The heavenly connection is also essential to help humans to fulfill the main purpose of their lives. To bring their spiritual potential into this earthly existence. To try to reach 'real life' in this life.

Our shiatsu, therefore, also needs both kinds of connection in order to help this process, because without real 'earthedness' heavenly powers can't flow properly.

Shiatsu is ideally suited to this by virtue of its strong physical qualities and direct contact with the ground. Another of its special attributes is that its quality of touch is a reflection of the

inner state and intentions of the toucher.

So in order to help another person to open their connections one has to actually open them in oneself, because healing power runs through the 'resonance' between the 'healer' and the 'receiver', through the deep empathy between their energies.

When this opens, and power runs through both people, it becomes impossible to say who is the healer, and who is being healed. Both realities merge.

To open this power fully in oneself, one must try to surrender to gravity, opening the internal connections of the body, to be supported by the earth's power. One must try to expand one's border, to absorb the 'ki of space' through breathing. One's quality of touch should reach beyond space and time to resonate with eternity. And one must try to open the heart, to be in connection with heavenly powers.

Compassion is a key to the heart's opening. When someone is sincerely trying to help another, through their heart, and without wish for personal gain, a special channel of

healing opens. The intention has to be for pure love, original love.

Perhaps this quality is most easily felt by women, who as mothers, were the first healers.

Another key is to ask for help. There is a special mercy for those who ask for help from the Divine. The more one can recognise one's need of support, the more the heart can open and receive energy.

This, of course, can be a problem for the ego, which likes to be in charge, and independent. If the mind is under the control of the ego, it will block this, but if it is under the control of the heart, it will support it. So in order for this channel to open fully, it is important to believe in the existence of heavenly powers and compassion.

A main method, in mystical traditions, to make this easier, is to put one's heart in connection with someone who is in strong contact with their 'spiritual headquarters', who has turned to the 'Eternal' with love. It is easy then to receive transmissions from heart to heart, and to transmit to another heart.

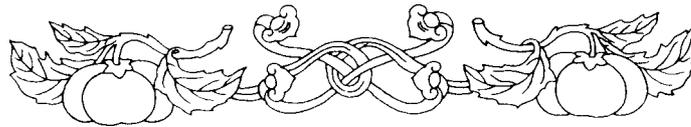
The more one can purify one's heart, the more it can receive spiritual lights. Like polishing a mirror. All traditions have methods for this. In the Sufi tradition there is an effective form of meditation called 'Remembrance', (Dhikr), which essentially involves emptying the heart of worldly problems by focussing on and repeating 'Sacred Names'. This is a kind of internal chanting of the heart, which is powerful at all times, and especially when 'healing', as it opens many lights and spiritual attributes of the soul.

It is also important to practise purification and self discipline in daily life in order to develop will power. The best way to do this is to follow a pathway of traditional teachings and wisdoms as fully as possible. It is beyond the scope of this article to go into detail, but perhaps we can summarise them as follows:

Be happy, don't worry' Leave drugs. Do your best for others, and try to be in contact with your 'original love' as much as possible. Hopefully, this helps to strengthen and balance one's elements, enabling one to receive and transmit more and more healing power through touch. Indeed, the actual practise of shiatsu, through its quality of connecting heaven and earth, its quality of heart to heart contact, and its quality of touch outside of space and time, is in itself a kind of spiritual practise. If it can help to give someone a taste of their spiritual fragrance and potential, it will be of profound benefit

to every aspect of their life. It will then become, in the words of Bill Shankly Esq., "not a matter of life and death but much more important than that"

Michael Rose has been practising shiatsu for over twenty years, and teaching for fifteen years. He is a graduate of Shizuto Masunaga, with whom he studied in Tokyo. He is a member of the Naoshbandi Sufi order, under Sheikh Nazim al Haqqani, which holds weekly open meetings for meditation and chanting. To contact him



ESSOTM

Listening with the Eyes of the Heart

A personal view of the Essence of Shen Tao

by Claire Walsh

Shen Tao, meaning Spirit Path, is the name of the acupuncture point which is found on the vertebral column behind and directly opposite the Heart Centre. The Heart Centre is the energy centre through which we express loving kindness and understanding and it is the place we touch when we are moved, sometimes beyond words, by someone or something.

In terms of Chinese Medicine, the Heart Protector meridian originates in the Heart Centre and descends bilaterally through the inner surface of the arms to emerge through the tips of the middle fingers. It is the middle finger on each hand which is the primary point of contact for the practitioner when working with Shen Tao.

Thus as a healing practice, Shen Tao has a direct connection with the Heart through the medium of the hands.

As a form of touch, it has its roots in Taoist philosophy and traditional Chinese medicine and re-emerged in the 20th century through the kindness of Jiro Murai in Japan. My understanding of his story is this:

As a young man, he faced imminent death and ascended a particular mountain to die there. He began to work on himself with different hand formations or mudras which he found activated different circuits of energy and, in short, rather than dying, he lived. He came down from the mountain and dedicated the rest of his life to working with what he had learnt from his mountain experience to help others.

He died in the 1960's and his way of working has been transmitted to North America and to the UK and Europe by different individuals who learnt the technique either directly or indirectly from Jiro Murai. Thus Jin Shin Do and Jin Shin Jitsu arose from Jiro Murai's original realisations, and more recently Shen Tao has been developed in the UK and has aimed to strengthen even further the

connection with the traditional Chinese medical and philosophical roots which provide the ancient basis for this way of working.

All share a common ground which is the bejeweled field of compassion, together with the rich transformative space of ancestral energy which in terms of the traditions of Chinese medicine is the domain of the Extra Meridians or the Eight Strange Flows. The French have a particularly apt and magical way of describing these pathways of energy as "les meridiens merveilleux".

