

# SHIATSU & CANCER



## RESEARCH

### **Collins KB, Thomas DJ. Journal of the American Academy of Nurse Practitioners, Feb 2004; Vol. 16 (2):76-80.**

The aim of this review was to evaluate existing research into the use of acupuncture and acupressure (Shiatsu incorporates acupressure) in the management of chemotherapy-induced nausea and vomiting in order to give nurse practitioners the information needed to provide the best care for their patients.

Results: Used in conjunction with current antiemetic drugs, acupuncture and acupressure have been shown to be safe and effective for the relief of nausea and vomiting resulting from chemotherapy. (Even with the best antiemetic pharmacological agents, 60% of cancer patients experience nausea and vomiting when undergoing chemotherapy treatments).

### **Thwaite J. Complementary Therapies: a patient's choice. Complementary Therapies in Nursing & Midwifery. 2(3):68-70, 1996.**

An anecdotal account by a patient (Judith Thwaite) relating how a variety of complementary therapies helped her cope in her conventional medical treatment for non-Hodgkins lymphoma. In the abstract the author says that she visited the Royal Homeopathic Hospital, London, regularly for massage, Shiatsu, acupuncture and reflexology.

### **Acupressure (Shiatsu incorporates acupressure) for nausea and vomiting in cancer patients receiving chemotherapy.**

**Klein J, Griffiths P. St Mary's Hospital, London, UK. joan.klein@st-marys.nhs.uk**

Practitioners working with patients undergoing chemotherapy regularly encourage them to use acupressure in the form of Sea Bands for the relief of treatment-related nausea and vomiting. This mini-review sets out to uncover and examine the evidence base for this recommendation. A mini systematic review was carried out to identify randomized controlled trials comparing the use of acupressure plus usual care with usual care alone. The population was adult patients receiving cancer chemotherapy. The outcome was nausea or vomiting duration or intensity. Searches on Medline, Embase, AMED, the Cochrane Library, Cancerlit and Cinahl identified two randomized controlled trials involving 482 patients with compared acupressure to no intervention control. The results suggest that acupressure may decrease nausea among patients undergoing chemotherapy but further work is required before conclusively advising patients on the efficacy of acupressure in preventing and treating chemotherapy-induced nausea.

Publication Types: Review. PMID: 15389150 [PubMed - indexed for MEDLINE].

### **Effect of acupressure (Shiatsu incorporates acupressure) on nausea and vomiting during chemotherapy cycle for Korean postoperative stomach cancer patients.**

**Shin YH, Kim TI, Shin MS, Juon HS. Keimyung University, Dongsan-dong, Jung-gu, Daegu, Korea. Cancer Nurs. 2004 Jul-Aug;27(4):267-74.**

Despite the development of effective antiemetic drugs, nausea and vomiting remain the main side effects

associated with cancer chemotherapy. The purpose of this study was to examine the effect of acupressure on emesis control in postoperative gastric cancer patients undergoing chemotherapy. Forty postoperative gastric cancer patients receiving the first cycle of chemotherapy with cisplatin and 5-Fluorouracil were divided into control and intervention groups (n = 20 each). Both groups received regular antiemesis medication; however, the intervention group received acupressure training and was instructed to perform the finger acupressure maneuver for 5 minutes on P6 (Nei-Guan) point located at 3-finger widths up from the first palmar crease, between palmaris longus and flexor carpi radialis tendons point, at least 3 times a day before chemotherapy and mealtimes or based on their needs. Both groups received equally frequent nursing visits and consultations, and reported nausea and vomiting using Rhode's Index of Nausea, Vomiting and Retching. We found significant differences between intervention and control groups in the severity of nausea and vomiting, the duration of nausea, and frequency of vomiting. This study suggests that acupressure on P6 point appears to be an effective adjunct maneuver in the course of emesis control.

Publication Types: Clinical Trial, Controlled Clinical Trial, Multicenter Study  
PMID: 15292721 [PubMed - indexed for MEDLINE].

### **Acupressure (Shiatsu incorporates acupressure) for nausea: results of a pilot study.**

**Dibble SL, Chapman J, Mack KA, Shih AS. Institute for Health and Aging, University of California, San Francisco, USA. sdibble@itsa.ucsf.edu. Oncol Nurs Forum. 2000 Jan-Feb;27(1):41-7.**

PURPOSE/OBJECTIVES: To compare differences in nausea experience and intensity in women undergoing chemotherapy for breast cancer between those receiving usual care plus acupressure training and treatment and those receiving only usual care. DESIGN: Single-cycle, randomized clinical trial. SETTING: Outpatient oncology clinic in a major teaching medical center and a private outpatient oncology practice. SAMPLE: Seventeen women participated in the study. The typical participant was 49.5 years old (SD = 6.0), Caucasian (59%), not married/partnered (76%), on disability (53%), born a U.S. citizen (76%), and heterosexual (88%); lived alone (59%); had at least graduated from high school (100%); and had an annual personal income of \$50,000 or greater (65%).

METHODS: The intervention included finger acupressure bilaterally at P6 and ST36, acupressure points located on the forearm and by the knee. Baseline and poststudy questionnaires plus a daily log were used to collect data.

MAIN RESEARCH VARIABLES: Nausea experience measured by the Rhodes inventory of Nausea, Vomiting, and Retching and nausea intensity.

FINDINGS: Significant differences existed between the two groups in regard to nausea experience ( $p < 0.01$ ) and nausea intensity ( $p < 0.04$ ) during the first 10 days of the chemotherapy cycle, with the acupressure group reporting less intensity and experience of nausea.

CONCLUSIONS: Finger acupressure may decrease nausea among women undergoing chemotherapy for breast cancer.

