

## Notes on the Treatment of Pain with Shiatsu

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The treatment of pain is a subject both wide and deep, not only within medicine itself, where knowledge of its implications is paramount, but in society at large where the question extends to include socio-philosophical dimensions. Different societies have developed widely differing attitudes to pain, and individuals within those societies show varying degrees of tolerance. Even if the main consideration is a medical one, we and our patients/clients will benefit from an approach that ranges from the pragmatic to the spiritual - and this we find in the Eastern tradition in which Shiatsu has its origins.

The working title given for this Congress, **“What is pain from the perspective of Shiatsu?”** implies the possibility of a special view, but I do not think that “Shiatsu” can have a perspective much different from that of the medical and cultural tradition of the East to which it belongs. In the end it is more important to ask “What is pain from the point of view of the patient / client?”, and to develop our work in a congruent manner.

I have styled this contribution as “Notes”, recognising that the subject is too vast to treat in detail. To a greater or lesser degree, pain manifests as a part of a host of medical problems. Focussing on Shiatsu as the method of treatment may reduce the frame of reference, but it still leaves us with considerably more than a short article can ever encompass. My experience is that shiatsu is both applicable and effective in many types of painful condition, mild or severe, acute or chronic.

Because I want to cover all the basic issues, my intention is to work through the general background of theory and differential diagnosis and to finish with some typical examples of treatment strategy in different conditions.

To begin with I would like set down a couple of general observations and sayings in traditional Oriental (Chinese) Medicine, which for me have always helped to orientate my approach to this particular kind of suffering.

1) **“Pain is blockage and blockage is pain”**. This is pragmatic and precise. Pain is always associated with an obstruction of Qi, so we will need to remind ourselves directly of the possible “causes” of obstruction to see how pain may arise. We should remember that “blockage” in referring to Qi may lead all the way back to include subtle resistance of the mind and holding-on to emotions. Obviously some painful conditions could be due to a number of inter-reacting factors.

2) As practitioners, we should **“always try to touch the person’s pain”**. This dictum calls for an attentive, thorough and humane approach. It does *not* refer to the necessary touching of manual treatment (e.g. Shiatsu in itself). It is addressed to all who practice medicine or healing of whatever discipline. If the patient is describing any pain as a part of their troubles we can listen attentively and make notes, but it is also an occasion to make contact and affirm our interest in discovering exactly where and how the person is suffering. It is not an occasion to be missed, as the healing process can proceed from such early-established empathic gestures. What is more, we can note the precise nature of the trouble as first presented, and this will form a reference for any progress or setbacks at a later stage. We will always ask when and how the symptom first appeared, what if anything brings relief and what makes it worse (with pain, especially, this may include heat, cold, pressure, movement or rest). Then the moment arrives to ask, “Show me where it is exactly”, and let the person guide us to the site of the pain. We can then ask permission to touch and explore with them such subtleties of depth and movement as may seem necessary.

The conversation goes:

“Ah, here?”

“No, up a bit – yes, there! All along there.”

“Aha, so that’s where it is.”

"Yes, that's it" (The origin of the first and famous Ah Shi - That's It! - category of local points).

"Does it hurt more to press like this?"

"Yes, a bit".

"What about movement - worse in this direction? I see, and in this

direction? - A bit easier. Right, that's very helpful, now let's continue."

Good history taking is in any case invaluable for the optimal development of all our work but this kind of respectful exchange also sets the scene for the patient's full collaboration as well as telling us much about the level of the obstruction (superficial or deep) and the meridians involved.

### The Causes of Obstruction

Among the 9 Principal Causes of Disease, according to TCM, we find the following which can result in *contraction*, a naturally yin response of the body that can have positive as well as negative connotations, but which can easily lead to a pathogenic "Obstruction of Qi". *Obstruction always implies a "Full" condition in terms of the 8 Principal Patterns.*

- a) *The Yin Pernicious Influences, Cold and Damp.* Whether penetrating from the exterior or arising in the interior of the body due to other factors, these cause stagnation, contraction and pain. (In the former case they are often accompanied by Exterior Wind whose yang nature penetrates the body's defences. The body's reaction is still contractive, e.g. neck and shoulder pain). Many kinds of "rheumatic" and "arthritic" pains are due to the stagnation of Qi in the Muscle Meridians or joints. The person's Defensive Qi is too weak to expel the pernicious influence, but it is at least contained in the exterior part and prevented from penetrating deeper. This "stalemate" situation results in stagnation and pain.
- b) *Repressed emotions of any kind.* Repressed feelings result in blockage of Qi. Defensive contraction initially reduces

sensitivity and emotional pain, but it runs counter to the expressive impulse and the free, harmonious circulation of Qi and Blood which, according to tradition, is the natural responsibility and function of the Liver. In the long term it is harmful. Social conditioning associated with deep running fears of punishment and rejection are at the root of many emotionally caused diseases characterised by internal obstruction and pain, with many Liver characteristics such as depression, frustration, irritability and outbreaks of anger in the picture. In addition we should mention Worry, an emotion related to the Spleen and Heart, which has the effect of "Knotting the Qi". When a person cannot relax due to persistent problems or underlying insecurity, over time their contracted state impedes the flow of Qi.