Awareness of both these aspects, ancestral energy and compassion, is essential to the understanding and practice of Shen Tao.

In what follows, I am going to focus on the aspect of compassion by sharing a few thoughts with you as to what the nature of this awareness might be. Indeed, without Heart awareness, this way of working could well become sterile and lifeless.

Shen Tao as a form of touch enables both the one who touches and the one who is touched to participate in the discovery or the unveiling of our true nature which, in this context, refers to that part of ourselves which lies beyond the closed partiality of the personality or the little self, beyond that aspect of our being which is limited for example by unresolved fears, by the repetition of non-creative actions and so forth.

Shen Tao or Spirit Path can be considered as a doorway which opens on to a journey leading to full consciousness. If you like, we are here on this earth with the opportunity to make a journey of inner and outer discovery...a journey of awakening where the flower of the Heart can open with ease and confidence, revealing to us the nature of our essential being, the shape of our original face, the splendour of our divine nature, our vastness.

We can tread this path in a way which cracks and burns, which savages and ultimately destroys...or we can tread the path with attentive awareness in a way which does not bruise,

imagining that each imprint we make leaves an impression or an aura of kindness, love warmth, radiance...we can even endeavour to leave no trace at all, just invisible seeds of well wishing for what is to come.

To be able to do this, we need to be in touch not only with our own and each other's needs but also with those of the world we live in. And it is touch which connects us with the physical world and makes real and tangible our connection with others. It is well known that touch can harm or heal and it is the suggestion here that, even more essentially, it is the attitude and intention **behind** the touch which gives it a hue of aggression or of compassion and kindness.

A young child with a naturally open heart and uncluttered mind can reach out with tiny fingers and transform in an instant the darkness of a frown on another's face and being into the luminosity of a smile.

As we grow, we try hard to just be, but our hearts get frightened by what we see, our bodies close protectively around the Heart, and the mind becomes blurred with doing and trying to be lots of things.

Maybe our task as we grow is to learn anew what we learnt long ago and to remember those things which, in our hearts, we know already: how to lovingly, openly, unselfishly and skillfully connect with our selves and our fellow beings, in this case through the medium of touch.

Touch here does not only refer to physical contact. We can be deeply touched by another's kindness to us, by their insight, by their understanding, by a sense of acceptance which may radiate from their eyes, maybe from their whole being.

"On ne voit la beauté qu'avec les yeux du coeur"

"Beauty can only be seen with the eyes of the heart"

These are words I found superimposed on a picture post card. And the other day as I looked at an

image that I liked a lot, I thought I would pay attention to **where** I experienced the beauty that I was receiving through my eyes...I discovered that the real place of seeing is within the Heart. Please try this "exercise"...it is such a simple way to enter the Heart.

The difficulty, I think, is to stay open in the present moment and to see always with the eyes of the Heart. Nevertheless, it is essential to do so, for each moment contains the seeds of transformation.

It is my belief that the practice of Shen Tao has a part to play in helping to prepare the ground and in offering to those who desire, an opportunity to discover these seeds of transformation within themselves.

It is a practice that manifests through touch and it is the awareness, the attitude, the mindfulness of that touch which creates a doorway through into the sacred space of healing. This, combined with the incisive knowledge of the traditional Chinese medicine system forms a gentle and also an often unexpectedly powerful way of working.

The essence of Shen Tao is not, however, a skill which is exclusive to the sphere of therapeutic touch or healing; it is a life skill and as such teaches us to listen with our whole being, to observe with the eyes of the Heart.

Such is the way that treads the path of compassion.

"We can go there at any time. It's not far away; it's not hard to find. Just take the path to Nothing, and go Nowhere until you reach it. Because the Enchanted Place is right where you are, and if you are friendly with Bears, you can find it." (THE TAO OF POOH)

The practicalities of Shen Tao...

SHEN TAO is a form of vibrational healing which is transmitted through touch, and which has its origins in the philosophy and medical traditions of ancient China.

A practitioner works with light finger contact on specific points in particular sequences to help rebalance the vital energy of the being at a profound level. This technique is common to Shen Tao, Jin Shin Do and Jin Shin Jitsu and was developed

from empirical experience by Jiro Murai in Japan as previously mentioned.

Shen Tao seeks to combine this form of touch with traditional Chinese medicine knowledge commensurate with that provided in acupuncture training. A Shen Tao practitioner is trained not only in the principles of Traditional Chinese Medicine but also in those of Taoist philosophy, and in anatomy and physiology relevant to the practice of non-invasive Chinese medicine. There is additionally a strong emphasis on the development of intuitive awareness and sensitivity through the study and exploration of subtle energy systems.

Shen Tao works at a profound level because it works primarily with the Eight Extra Meridians which do not relate to specific body organs but to our constitutional or 'core' energy. They are traditionally likened to lakes and reservoirs whilst the organ meridians are likened to rivers.

In working with the deepest energetic level of the being, it is possible to help a person develop a sense of profound inner balance which can then promote the body's natural healing abilities. It creates also a sense of deep relaxation which is very effective in easing the effects of stress. Again and again, "acute" conditions are seen to be eased whilst maintaining an overall focus on the whole being.

A Shen Tao session starts with a consultation involving traditional Chinese diagnostic techniques; this incorporates observation and listening

at many different levels in order to reach an understanding of the individual and of her or his current area of difficulty.

Treatment then aims to:

1) Balance body energies through use of the Extra Meridians and thus strengthen general constitution which may have been affected at any stage of life, pre- or post- birth;

2) Deal with current or acute symptoms by concentrating on specific areas, points or main meridians or all three;

3) Complete the work by harmonising the being through working on the shoulders, neck, head and face. This section in fact seems to aim at bringing the whole area of the Chinese Heart into harmony, that being the Heart centre in the middle of the breast bone extending up to the point between and behind the eyes to include the pineal gland. Traditionally it is said that when the Heart is in balance, the whole being is at peace, becomes still and a sense of inner joy prevails.