Publication Types: Clinical Trial & Randomized Controlled Trial  
PMID: 10660922 [PubMed - indexed for MEDLINE]

### **Using acupuncture and acupressure (Shiatsu incorporates acupressure) to treat postoperative emesis.**

**Mann E. Prof Nurse. 1999 Jul;14(10):691-4. Poole Hospital (NHS) Trust.**

Interest in non-pharmacological strategies to manage health-care problems is increasing. Effective treatment for postoperative nausea and vomiting continues to be elusive, despite the introduction of new anti-emetic drugs.

Acupuncture and acupressure might offer an effective, safe, simple and cheap therapy.  
Publication Types: Review. PMID: 10481718 [PubMed - indexed for MEDLINE]

## How can Shiatsu help?

As with many other complementary therapies a major benefit for people affected by cancer is having time to talk, be listened to and heard in a safe environment. The Shiatsu practitioner is trained to relate to people as individuals and assess their physical, mental, emotional and spiritual needs – essential in recovery from cancer. The power of touch used in Shiatsu should never be underestimated.

Shiatsu can offer valuable support from the point of diagnosis, immediately after surgery and throughout radiotherapy and chemotherapy. Once treatment is finished, Shiatsu sessions can aid recovery, help to renew energy and motivate people to take responsibility for their wellbeing.

**Shiatsu** offers a drug free solution to reduce side effects such as pain, nausea and lethargy associated with surgery, radiotherapy and chemotherapy and may help to reduce hot flushes in hormone therapy.

**Shiatsu** restores and balances energy levels and triggers the relaxation response easing stress and tension in the body and mind and encouraging restful sleep.

**Shiatsu** facilitates emotional release without the need to ask searching questions, helping to reduce levels of fear and anxiety, dissipate anger and frustration and assist the grieving process.

**Shiatsu** moves the lymph helping to minimise the risk of lymphoedema.

**Shiatsu** assists with the detoxification process.

**Shiatsu** helps to restore hormonal balance in hormone related cancers

**Shiatsu** encourages correct posture, breathing, stretching and exercise

**Shiatsu** may help to boost the immune response

**Shiatsu** improves circulation and enhances wellbeing

**Shiatsu** awakens the spirit and inspires hope for the future.

**Shiatsu** helps people to get back in control, encourages self-management and empowers people to take responsibility for their healing and well-being, thereby improving their quality of life.

## Shiatsu in the NHS

### Bristol Cancer Help Centre

Bristol Cancer Help Centre, described as “representing the gold star standard for complementary care in cancer” by Professor Karol Sikora, Director of Cancer Services for the World Health Organisation, has had a Shiatsu practitioner in its Therapy Team for over 10 years.

Thea Bailey, MRSS(T), has, literally, handled hundreds of cancer patients, not only from the UK but across the world. Thea explains: “Shiatsu allows someone to feel a genuine sense of support, to relax more deeply, to gain greater awareness of their breathing and thus greater ability to release tensions, causing relief around sites of deep pain. When the mind, body and spirit is in a more harmonious state then, as we all know, the body’s own healing potential has far greater capacity to become even more effective.”

Thea sees patient’s improvements manifesting not only in their physical health but in their increased ability to make important decisions. Patients realise the benefits of the Shiatsu and often report this back to their GP’s and oncologists.

Thea says “the relief which gentle Shiatsu enables is profound. Patients can create an additional supportive care network, and it is now recognised how positive such relaxing and stress relieving effects of Shiatsu are, in conjunction with other ongoing treatments.”

As part of the Centre and Exeter University's MA course in Complementary Health Studies, Thea has been teaching students about touch and cancer. She also has contact with medical students at Bristol University, informing them about the role complementary therapies can have in cancer care. Doctors, nurses and midwives have all come to Thea as clients in her private practice. She says they have come to respect the brilliant way that working through touch, helping connect someone to their whole self, can lead to improved health and well-being – thereby playing a huge part in someone's recovery.

Thea is passionate about the work she does, explaining "For me this is vitally important work about the way we connect with our patients, and how we can use touch safely and therapeutically. Shiatsu is safe and highly effective for patients in critical states of health."

June 2007

*NB: The Bristol Cancer Centre is now known as The Penny Brohn Cancer Care Centre.*

See <http://www.pennybrohncancercare.org/>

## **University of Derby**

**Press release - April 15, 2009**

### **Buxton Students Give Free Alternative Care to Cancer Patients**

Cancer patients have spoken of their delight at a new partnership between the University of Derby and a local hospice giving them free complementary therapy. Having completed specialist training, spa managers and assessors at the University of Derby Buxton, have taught students how to deliver therapies, including massage, manicures, pedicures and spa treatments, to cancer patients and carers associated with Blythe House Hospice, in Chapel en le Frith. Clients from the hospice have already started noticing the benefits.

Lynn Ashton, 60, from Disley in Cheshire was first diagnosed with (an early stage) breast tumour in 2004. An operation removed a tumour but a second tumour was found in 2007. Lynn said that she thought the new scheme was invaluable.

She said: "Many people who've been through massive trauma don't realise they need support. Blythe House helped me understand that I was running on empty and needed to look after myself. I feel physically and emotionally recharged after a session in the spa. Something as simple as a massage can make the world of difference."

The treatments being offered are aimed to help people cope with the effects of their illness and the side-effects of their treatments.

Anne Cawthorn from the Living Well Centre at Blythe House said: "Historically people diagnosed with cancer were not offered this kind of support but we believe that alongside traditional medicine, alternative treatments can have positive effects.

"Living with cancer can be very stressful and receiving a treatment can help to reduce anxiety levels, or simply allow the person to feel pampered."