Conclusion

The gentleness of touch in Shen Tao can make it a deeply relaxing form of treatment. The wisdom of traditional Chinese medicine and Taoism makes it penetrating and effective. The combination of these two factors makes it a powerful tool for healing and creates a fertile ground for transformation.

Claire Walsh is a Shen Tao Practitioner in London UK.



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MARIA MERCATI

Treatment of Children with Shiatsu

by Peter Gigante

Although hoping to work with children immediately following my shiatsu training, I initially gained little experience beyond my own child. However, in 1989 I received specialised training in Point Percussion Therapy (a method belonging to Chinese Orthopaedics and Traumatology which emphasises the treatment of children with Cerebral Palsy) and Traditional Chinese paediatric massage. Opportunity and overwhelming demand immediately provided the means to fulfil my wish and since that time I have integrated these techniques with my Shiatsu training and currently specialise in this area.

My Shiatsu practice also incorporates Chinese medical theory and herbal pharmacology. The views expressed in this article are my own, based on personal experience, although I gratefully acknowledge the inspiration of my teachers, especially Professors Zhang Jian Sheng, Wang Zhao Pu and Li Kai Zhu, Mr Julian Scott and others.

Introduction

Complementary therapy has increasingly become a viable professional career as greater numbers of the public discover and affirm the “natural” therapies of various forms as a realistic option in the management of health and the treatment and prevention of disease. However, relatively few choose such strategies for the health of their children. If we wish to alter this state of affairs, we must first attempt to understand it.

Firstly, although many adults turn to natural forms of treatment after personally discovering the shortcomings of the medical model, in their depths they still retain the cultural belief in the doctor as the holder of an archetype of expertise and “truth”. So when the cherished child becomes ill, the deep seated faith in the dominant medical paradigm re-emerges to protect the

sacred life of the young. The medical methodology of treating each of the endless infections, coughs, fevers, digestive and respiratory complaints of young children with antibiotics and symptom suppressors does not increase the underlying health of the child, especially in the modern technological environment, but this shortcoming is not obvious to the lay parent. The deep emotive response to protect the child by seeking medical advice suppresses the reasoned exploration of other approaches to intervention.

Secondly, relatively few families have ventured far to explore the management of children’s health beyond that cultivated by their own child rearing, local folk and family lore and some general prescriptive responses culled from popular literature. The prescription of the doctor can provide comforting refuge from the perils of childhood illnesses for these unfamiliar with children and under-trained in their care. For the more adventurous, the naturally derived medicaments of the herbalist, the assurance of the nutritional supplement or even the needle of the acupuncturist are alternative methods which are beginning to be culturally respected but still require an leap of faith which is often only taken in desperation. Tactile healing is often a poor last with physiotherapy and osteopathic techniques most obvious for structural remedy and rehabilitation, popular baby massage for new parents seeking increased physical contact for bonding and relaxation and, lastly, oriental body therapy euphemistically referred to and hijacked as acupressure and shrouded in the history and mystery of Chinese infant Tui-Na.

Thirdly, there are few working practitioners concentrating on the treatment of children and therefore few teachers passing on their knowledge and sharing their expertise

in this field. Availability of expertise is limited.

This situation may be understandable in an era of increased insecurity for our future, the apparently increasing complexity of disease and the lack of clinical and research credibility confirming the legitimacy and effectiveness of complementary therapies. While the acute distress of a child having an acute asthma attack is enough for the parent to condone the use of bronchodilators and cortico-steroid inhalers, what of the consequences of decades of continuous use? When penicillin was discovered it was hailed as a life saver in acute life or death emergencies. Now it is the first port of call after paracetamol. Can we make a difference? I believe we can.

Part 1: General Principles

The Language of Touch

Prior to, during and following birth the clearest signals that the child can interpret are through the tactile dimension: the beat of the heart, the vibration of noise, the embrace of a parent or the firm hand of discipline unequivocally transmit pleasure or pain, love or fear. The touch of another is immediately identified as from friend or foe. This sensitivity to touch can either enhance or inhibit the therapeutic effect and is particularly dependent on the tactile interpretation of the therapist. In other words *how you touch* is at least as important as *what or where you touch*.

The family setting

Relationships with adults extend radially from the parents upon whom children depend for reassurance. The confidence of the parents in the therapist therefore contributes greatly to our ability to relate to the child. Therefore engage the parents in the therapeutic process. Suggest techniques and strategies for home use since in the medical domain parents often feel helpless and ignorant and you can empower them greatly by offering even simple directions

appropriate to their capacities. Set achievable goals and invite regular reviews. Inform parents of the indicators that you are looking for and seek their help in observing change. They will be more enthusiastic in addressing seemingly intractable problems if they have observed even simple goals attained. Spend whatever time it takes to explain to parents what you wish to do and why. Be honest, and if you are unsure of the prognosis then say so. If parents witness your integrity they may still be willing to work with a safe strategy that only offers general benefits rather than a solution to the child's problem. If parents are involved in the process they will be far more committed and can approach the treatment in partnership.

Be aware of any tendency to judge the parents harshly. Contemporary parents receive little training in child rearing and generally act out of love. During illness, parents can easily assume guilt for their child's maladies and this may be reciprocated by the child. Avoid this wheel as it may turn on you. Be positive and supportive. Make some firm rules to clarify the relationship but offer guidance rather than judgement.