Twelve spa managers and staff have received the specialised training and now offer the free treatments at the beautifully refurbished Devonshire Spa at the University of Derby Buxton or at the Living Well Centre at Blythe House Hospice in Chapel en le Frith in the High Peak.

Some of Buxton's final year BSc International Spa Management students were involved in the training therefore educating the spa managers of the future, and continuing the education of the industry as a whole.

Nadine McNamara, 30, a Level 2 NVQ Beauty Therapy student, said: "This scheme is providing us with an incredible learning experience. It's important for us to experience working with different client groups and to assess and deliver treatments whilst responding to the particular needs of the client.

“What we are offering is something that can help people feel better when they may be at a very low point in their lives. It’s incredibly rewarding for me as a therapist.”

Debbie Lees, 50, from Glossop, in Derbyshire, was diagnosed with breast cancer in 2002. She had an initial operation to remove a tumour in early 2003 and since then has had surgery a further 11 times.

She said: “Support for people with cancer has moved on so much since 2002 and it’s thanks to partnerships like this one.

“Cancer can have a devastating effect on a person’s identity and breast cancer in particular can wreck a woman’s sense of her own femininity. The treatments we’re receiving help to restore those important feelings.”

Dr Peter Mackereth, Reader in Integrated Health at the University of Derby, said: “It is really important that we prepare our students to work in the real world, where one in three people will be diagnosed with cancer during their lifetime. The specialist training provided information about cancer and its treatments – students were also shown how to adapt their treatments so that therapies can be given safely and sensitively.”

Amanda Garrington, Operations Co-ordinator at The Devonshire Spa said: “The service we provide is a gift given to the carers and patients of this incredible organisation who all work so hard to provide a sanctuary of support for our local community.”

Blythe House, Chapel-en-le-Frith, offers free, individualised, holistic care and support for anyone in the High Peak living with cancer or other serious, life threatening illness.

The partnership is also supported by The Christie NHS Foundation Trust in Manchester, where Peter Mackereth is Clinical Lead for Complementary Therapies. The Christie Trust is a specialist NHS cancer centre offering high-quality diagnosis, treatment and care for cancer patients, and world-class research education in all aspects of cancer.

For more information about the Living Well Services contact Blythe House on 01298 815388. For further media information please contact Annabel Harvey – Press and PR Officer at the University of Derby. For media information please contact the University’s Press Office Administration Assistant.

## ARTICLES

### **The Role of Shiatsu in the Treatment of the Side-Effects of Chemotherapy By Dominique Chevalier. Translated by Chris Atkinson MRSS**

In 2004, Dominique, a trained Physiotherapist, was working as part of a Palliative Care team in the hospital service of Saintes in South-West France. During this time, he was also in his final year of Shiatsu training. This extract of his study into the effectiveness of Shiatsu in helping cancer patients overcome side-effects of chemotherapy was carried out as part of his final year assessment.

Thanks to the open-mindedness of the doctors in his department, he was given the opportunity, very rare in France, of treating existing hospital patients with Shiatsu. Patients were referred by the doctors of the Department of Oncology, who also supervised the study. The patients received the Shiatsu free of charge, and the treatments were carried out as part of the normal routine of the Department.

Chris Atkinson

My starting point for this study was an article by De. Koster-Vidal which included the following:

“I discovered the existence of Shiatsu through one of my patients undergoing chemotherapy for breast cancer. I was surprised by her general state of health, the absence of side effects and the speed of recuperation after her chemotherapy sessions (only one day of tiredness). She said “In fact, Doctor, I don’t know if I ought to tell you, but before and after my chemotherapy, I am having

Shiatsu treatments". Since then, I have had the opportunity to observe the effects of this discipline on other patients".

This prompted me to think about bringing together my study of Shiatsu and my own professional practice in caring for cancer patients.

Could Shiatsu be a useful aid in diminishing the side-effects of chemotherapy? And if so, how could the outcome be evaluated?

The study was carried out from September 2004 to May 2005 with 16 patients in the care of the Oncology Department of the Hospital of Saintes in Southwest France. None of the patients knew Shiatsu and each patient had already received 3 chemotherapy treatments. All of them had experienced post-chemotherapy side effects, of which the most frequent were:

- Physical fatigue
- Nausea
- Hair loss
- Psychological fatigue
- Vomiting
- Problems with the mouth
- Constipation
- Skin problems and sensations of tingling.

It was during consultations with certain patients concerning their experience of side-effects that the Oncologist proposed a series of Shiatsu treatments, as an additional part of their treatment in hospital.

The first appointment took the form of a general explanation of Shiatsu, an outline of what would happen during the session, and what possible effects could be expected. The patient was given a written summary of the method, specifying that the Shiatsu sessions were intended as a complement to the existing medical treatment and in no way a replacement. In addition, the patient was asked to sign a Form of Consent.

Before each Shiatsu treatment, the patient was asked to evaluate their experience of side-effects after chemotherapy. For each specific symptom, the following criteria were noted:

- The onset of the symptom, its duration and intensity, and any other relevant comments.
- The intensity of the discomfort was noted on a scale of 1 to 10 (0 = no discomfort 10 = maximum discomfort).

The Shiatsu sessions took place as soon as possible following the chemotherapy, as this gave the best opportunity for the collection of statistics. Individual case notes were taken and a synthesis of symptoms was established for each patient.

In treatment two Meridians were frequently found to be significant: Liver and Stomach; the Liver having a clear association with the storage, distribution and elimination of the toxins inherent in the chemotherapy, and Stomach relating to the preoccupation with nausea and vomiting experienced by the patients. Each session began with a systematic treatment of these two meridians, in order to address the most distressing aspects of the chemotherapy.

Generally speaking, almost all the side-effects were diminished, some more than others, ranging from 40% to 83% reduction. The average rate of improvement for the combined side-effects of all the patients was 64%. The most significant improvements occurred with the very common side-effect of vomiting and nausea. In one case, a patient who, before Shiatsu, had been vomiting up to 10 times a day for the whole week following the chemotherapy, vomited 3 times only on the day after the chemotherapy, after the first Shiatsu treatment.

Another significant improvement was in mouth problems: patients were quickly able to resume normal eating because of this improvement, and therefore more quickly recovered from physical fatigue.

This table below shows the rate of improvement for each side-effect.

Side-effect	Average intensity without Shiatsu	Average intensity with Shiatsu	0% gain
Hair loss	7.6	6.1	20.0
Nausea	7	2.2	68.6
Vomiting	6.9	1.2	82.6
Physical fatigue	8.4	2.8	66.7
Psychological fatigue	8.2	4.7	42.7
Skin problems	4.6	1.3	71.7
Tingling sensations	4.8	1.0	79.2
Headache	3.0	1.0	66.7
Shivering	6.0	1.0	83.3
Diarrhoea	4.0	2.9	28.8
Constipation	6.2	1.8	71.0
Mouth problems	6.5	1.4	78.5
Liver pain	6.0	0.0	100.0
Fever	8.5	2.7	68.8
Muscular/articular pain	4.0	2.2	45.0
Odour of the chem.	10.0	3.3	67.0
Coughing	8.0	5.3	33.8
Ringling in the ears	8.0	0.0	100.0
Sensation of drunkenness	9.0	1.8	80.0
Total	6.5	2.3	64.4

On the other hand, the side-effect least improved was that of hair loss. However, Shiatsu enabled the patients to find the wearing of the refrigerated cap more acceptable, on an emotional level. The distress caused by loss of hair and its relation to the question of self- acceptance, evolved positively with time.

Second least improved was psychological fatigue. It is difficult to measure the extent of this effect, since there are many factors involved, even when the general effects of Shiatsu were appreciated by the patients. Both physical and mental fatigue were found to be linked with nausea and vomiting. As vomiting and nausea subsided, symptoms of fatigue became less extreme, and patients' general state improved.

#### Case study results

The following case most closely represents the trend of results in the whole study.

The table below represents the progress of side-effects for this patient.

All the patient's side-effects diminished significantly and cumulatively over the period of the study, while she was receiving Shiatsu combined with chemotherapy.

Sex: F			Age: 46			Principal pathology: breast cancer Metastases: bones			
Chemotherapy <ul style="list-style-type: none"><li>Product: FEC 100</li><li>Timing: 1 treatment every 3 weeks</li><li>Total number envisaged: 6</li><li>Refrigerated cap: yes</li></ul>									
Number of treatments before beginning Shiatsu: 1									
Symptoms	Chemo. Without Shiatsu	Shiatsu 1	Shiatsu 2	Shiatsu 3	Shiatsu 4	Shiatsu 5	Average after Shiatsu	0% gain	
Hair loss	10	10	10	10	5	3	7.6	24.0	
Nausea	8	0	10	0	0	0	2.0	75.0	
Vomiting	8	0	10	0	0	0	2.0	75	
Physical fatigue	10	7	9	4	4	0	4.8	52.0	
Psychological fatigue	10	7	9	2	3	0	4.2	58.0	
Oral problems	10	2	2	0	0	0	0.8	92.0	
Herpes	10	0	0	0	2	0	0.4	96.0	
Sensation of drunkenness	9	9	0	0	0	0	1.8	80.0	
Total	75						23.6	<b>68.5</b>	
Duration of fatigue after chemo, without Shiatsu: 8 days					With Shiatsu: 0.5 days		0% gain: <b>93.8</b>		

It is important to note in Fig 1. the values shown in the 2<sup>nd</sup> session. All the side-effects either returned to their original intensity, or stayed the same. This session took place 4 days after the chemotherapy treatment, while all the rest were able to be carried out immediately following the chemotherapy, which indicates the importance of the timing of the Shiatsu treatment.

#### General conclusions

Shiatsu appeared to diminish many side-effects of the chemotherapy, particularly where the Shiatsu session closely followed the chemotherapy, ideally the same day and immediately following the perfusion.

Since this study was completed, other patients have been offered the same opportunity of receiving Shiatsu as a complementary treatment to chemotherapy, and their reactions have confirmed the results of the study.



The Shiatsu treatment was easily integrated into the hospital routine, taking its place in a programme of patient care, promoting the wellbeing of patients and as an important aid to medical treatment.

## **Working with Cancer**

**Carol Dean, MRSS(T)**

***Printed in the Shiatsu Society Journal, Spring 2010***

I have been working with cancer patients and their carers for the past four years. I work at the Cavendish Cancer Centre, a charity offering free complementary therapies to patients and their carers. I also work at Weston Park Cancer Support Centre, which is attached to Weston Park Cancer Hospital, one of the largest in the country.

Four years is but a blink of the eye in the scheme of life but I would like to share something of what I have learned. However, before you go on to read this I would like you to take a few moments out to do a short visualisation:

Find a quiet space, close your eyes, and let your breathing find its natural rhythm. Imagine you are in your clinic and your first client is someone you have never met before but you know that they have a cancer diagnosis. You are waiting for them to arrive, how do you feel at the prospect of treating them? What emotions do you identify with? What is your biggest fear? Stay with this for a few moments. Now imagine you have finished your treatment and your client has left. How do you feel? What emotions do you identify with? What is your biggest fear?

Many of you reading this, whether you are a student, graduate or practitioner may have felt some trepidation, anxiety or even fear about working with someone with cancer. This doesn't mean you are any less of a therapist than someone who has experience of working in this field. The German poet Goethe once said; 'we fear what we don't understand'. I hope this piece may provide some useful information to begin to help lessen any fears.