The child and you

Developing rapport is essential to a positive outcome. A child is prone to physically manifesting discomfort which is actually a result of the feelings of confusion and threat that they experience in the busy, noisy world of adults. Children experience life as a rapidly progressing series of moments and only slowly develop an expanded sense of time and space. They therefore respond to the most powerful immediate incoming message, be it pleasant or painful. Therefore, do not linger, hesitate or be distracted or they can easily lose focus. If you are a clear and strong beacon the child will stay with you even when the moment is uncomfortable. He or she may also attempt to distract you by crying, talking, playing, food, drink, toilet demands, cuddles or tantrums. You will be continuously tested and the child will continually seek the security of known boundaries. By generating a sense of safety and familiarity we can provide the space in which the

child may restore their position in the world - at its centre.

Once the parents have given the child and you approval, concentrate on developing your relationship directly. Communicate directly with the child, explaining what you are doing and requesting cooperation when you need it. Avoid baby talk, but use uncomplicated language. As with touch, the metre, volume and tone of voice say more than any limited vocabulary. Keep some toys handy and learn some children's rhymes and songs; they work well with rhythmic treatment and provide a reassuringly familiar setting. If your room is decorated with pictures, mobiles, colours and toys the child will be far more comfortable. I often ask for a picture from the child and put it on the wall with those from other children including my own. This is often a turning point in the relationship and re-inforces the child's sense of trust and safety.

Within this relationship however, it is important to remember that, in therapy, you have a single purpose - to promote health and well-being. Do not mistake your treatment for substitute parenting.

Disease and Treatment

Childhood diseases may quickly become serious and may quickly disappear. Often a slow rate of change will jump to dramatic results without warning and a child's condition may respond to therapy first by showing a fluctuation from a little better peak to a less severe trough, better again, still less severe and so on.

Be patient, since consistency in approach and vigilance in observation will allow the optimum change to manifest with least trauma. In children, disharmony usually expresses itself more obviously than in adults. Physical indicators such as complexion, secretions, excretions, gait and activity and behavioural indicators such as over-dependence, rebelliousness, emotional blackmail, fear, regression, temper, hysterical laughter and sulking can all provide diagnostic information. When in physical contact, ensure you have warm hands, start lightly, increase intensity then finish lightly. Develop a sequence for each child and use it

consistently. Familiarity helps a child endure even painful techniques and provides milestones for the child within the session. As you modify your goals the sequence can be altered.

Keep your movements fluid and dynamic. Incorporate stretches, strokes, squeezing and brushing into the rhythm of songs, rhymes, sounds and mime. If you are enjoying yourself the child is easily infected. The strength, duration and character of touch have a profound influence on the child's internal state, which easily translates into physical or behavioural adjustment. However a child's energy is easily dissipated so limit your sessions to around thirty minutes per visit. For best results treat often: once or twice a week is effective in most cases, but if the need is serious, three to five times may be better.

Finally, the usual contraindications and cautions apply as much to children as to adults.

Part Two: Diagnosis and Assessment

The assessment of children is greatly influenced by the generally softer, more flexible and rapidly changing nature of their bodies and their inability to accurately describe their condition. Therefore, the practitioner's ability to develop a comprehensive analysis of physiological and pathological features will greatly enhance the potential for treatment. However, since children's concentration span is much shorter than that of an adult, information must be gathered as the opportunity arises within a consultation rather than in a lengthy examination as might be appropriate for an adult.

The traditional methods of diagnosis, that is: observation, audio-olfactory analysis, palpation and interrogation also apply to children but certain specific considerations apply which will be discussed in this section. It is assumed that the reader is familiar with the traditional techniques of traditional oriental diagnosis and so only those points which differ for children will be examined in detail. The techniques that apply to adults as well as children will be named but not detailed.

The essential oriental diagnosis

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involves the differentiation of holistic patterns in the patient involving the whole organism. These patterns are recognised through analysis of the energetic relationships revealed by physiological and pathological features. These features are observed through the following methods, which also are appropriate to use with children except where specified differently:

1. Inspection

Includes observation of appearance, complexion and affected body areas, facial expression, body surface, tongue and lingual coating as well as "spirit" or vitality.

Most of these observations apply to children in the same way as to adults except for the following:

a) Inspection of the superficial veins of the index finger

This methods can be useful for diagnosing children under about three years of age. It involves examination of the appearance of the capillary just below the surface of the skin on the radio-palmar aspect of the index finger. This vessel is an extension of the Lung meridian and is therefore related to the radial pulse which is less palpable in infants. The information derived from the colour and visible extent of the capillary can provide additional information regarding the severity and progression of the disease. The finger is divided into three segments:

- The first segment is known as the *Wind Barrier* and extends to the proximal interphalangeal joint.
- The second segment, known as the *Qi Barrier*, extends to the distal interphalangeal joint
- The final segment, the *Vital Barrier*, extends to the fingertip.

Where the vessel only appears to the Wind Barrier, the disease is mild. The further the vessel shows the more severe the disease.

- A *red* capillary with a yellowish tint and only faintly visible indicates *health*
- A *deep red* capillary suggests the presence of *heat*
- A *dark* capillary indicates

Blood Stagnation

- A *blue* capillary indicates *pain and convulsions*.

b) Inspection of the Skin

Many childrens' diseases show on the skin such as the small fine eruptions associated with measles and rubella, the raised, blistering eruptions with a red circle at the base characteristic of chicken pox. Also allergies or toxicity may be seen through clusters of red skin spots with no other cause.

2. Interrogation

Interrogation refers to verbal enquiry directed to the child or to their carer regarding the history, symptoms and other indicators.

In the case of children special care should be taken not to pre-empt a response by asking leading questions. Forced answers may reflect the child's desire for approval or conversely, their resistance to cooperation. Also the method of interrogation may suffer, in the case of children, from their lack of ability to articulate their experience. Questions asked of the parent or carer will, of course, only elicit second hand information about the child's experience.