Both conventional and non-conventional treatment approaches have their strengths and weaknesses. Western medicine is good at diagnosis and the understanding of the tumour pathology, and at reducing the tumour tissue, i.e. attempting resolution or remission. It is not so good at giving treatments which are non-invasive or non-toxic. It often finds it difficult to see the patient as an individual; it asks what is the best treatment rather than what does the individual patient need?

Non-conventional medicine is less good at understanding cancer pathology and being specific. It is unable, as yet, to prove efficacy and cannot quote statistics. However, it is good at understanding the concept of health, promoting healthy habits, strengthening the immune system and helping patients to get in touch with themselves.

Both modalities and methods of treatments have something to offer the client. It is essential for the good of the patient to bring both approaches together. Shiatsu can help the body to help itself and is generally a positive tool to improve the outcome of other treatments, including chemotherapy, radiotherapy and hormone therapy.

I am not going to talk about the TCM pathology of cancer, interesting though it is. I would like to offer some practical tips on working with some of the side effects of the various cancer treatments, as the side effects of these treatments can be greatly eased with Shiatsu. The 3 main treatment types I would like to focus on are chemotherapy, radiotherapy and hormone therapy.

**Chemotherapy** is the use of anti-cancer (cytotoxic) drugs to destroy any cancer cells that may have spread from the tumour site into the bloodstream or the lymphatic system. This is known as

systemic treatment because the whole body is exposed to the drugs. The drugs are mainly given by injection into a vein, by continuous infusion or by tablet.

**Radiotherapy** is the use of high energy x-rays to destroy cancer cells that may remain in and around the area after surgery, but to cause as little harm as possible to normal cells. Sometimes the lymph nodes will also be treated depending on whether or not they contain cancer cells. In most cases radiotherapy is used after surgery. It is usually recommended after any type of breast-conserving surgery to reduce the risk of the cancer coming back in the same breast.

**Hormonal therapies** work by altering the levels of particular hormones in the body. Some cancers depend on certain hormones in order to divide and grow. By altering the level of hormones in the body, or blocking the hormones from attaching to the cancer cells the cancer can be controlled. Some breast cancer cells are stimulated to grow by progesterone and/or oestrogen. A test is now routinely done after surgery to check for this and is known as a **hormone receptor test**. If it is positive then hormone therapy may be suitable. Hormone therapy prevents oestrogen and progesterone from stimulating the growth of breast cancer cells. Hormone therapy usually starts after surgery and can be given in conjunction with chemotherapy or radiotherapy. Generally they are given for some years (usually around 5 years) to prevent the chances of the breast cancer returning. The most common hormone therapies are: - Tamoxifen, Arimidex, Aromasin and Femera. Approximately 75% of breast cancers in post-menopausal women are oestrogen sensitive and approximately 50-60% in pre-menopausal women. A small proportion of tumours (approx. 5%) are sensitive to progesterone only.

Unfortunately, all of these treatments have side effects and people experience any of them to varying degrees of severity. Common short-term side effects of chemotherapy can include nausea, mouth ulcers, vomiting, hair loss and fatigue (often very debilitating). As chemotherapy can affect healthy blood cells a client may be more prone to infections and anaemia. A longer-term side effect of chemotherapy is that it can affect egg development, which in turn can affect fertility. Some women may find their periods become irregular, stop temporarily or cease altogether.

Common short-term side effects of radiotherapy include skin reaction, redness or darkening of the affected area, itchiness, tenderness, soreness, fatigue, loss of appetite, nausea, and heartburn. One of the main longer-term side effects of radiotherapy can be the development of lymphoedema. Fibrosis can also develop, which causes a build-up of scar tissue, this can also cause lymphoedema.

Common side effects of hormone therapy include menopausal symptoms- hot flushes, night sweats, mood swings, weight gain, joint pain, and mild nausea, leg cramps at night. Pre-menopausal women may experience a thinning of the bones.

So, given the range of symptoms mentioned above, where do we go from here?

The common factor of Western options for treating cancer is that they are, for the most part, aggressive treatments. They are Yang in nature and in their effects on the body. They give a rapid blast of treatment and induce a range of heat-related symptoms. They damage Spleen Ki and heat and dry the blood, particularly of the Liver and Kidney. The aim of conventional treatment is to melt the stagnant lump of Phlegm or Blood with heat. This may have some results if the person is Yang deficient to begin with. If the person is Yin or Blood deficient then the hot nature of the treatment may cause further Phlegm production as the Yin becomes more deficient. (Gascoigne, 2001).

The essence of treating anyone with cancer is, of course, to treat the person and not the cancer. For many people the side effects of treatments are their most pre-occupying thoughts when they come for Shiatsu.

Chemotherapy drugs can be seen as an external pathogen\poison being introduced into the body. Nausea and vomiting are symptoms of rising, or rebellious, Stomach Ki. Stomach Ki usually descends but can be blocked by a pathogen or it can be too weak to descend. I have found the following points helpful when incorporated into a gentle treatment.

- HC-6

- St-36, 44
- CV-12
- Sp-6
- Lv-3
- LI-4

Work these points very gently if the platelet count is low.

Prostate, breast, endometrial and thyroid cancers are hormone dependent cancers. Oestrogen and testosterone can stimulate the growth of the tumour.

Hormone therapy induces early onset of the menopause and all the associated symptoms that go with this. The most debilitating symptom people experience is hot flushes. Male prostate and female breast cancer patients, who are undergoing hormone therapy and present with hot flushes, can be seen as Yin deficient. In both cases there is a depletion of Kidney Yin, Essence, Blood and Fluids. The focus of any treatment would be to nourish Kidney Yin. I have found the following points to be beneficial in many cases.

- CV-4
- Kd-3, 6, 9, 10
- Sp-6

If a client is interested in food recommendations, I suggest avoiding spicy foods, caffeine, alcohol, sugar and hot drinks. I am reluctant to make many recommendations unless a client specifically asks for them as I feel generally they have enough to cope with, and the effects of their treatments can be quite restrictive on their lifestyle as it is.

One of the more debilitating, and lasting, effects of cancer treatments is lymphoedema. This is a swelling caused by a build-up of lymph in the tissues. This build-up is a result of damage to the lymph system because of surgery or radiotherapy to the lymph nodes in the axilla and surrounding areas. Lymphoedema can occur immediately following surgery or radiotherapy or can develop later, sometimes many years after treatment. Lymphoedema is a long-term condition; it can be controlled but will never be resolved. Symptoms include: -

- Swelling of arm, hand or finger are most common
- Swelling can also affect the breast\chest, shoulder
- Skin may feel stretched
- Movements may be restricted
- Pins and needles sensation, aching, heaviness in arm

A quarter to one-third of patients who have surgery or radiotherapy to the armpit as part of their treatment for breast cancer may go on to develop lymphoedema at some time in their life.

Lymph nodes that have been damaged or removed cannot be replaced. Symptoms of lymphoedema can be managed and improved in most cases. Treatment is aimed at reducing swelling by encouraging other parts of the lymphatic system to work more effectively. This can be done by:

- Looking after your skin
- Wearing an elastic compression sleeve
- Exercising

### How can Shiatsu help?

Based on the principle that the flow of lymph is unidirectional, it is important to work with the flow of lymph, encouraging movement of lymph away from the absent, or damaged, nodes back to the

healthy nodes. The focus of your treatment would therefore be towards the centre, or core, of the body. Be cautious about incorporating stretches and rotations, as the affected limb may be swollen and painful on movement.

### Final thoughts

How do we take care of both ourselves as a practitioner and the client?

***Be honest in what you tell your client.*** Cancer patients are extremely vulnerable. Nothing is ever certain for them. A cancer sufferer at some point may approach you for treatment in your Shiatsu career. Approach the task with respect and realism, along with a recognition that you are both setting out on a journey with an unknown outcome.

You can say with confidence that your aim is to help the patient boost their immunity, vitality and general health in order to help give them a better chance, or, if palliative therapy is the course of treatment, then to help make their life more comfortable. It is important to communicate to patients that you are not treating the cancer but the person.

It is important that you should not influence the patient's treatment choice, e.g. whether a patient does or does not have chemotherapy\radiotherapy or any other treatment for their condition.

The Cancer Act 1939 actually specifies the following under prohibition of certain advertisements:

No person shall take any part in the publication of any advert containing an offer **to treat any person for cancer**, or to **prescribe any remedy therefore**, or to **give any advice in connection with the treatment thereof**.

As a closure to reading this article you might like to go back to the visualisation you did at the beginning and try it again...

### References

Breast Cancer Care Fact sheets

[www.Breastcancercare.org.uk](http://www.Breastcancercare.org.uk)

[www.cancerbackup.org.uk](http://www.cancerbackup.org.uk)

Gascoigne S. (2001). The Clinical Medicine Guide. Jigme Press

As a therapeutic model, Shiatsu does not distinguish 'cancer' from the 'person' in the context of their lives.

## **Holistic / Cancer - Bridging the gap**

### **The following article appeared in the International Therapist April 2012.**

Liz Hawkins and Marie Polley discuss some of the main principles of supporting clients with cancer using complementary therapies.

Statistics show a significant number of people will develop cancer at some point during their life. As a complementary therapist, it is possible that some of your clients will have received treatment for cancer in the past or currently be diagnosed with cancer. The journey through cancer treatment can be complex and your clients may be at different stages – some may be newly diagnosed and having active treatment whereas others may be receiving palliative care.

Approximately one in three cancer patients seek complementary therapies at some point during their cancer journey, either through services in hospitals, charities, hospices or private practice. Most commonly used therapies for people with cancer include aromatherapy, massage, reflexology

and increasingly healing/reiki. Within this article we use the term complementary therapies in relation to these therapies only.

### Understanding conventional medicine

Working with people with cancer or with cancer survivors can be very rewarding but at the same time a little daunting if you are newly qualified or have not worked with this client group before.

Understanding the biomedical practice and treatment regimes for people with cancer can greatly enhance your complementary therapy practice and there are vast amounts of research literature available on the types of biomedical treatment for cancer. However, to many complementary therapists who do not have a scientific background this literature can be difficult to access and tricky to understand. Yet, as the complementary therapy professions develop, the issues of professionalism and evidence-based clinical decisions are now more important than ever.

The best place to start accessing information about conventional medical treatment, including clinical effects and side effects, and to draw upon a growing body of research evidence to support your therapy work would be the websites of Cancer Research UK and Macmillan Cancer Care. Some cancer care centres, such as Penny Brohn Cancer Care and Breast Cancer Haven, also have evidence to support their approaches available on their websites. The PubMed search engine is ideal for sourcing research literature and any available published articles on complementary therapies. This knowledge of conventional treatment regimes and research literature can then be used to help you select the most effective treatment strategies and to adapt your therapy practice accordingly.

### The therapeutic relationship

Clients with cancer are very vulnerable and, from a practitioner's perspective you want to engender feelings of security, trust, respect, dignity and empathy with your clients. From a client's perspective, a therapist who understands the expected clinical effects and side effects of their condition and hospital treatment creates a level of trust that can further deepen the therapeutic relationship.