However, with these cautions in mind, the usual enquiries about chills & fevers, perspiration, location of pain, nature of urine and faeces, diet, breathing, senses, thirst, sleep, medication, medical history and the symptoms of the current illness may be made as in the case of adults.

3. Palpation

This refers to the detection and differentiation of signs by pressing, feeling and palpating certain areas of the body. Palpation occurs throughout

a Shiatsu session and gives information about temperature, moisture, tenderness, tone of the different diagnostic areas of the body. For instance:

a) **Palpation of the epigastrium**, just below the xiphoid process indicates excess syndromes if hard and aggravated by pressure or, if full but soft and is not aggravated by pressure, indicates deficiency.

b) **Palpation of the abdomen**, in the Chinese tradition, seeks to identify the presence of masses, fullness, distension an pain. Hard masses at a fixed site indicated Blood Stagnation. Moveable masses indicate stagnation of Qi. Fullness and distension that sounds like a drum but with normal urination and normal tone indicates Qi stagnation while fullness with a feeling of a balloon filled with water indicates accumulation of fluid.

c) **Palpation of the back** can identify excess or deficiency. Hardness and tension in the upper back indicates external disease while leathery tone indicates phlegm obstruction. The lower back may feel weak but tight, indicating deficiency.

d) **Palpation of the points** can give much information in the normal way as in point diagnosis in adults.

e) **Palpation of the pulses** In young children, under seven years old, one finger will usually cover all three positions so the information derived from this method is usually limited to rate, strength and depth.

The three portion and nine position pulse taking method

Since palpating the pulses on the radial artery maybe difficult in young children this method can also be used. The three portions of the body refers to the Head, the Upper Limbs and the

Pulses of the Three Portions

Head	<i>Taiyang (Extra Point)</i>	<i>Ermen San Jiao 21</i>	<i>Dicang St4 & Daying St5</i>
	The state of the Head	The ears	The mouth
Upper Limbs	<i>Tai yuan Lu 9</i>	<i>Shenmen H7</i>	<i>Hegu LI4</i>
	The Lung	The Heart	The Chest
Lower Limbs	<i>Wu Li Liv 10 & Tai Chong Liv 3</i>	<i>Qi Men Liv 14 & Chong Yang St 42</i>	<i>Tai Xi Kid 3</i>
	The Liver	The Spleen & Stomach	The Kidney

Lower Limbs with three pulses in each portion. The following table illustrates the information given by the pulses in this method:

General points about pulse taking in children

Before beginning pulse diagnosis the therapist usually normalises his or her respiration to give a baseline for timing. The normal pulse rate of children varies with age: at birth the pulse rate is about seven to eight beats per adult respiratory cycle, while the pulses of a three or four year old should beat at about six beats per adult cycle. A seven year old's should beat at about 5 beats per cycle.

As children are usually more expressive than adults, care should be taken to take into account the effect of crying, laughing and activity on the pulses. The most accurate general picture will be obtained from pulses taken while the child is asleep.

4. Audio-Olfactory Diagnosis

This refers to the traditional arts of listening and smelling. This medium of information is most subtle, gathered throughout the session. It includes listening to the quality of the voice, listening to the respiration, listening to any cough and smelling the odours of the body, breath, stool and urine. The indications that these give are the same in children as the usual ones in adults.

Part 3: Treatment

By far the most common origin of ill health in children relates to **diet**. This includes poor selection of food, but may also include *inappropriate preparation methods* (especially cold and raw foods), *irregular feeding, over-consumption of special preferences* (especially sweet foods and drinks in the case of children and over consumption of refined manufactured foods or, conversely, too much crude wholefoods at an early age), *excessive fortified foods and nutritional supplements* and finally *greed and overeating*. Generally, under-eating is much less of a causative factor in the modern society, although it may result from other imbalances and from emotional influences related to family dynamics

and trauma.

Food Accumulation Disorder is frequently the first manifestation of dietary imbalance and may provoke dyspnoea and shortness of breath, diarrhoea or constipation, behavioural malady, skin disorders and many others. **Signs and symptoms** may include irritability and insomnia, distension, ear problems including deafness and accumulation of wax; with red face and excess type pulse, sticky tongue coat, yellow or copious phlegm, stick and smelly stool. This may also result from consumption of very rich breast milk causing *Stomach Heat* with subsequent ravenous appetite and frequent feeding. **Treatment** is generally aimed at clearing accumulation and promoting ascending and descending, with emphasis on the *Lung & Large Intestine and Spleen & Stomach Meridians*. Treatment sequences usually progresses from the trunk to the four limbs. Points commonly used include St25, CV12, St36,40, LI4,11, Lu 5,9 B13,18,19,20,21,25,26 and GB21. This type of treatment is usually effective after two to five sessions.

Deficiency Syndromes occur where the pregnancy was stressful or the mother weak, where the milk was not rich enough or where drastic treatment, repeated infection or febrile disease has exhausted the child's general resistance. This frequently manifests as recurrent infection, insomnia or irritability at night, dyspnoea and shortness of breath especially after exertion. This condition is often complicated by repeated courses of antibiotics and by immunisation, especially when these are administered without regard to the child's health status and history. **Signs and symptoms** may include deficiency type pulse, moist red tongue with little or no coating, loose stool with undigested food, poor appetite and/or spontaneous sweating. If deficiency heat exists, pale red rashes, hyperactivity, thirst, night crying and insomnia will accompany the other signs. **Treatment** generally aims to reinforce the energy that is deficient and to promote appetite and resistance. The sequences usually progress from the extremities to the trunk and may

emphasise the *Stomach, Large Intestine, Bladder, Triple Warmer, Liver and Pericardium Meridians*, and also general work on the lower abdomen and lower back. Points that may be used include ST36, Sp 6,9,10; CV 3,6,12; Lu 5,7; Bl 12,13,20,21,23; GV4,14,20; Ht 7; Pe6,7; TW 4,5 and so on. This type of treatment should be continued over many weeks and sometimes months.