The client may share some of their deepest fears and concerns regarding their cancer diagnosis and likely outcome, and it is important that they feel empathy, compassion and support and not as though they are shocking their therapist. A well-managed, supportive and empathetic response can then lead to further disclosure of information that may enhance the choice of complementary therapy treatment, or enhance the clinical decision around its application.

The key stages in the cancer journey for patients, including diagnosis, treatment, survivorship, palliative care and end of life care, all come with particular anxieties, fears, concerns and needs. A person who is newly diagnosed with cancer may feel as if their world has been turned upside down and experience anger, guilt, confusion, fear or loss of control.

An increasing number of cancer survivors are also seeking complementary therapies to assist in managing the after-effects of cancer treatments. For a person who has already received chemotherapy and radiotherapy and has been given the first-all-clear, they may feel relief but also an underlying fear and anxiety that the cancer could return, as well as wanting to get back to 'full health'.

The person receiving end of life care may have been through the diagnosis and all-clear stages only to discover that the cancer has returned and is no longer curable, or they may have gone straight from newly diagnosed to end of life care.

The challenge can be immense for the complementary therapist dealing with the anxiety, fear, concern, anger, guilt, loss of control or depression that may – or may not – be verbally expressed by a client. Your role as therapist is one of compassionate listener or witness to their journey, and it is important to understand your limitations, because unless you are a trained counsellor, psychotherapist or psychologist then just listening is probably the most important thing you can do.

### Treatment adaptations

Evidence suggests that therapies such as aromatherapy, massage, reflexology and healing may primarily be beneficial to emotional well-being, assist in alleviating some symptoms such as anxiety and pain, and help improve patients' perception of their quality of life. However, the pressure applied during any touch therapy should remain light and specific lymph drainage techniques avoided. Although the usual contraindications and precautions apply, there may be some treatment adaptations depending on the type of hospital treatment being received, including:

- The tumour site and secondary tumour site (if applicable) should be avoided.

For a client undergoing radiotherapy, you would have to be particularly careful about the area of the body that you massage, carefully avoiding the area directly over the tumour site and the entry and exit wound of the radiotherapy. The skin around the entry and exit site can become inflamed, painful and sensitive, and current advice is to keep this area dry and free from any products during radiotherapy. Similarly, with reflexology, light touch is used avoiding the tumour site.

- Be cautious of side effects.

Chemotherapy causes very different side effects to radiotherapy and when treating a client receiving chemotherapy, you would need to be aware of side effects such as nausea. Although your first instinct may be to use an essential oil such as peppermint or ginger to help alleviate the nausea, we need to be mindful of the powerful association between smell and memory. We would want to minimise the risk of the client remembering feeling nauseous from chemotherapy every time they later smelled ginger or peppermint.

Therapists should be guided by how the client feels; some may experience very few side effects and welcome therapy intervention whereas others may be too unwell and experiencing severe side effects. If you work in a hospital that uses therapies alongside medical treatments, you will probably receive guidance as part of a wider team, whereas in private practice it would be prudent to check with both the client and the GP or consultant prior to the course of therapy.

- A maximum one per cent essential oil blend used.

If using essential oils in a therapy treatment, standard UK best practice is to reduce the amount in a blend to one per cent. Current thinking suggests at this dilution, the absorption of essential oils via the skin into the bloodstream would be minimal, if not negligible. Therefore, any action of the essential oil is more likely to be psychological via olfaction.

### Self-care strategies for the therapist

One of the biggest challenges faced by those working in this field is the potential emotional toil; listening to client's stories or seeing a client ravaged by disease can be very upsetting and shocking, yet we are expected to be able to care, listen, support and provide therapy treatments simultaneously. We may be reminded of our own experience of cancer with family or friends and seeing clients at the end of their life may make us question our life, mortality and spiritual beliefs.

Evidence shows a high level of compassion fatigue in healthcare professions, which can result from caring too much without sufficient support. The symptoms are similar to chronic stress and it can affect our ability to function in everyday life.

A coping strategy that healthcare professionals sometimes adopt is to remain emotionally detached from clients, however, it has been suggested that this can still lead to stress and emotional exhaustion. One of the biggest factors in a client's perception of good care is the therapeutic relationship, accounting for at least 30 per cent of the beneficial effect from therapy, whereas the techniques used account for approximately 15 per cent. Although it is important that complementary therapists have compassion and empathy with their clients, to listen, be present and hold the therapeutic space, it is vital to implement self-care strategies to prevent compassion fatigue.

Simple strategies such as regular exercise, being in nature, spending time with friends and family, pursuing and maintaining interest outside of work are all important.

If you work in a hospital or hospice, there is often formal support or regular supervision, but other useful techniques can include elements of reflective practice such as journaling, using a critical friend and peer supervision groups. These can be formal, as in the workplace, or more informal such as getting together with other therapists. Journaling is useful as it enables you to record what has happened or what you have experienced, make sense of the experience through exploration, then identify what you have learned in terms of your practice and yourself. Sharing your experiences with a critical friend or peer group has the added benefit of an objective view and learning from others' experiences.

Another strategy gaining popularity is mindfulness meditation, which means to be present and aware in relation to our own self. Through a combination of breathing, body scanning and meditation we gain self-awareness, becoming more still, compassionate and centred. Mindful therapists are thought to be less stressed with greater job satisfaction and lower levels of compassion fatigue, and consequently develop better and more effective therapeutic relationships. In short, if we truly care for ourselves we are in a better position to care for others.

Although working in this field may seem like a minefield, having the right level of knowledge and practical skills will allow better interaction with clients and other healthcare practitioners. An understanding of the cancer journey and the evidence base that supports your complementary therapies will enable you to offer safe, appropriate care, while self-care strategies will enhance both your own well-being and treatments you offer.