Sequelae of birth trauma occurs more frequently than most of us encounter in our daily lives and the effects can be devastating for the parents and family. Medical responses tend to focus on neurological damage and neuro-motor dysfunction where trauma is obvious and often sequelae are not detected at all. Besides obvious causes, such as prolonged labour, umbilical constriction and cranial compression, emotional injury to the mother prior to birth and the contraction of *Heat type* diseases during pregnancy may also contribute to this class of conditions. **Syndromes** may include all forms of spasticity, ataxia, dyskinesia, atrophy, epilepsy, delayed development, learning difficulties and sensory defects, frequently with digestive and respiratory complications. In these cases early detection and intervention can provide significant improvement in functional range and ability, cognitive awareness and spatial coordination as well as fortify impaired function of the internal organs, which is frequently associated with such children.

Differentiation should emphasise functional discrepancies between the upper and lower body and/or left and right sides especially in terms of range and control of movement. Other factors are: Balance and coordination, gait, deep and superficial reflexes, vision, speech, hearing, seizures, general health and intellectual ability. Generally, the better the health the better the prognosis of improvement. Also, the more aware the child is, the more able he is to integrate functional changes into daily life. Therefore, if health is poor, focus on improving health; if the mind is clouded, emphasise enhancement of awareness and presence. After this, if range of

Research Features

movement and function are impaired, concentrate on improving these.

By following the general principles of holistic treatment, Shiatsu aimed at harmonising and promoting the smooth circulation of vital energy and Blood will always be beneficial. I use application of pressure on points and meridians; rhythmically differentiated percussion techniques on points and muscle meridians using one, three or five fingers clustered together; knocking on the cranium with the fingers slightly spread; stretches of long muscle groups and mobilisation of joints according to their range of motion and some specially adapted shiatsu techniques for regulation or release as required. This type of treatment is often long term and cultivation of constructive and supportive relationships with the child's carers is of particular importance in these cases.

Conclusion

Shiatsu is a viable and effective therapy for children. It is safe, can be enjoyable and rewarding and offers parents participation and understanding. It is compatible with most other treatments and has few contraindications.

It genuinely contributes to disease prevention and can decrease dependence on harmful medications. By maintaining maximum contact through observation and palpation, speech and song, presence and empathy, family and environment, the accuracy and efficacy of the treatment is heightened and complications minimised.

By understanding the special conditions in treating children we can provoke profound changes and experience a special joy. The only prerequisite is a willingness to try and an open heart.

Peter Gigante is President of the Shiatsu Association of Australia.

References

Cheng XN (chief ed) 1987. *Chinese Acupuncture and Moxibustion*. Beijing Foreign Language Press

Cao JM, Su XM et al 1990 *Essentials of Traditional Chinese Pediatrics* Beijing FLP

Gigante P, Zhang JS; 1994 *Foundations of Chinese Medicine Theory: Diagnosis and Differentiation*. East West Academy lecture notes (unpublished)

Scott J 1991 (2nd Ed) *Acupuncture in the treatment of children* UK Eastland Press

Wang ZP 1991 *Acupressure Therapy: Point percussion treatment for sequelae of cerebral palsy, head injury and stroke*; Australia; Churchill Livingstone



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Book Reviews

Complementary Medicine and Disability:

**Alternatives for people
with disabling conditions.**

by Andrew Vickers

Chapman and Hall: London 1993

This excellent guide was written primarily for people with physical disabilities to help them make informed decisions about complementary healthcare. Andrew Vickers adopts a posture of solidarity and offers independent advice which aims to enable disabled people take control and responsibility for organizing their own healthcare programme.

The book is divided into three parts. Part 1 is an introduction to complementary medicine. Complementary medicine is presented as a diverse body of knowledge with different traditional roots. However, Vickers suggests that they share a number of common characteristics, for example, the belief that the body has an inherent capacity to heal itself and that the aim of treatment should be to stimulate this capacity. The patient is also seen as an active participant in healthcare, rather than a passive receiver. This marks a move away from the 'expert model' in favour of a therapeutic partnership with equal roles for practitioner and client.

Vickers suggests that there are two broad aims for complementary therapies with disabled people: to overcome health problems and to maximize general well-being. When the underlying problem is not treatable (this may be due to unalterable physical or life-style factors), regular treatment may be necessary to ensure that benefits are maintained.

Part 2 of the book is a 'rough and ready' guide to which therapy might be useful for a specific disability. Usually more than one therapy is indicated, allowing the individual to

choose according to her or his personal preference.

A wide range of therapies are identified. There is a particularly interesting entry on Tai Chi for people who use wheelchairs (page 160). Shiatsu appears in the 'oriental medicine' section alongside acupuncture. The entry is brief and basic, but does appear to contain some useful information for the uninitiated. Shiatsu receives about the same space as aromatherapy and about half that for reflexology. This is probably a reflection of the amount of publicity and research conducted in these respective areas rather than a criticism of the book.

Finally, part 3 examines some of the benefits and obstacles to taking control of your own healthcare. Vickers advocates keeping the GP informed about complementary treatment and identifies some of the difficulties which may sometimes occur with the GP and in the relationship with the complementary therapy practitioner.

This is a comprehensive and accessible text. Each chapter ends with a useful summary of content and the appendices contain additional reading and an extensive bibliography. As well as for disabled people, it is likely to be of considerable use to therapists and other health care professionals working in this area.