*\* Palliative care means that active treatment is no longer appropriate, and treatment and care is focused on symptom management from a holistic perspective to maintain quality of life.*

## **Hospice Work**

**By Rachel Nicolle, MRSS**

### **Published in the Shiatsu Society News 108 Winter 2008**

'You are good. It must be gruelling', or 'I wouldn't work for nothing', are the usual responses when I say I practice Shiatsu voluntarily at a small day care hospice about three times a month. It is flattering to be considered a saint but, in all honesty, I must dispel the myth as I find the work very enjoyable, marvellous practice, extremely interesting, highly instructive and consequently most rewarding.

Contrary to popular belief hospices are jolly and it is not necessary to be 'good' to work in such a place, in fact I find it very entertaining as well as very humbling. The patients there suffer from a variety of serious and unpleasant illnesses and disabilities and, unlike us lesser mortals who moan and groan about our colds and headaches, they are amazingly cheerful and uncomplaining. The patients love their day, seeing their friends, making jokes, being pampered with coffee, happy hour drinks, lunch, baths, hairdresser, physiotherapy, and of course, the opportunity to have complementary therapies.

When I first started, it was suggested I gave a talk and demonstration. During this, several of the patients, most of whom are rather elderly, fell asleep. No one wanted to try Shiatsu. But, I was told, a patient was coming later who 'loved any massage' so I was to treat him. I was a bit dismayed to meet a mute paraplegic in a wheelchair. But communication proved he was so charming and appreciative that I realised that fate had sent me the best possible person to give me confidence in my nervous, first efforts. The following week a lady with a stiff neck finally agreed to let me do a little work on it while she was sitting in her chair, and finally admitted it felt a bit better.

The third week, as I set off, I felt that if I spent another morning just helping with crossword puzzles and chatting to people I would give up going, but I didn't have the chance. The lady with the stiff neck had a full treatment. 'This is WONDERFUL' was her comment, and a couple of others bravely tried this new-fangled, unpronounceable therapy. From then onwards there have always been people wanting Shiatsu, some times more than I can fit in. Yes, one or two find it does nothing for them, but that is the case anywhere.

I have been interested in palliative care since I read in Time magazine of the introduction of the Hospice Movement and also of the innovative work in psychotherapy with the dying in a Chicago hospital, which I later realised was the work of Elizabeth Kubler Ross. I lived in Athens and there was nothing like that there then, so my desire to help in this field was put on hold. Many years later I qualified as a Shiatsu practitioner and realised what very useful work could be done with this in palliative care. Nearly five years ago I came back to live in England so I set out to achieve my 30 year-old ambition. The first hospice I contacted was NHS funded so very apprehensive and quite adamant that their guidelines and parameters did not permit Shiatsu. I then tried in the opposite geographical direction and found a small, independent day-care hospice which was extremely welcoming.

My initial rejection had made me realise that I needed some qualifications which would reassure lay people. A couple of years before, I had taken a four day seminar with Thea Bailey on 'Working with the Dying'. I contacted her and she recommended the Bristol Cancer Help Centre (now Penny Brohn), I gained their Certificate for Complementary Therapists working with Cancer which I found very helpful in general and in particular in understanding the emotional impact of cancer at the various stages of diagnosis and therapy – and which is also applicable to any life threatening illness. Luckily for me, that summer Thea gave a two part certificate course on 'Cancer & Shiatsu', which was very instructive from the practitioner point of view. It gave me confidence both technically and emotionally in particular, I have found her advice to follow your intuition is great. It has really surprised me, as it is almost invariably 'spot' on. For example, when working I will sometimes feel I should be holding a certain area and it is amazing how often the person will say something like 'That feels just what I need', or 'I had such a pain there yesterday'. As Hara diagnosis is, at least for me impossible when the person is slumped in a chair, I often add some intuition to the usual diagnosis through observation.

The cases I treat are so far from the sort of thing we were taught at college that I find that I am constantly inventing, especially with pain relief or general relaxation. Dealing with emotional trauma is another challenging field where Shiatsu can be so helpful. Shiatsu is ideal as it is so adaptable and off-body work can be so useful in cases of acute pain. So to those who say I am working without payment, I would reply that at the end of each day I feel as if I have received a free seminar.

In order to fit several patients into the short time available treatments have to be brief and to the point. From a chat, a quick assessment of essentials has to be made and then the treatment targeted while still giving the impression of treating the whole body despite the limitation of tubes, bags or no-go areas. This is challenging and very instructive. I am amazed how much can be achieved in a short time. The gratitude of someone who has been relieved or partially relieved from unpleasant symptoms gives a great buzz of pleasure. As to the work being 'gruelling' – I have always found giving Shiatsu rather energising and uplifting. It is a 60 mile round trip (yes my petrol is paid) so the return journey seems a bit long but it is not the work that is tiring.

I had told my wonderful teacher in Athens, Marianna Lazana, of my work and she then felt inspired to offer Shiatsu voluntarily at a clinic for pain relief. The Director had worked in England, so was open to such ideas. The results have been so impressive that she invited Marianna to address the



Pan Hellenic meeting of anaesthetists in November 2008 in Cyprus. Marianna emailed me saying that she would never have started her work if I had not been so enthusiastic about palliative care, so when she spoke to the doctors I was to think that in a way, I was speaking to them too. So my rather low-key, lifelong desire to help with palliative care has indirectly had the effect of bringing Shiatsu to the attention of a large and influential sector of the Greek medical profession – how's that for payment?

## **Further Reading**

The Penny Brohn Cancer Care Centre <http://www.pennybrohncancercare.org/>