Philip Harris

Helping Ourselves - A Guide to Chinese Food Energetics

by Daverick Leggett.

Meridian Press, PO Box 3, Totnes

TQ9 5WJ. UK 1994

Food has always been a popular subject and books on diet have sold well. One question I find interesting is: "Why has the macrobiotic theory of food energetics become very popular while the older and more sophisticated of Traditional Chinese Food Cures has not?"

One answer might be that it is the way in which they are presented and written about. Macrobiotic writers wrote about real cooking, making it a palatable and tasty theory. Books about the Chinese system have been more academic or emphasise foods as being medicines. Deep down we like food but we don't like medicine so the Chinese theory has been in the shadow.

This is a great shame because the living tradition of Chinese Food Energetics has an enormous wealth of delicious recipes and healthy knowledge. It is also more flexible, being based on more than just the Yinness or Yangness of the foods but also their coolness or warmth, their effects on dampness and the meridians they enter.

"Helping Ourselves" takes two important steps towards making Chinese Food Energetics accessible. Firstly, it is extremely easy to read and explains Chinese Energy concepts such as the Spleen, Yin, Yang, Cold, Hot and Damp in terms that most lay people would understand. Secondly, it classifies the foods into what they do energetically so you can easily look up which foods help resolve Dampness and which foods are Cooling. To my knowledge this has not been done in English before. Several other books contain much the same information but in rather inaccessible form, since foods are classified by their name rather than grouped by their properties.

What "Helping Ourselves" inspires me to do, as a keen cook, is to create recipes for various purposes which I can eat and enjoy, that I can suggest to my clients and which taste better and cost less than the herbal decoctions!

This is an excellent, well designed book with beautiful food illustrations by Kathryn Trenshaw. I hope that a companion volume will be written soon containing some traditional recipes and some creative ideas for Western cooking. I believe that many cooks are like me, being inspired by recipes rather than ingredients, and a

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few ideas in that line would make the information in this book fully practical and as tastily attractive as macrobiotic food theory.

The wallchart which can be bought separately is a condensation of all the information of the book onto one easily read poster. WJP

Ocean of Streams by Veet John Allen.

Published by Om Shiatsu Centre 1994
10 Kipps Ave, Airdrie, ML6 0JG. UK

It may seem, after the spate of books published about Shiatsu lately that there is nothing new to write about. What distinguishes this book is its organisation of the information into a form that is practically useful in a study manual. It is primarily a practical manual of Shiatsu theory designed for students and not for the general public.

At first glance it is "The Meridian Colouring Book" with simple but anatomically detailed illustrations showing the paths of both traditional and Zen Shiatsu Meridians and the points (it even colours the Shiatsu Society recommended points differently). As such it would stand on its own as a very good way of pictorially learning meridians and points. In fact, it contains the clearest illustrations I have seen of the anatomical features of the meridians.

Each meridian is given a section with colouring pictures and reference tables showing the role of the Meridian from the point of view of both Traditional Chinese Medicine and Zen Shiatsu along with the properties of most of the commonly used points in Shiatsu practice.

One thing I like about this book is that it does not attempt to be comprehensive. A comprehensive textbook is often confusing to a student. Instead it is organised with a Shiatsu student in mind, collating and clarifying the knowledge required and relevant to their study in a way that is easy to refer to. I recommend it wholeheartedly to any student and to any schools on the lookout for course books. WJP

Astral Sex - Zen Teabags by Gerry Thompson

Findhorn Press

!!WARNING!! If you are unnaturally attached to using New Age speak - DON'T READ THIS BOOK! (you may not be able to speak again). This is a brilliantly funny book; a cartoon dictionary of New Age jargon, debunking all its pretensions. Especially apropos for us healers are his definitions of **Healing** - Making people better, **Absent Healing** - Healing which hasn't worked and **Healing Crisis**- Healing which has made someone worse rather than better. I was relieved to finally know what my practice was really all about in the section explaining **Shiatsu**- A very large, very dominant type of Japanese dog, renowned for the way it is able to walk all over its master or mistress. The name means "toilet training very difficult".

He has a wonderful section on Einstein's well known theory of toast and his work with burnt toast particles which had me in fits of laughter. The complete 'litany' of **Macroneurotics** is a great send up and one of my favourites. Gerry is a truly inventive humorist and this book is a must for your collection of essential New Age reading, especially if you are suffering from "Taking yourself too seriously". To quote Sue Limb from the Foreword '*Astral sex - Zen Teabags* is to the 1990s what *1066 and All That* was to the rest of history.' Have a good laugh.

Hilary Totah & Reg Osborn

The Shiatsu Manual by Gerry Thompson

Edison-Sadd, London 1994

Gerry Thompson's "The Shiatsu Manual" is aimed at the general public as well as introductory level students of Shiatsu.

The first part of the book purposely doesn't introduce any theory and concentrates on teaching a full body Shiatsu routine through pictures and simple instructions so as to give the student a chance to learn with their

body before they analyse what they do with their mind.

The second section introduces ways of working on oneself in the same pictorial manner.

The third section introduces three ways in which the students can develop their technique through energy exercises, the application of a simple version of Five Element theory and knowing the symptomatic functions of some of the more important points.

The writing is of high quality and explanations given in this book are clear and without jargon. One thing I like about this book is its reminder that Shiatsu is essentially simple.

As the pictures are so important in this book

it is good that they have been very beautifully designed. However, this emphasis on beauty is also my reservation about the book.

The one picture of Gerry Thompson himself shows how, when the practitioner is really experienced, a picture can clearly transmit the qualities of relaxation, centredness and warm-heartedness that make for good quality of touch. None of the other pictures show this so clearly and I am forced to wonder why he was not used as the practitioner in all the pictures. Did the student models fit an art director's idea of the right image better than Gerry. Maybe they do but their relative inexperience in Shiatsu shows.

Giving priority to image would be appropriate if they were marketing this book purely as a coffee-table glossy but I feel it is a shame in a Shiatsu instruction manual.

However, this criticism aside, this book is a good addition to the Shiatsu bibliography and is welcome as one of the few books aimed squarely at the lay public which also gives enough instruction for people to do simple Shiatsu without attending a specialist course.

Bill Palmer

The Journal of Shiatsu & Oriental Body Therapy

Published twice a year in Europe, North America and Australasia

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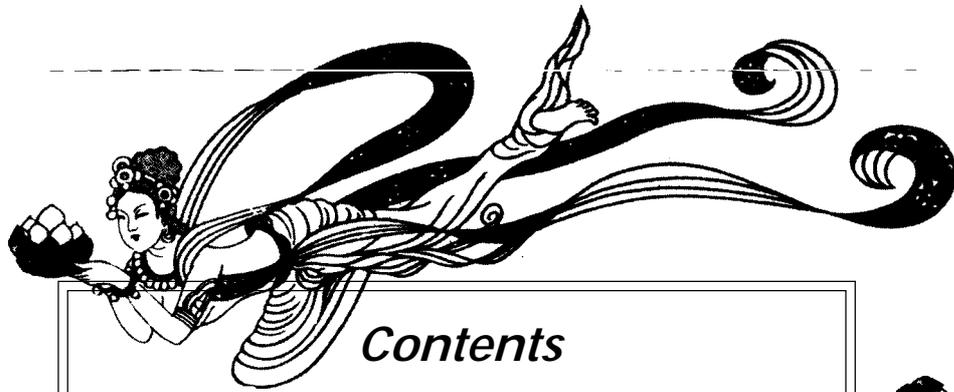
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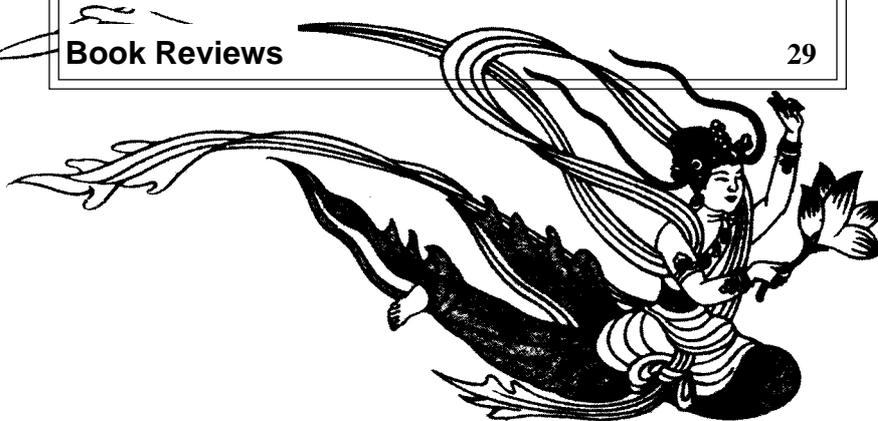
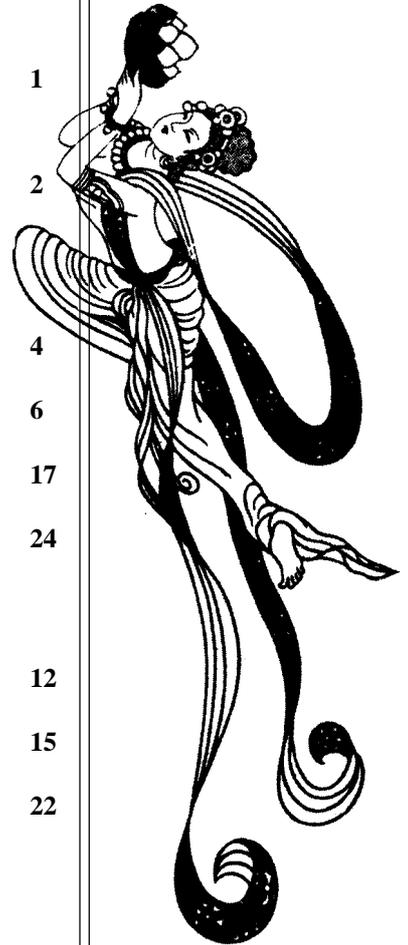
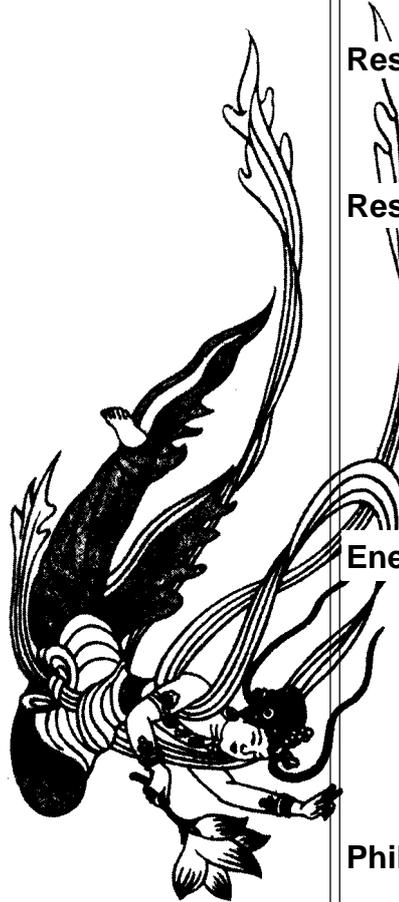
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