- c) *Overwork - strain.* Everybody has resources; everybody has limits. Overwork drains constitutional reserves and causes deficiency in the long term. It is also a common cause of injury, occurring in the strong and the weak alike. Here we are more concerned with sudden contractures and sprains resulting from over-effort - lifting and bending or over-exercising in general. As such, this category may merge with Trauma (category 'd', below).
- d) *Traumas - accidents, blows and physical injuries of all kinds.* The first thing to acknowledge here is that there can often be a strong mental and emotional component to trauma. This is comes under the heading "Shock" or "Fright" in the category of Emotional Causes and is the subject of a separate paper in this congress edition. The mechanism of this process is different from the physical effect of trauma on the tissues and the circulation of Qi and Blood through the injured region. It is also different from the effect of repressing emotions, described above. At times their effects combine and mutually aggravate one another, but it is useful to understand them as distinct and treat them accordingly.

N.B. Contraction resulting from injury is a natural emergency response by the body whereby loss of blood is minimised and the sensation of pain is reduced. This can enable the person to deal with their immediate situation.

There is also a secondary stage when the response is an increase of blood and fluids at an injured site, as the body attempts to repair damaged tissues. This causes swelling and pain, which in consequence immobilise the affected part and enforce rest, so preventing further damage from inappropriate use while recovering. Here we see nature working in our best interests. However, the stagnation around the injury may also impede the renewal and repair, paradoxically producing more pain and preventing full recovery. This is the precarious nature of Yin-Yang harmony, but it is just at this point that informed treatment becomes increasingly useful.

It is also worth noting here that "Deficiency" can itself be a cause of fullness and blockage. For example, a pattern of Deficient Spleen Qi can cause accumulating Internal Dampness, with obstruction and pain arising as a part of this secondary pattern. Stagnation arises too as a development of Yang deficient patterns – sometimes there is simply insufficient Qi to warm the body and keep things moving - a localised blockage occurs with associated pain. The main distinguishing feature being that this type of pain is milder, even if long-standing, usually dull, deep and better for pressure, warmth and moderate movements. *The treatment strategy here is not to move the obstruction, but to strengthen the Qi (Yang).* We must also be flexible enough to recognise when two or more patterns arise in the same person but with different causes, as when a person with deficient Qi and Blood (Internal Pattern), suffers injury or exposure that causes blockage and pain in the channels (Exterior pattern).

### **Location of Disease; Location of Pain**

These two considerations overlap but they don't amount to the same thing. When traditional Oriental Medicine asks, "What is the location of the disease?" the primary intention is to find out whether the disharmony is in the superficial or "Exterior" part of the body (In TCM this includes the Skin, the muscles and the Defensive Qi levels, and the Qi level of the Main Meridians,

especially the Yang Meridians), or if it is in the "Interior" part (which primarily includes the Blood and Organs - the Zang Fu, but may also imply Bones, Marrow, Essence etc.).

Diseases originating in the external environment may be contained in the exterior without much affecting the Internal Organs and their function, and they can be treated on this level, provided that the person has sufficient Qi and Blood. If this is not the case, however, they may penetrate into the interior in a generally worsening scenario. A damp chill affecting the bladder muscle meridian may initially cause contraction, stiffness and pain in the lower lumbar or gluteal muscles. If not treated and if the person is "deficient" it could penetrate into the main meridian and then to the Bladder itself, causing a cystitis with "cold pattern" symptoms and signs.

On the other hand, diseases arising in the interior due to "internal causes" (emotions, mainly, but diet, constitutional weakness and overwork included) simply *manifest* on the exterior. Their root remains in the interior, and treatment must always be aimed at this level.

This describes the diagnostic task relating the differentiation of Internal and External patterns in the "Eight Principal Patterns" of TCM.

*Pains which occur due to blockage in the external circulation of Qi and which are due to invasion of External Pernicious Cold or Damp, or to injuries from accident or over-effort such as sprains, are known as "Channel Problems" because their root is not deep, and they can be largely diagnosed and treated according to the channel (meridian) affected. The treatment principle is to "move the Qi in the channels and disperse the blockage". In traditional terms, this implies the use of dispersing or reducing techniques (sometimes unhelpfully called sedation). In shiatsu we have a wide and flexible choice of methods to this end, to be discussed below.*

*Pain, which is part of an internal pattern, needs to be understood in that context; we can treat the pain but the root of the disharmony must be addressed as a priority.*

### **The Law of Root and Manifestation and the Kyo-Jitsu principle**

The law of Root and Manifestation (Chinese: *Ben and Biao*) is a key element in TCM theory, which is unfortunately overlooked by most Shiatsu schools in spite of its classical elegance regarding overall treatment priorities and its clear relationship to Masunaga's theory of Kyo and Jitsu. It complements the use of the Eight Principles in diagnosis by providing the correct orientation for its application in treatment. Perhaps there is nowhere better than an article on pain to draw attention to this law once again – a bridge between TCM and popular contemporary shiatsu theory that merits notice.

In principle, it simply states that "In treating disease, we should always seek the root and address that as a priority". Next it defines the various ways in which this particular Yin-Yang relationship is expressed:

- a) In disease, the symptoms and signs are the manifestation and the underlying pattern is the root – we should identify and treat the whole pattern, not just the symptoms.
- b) In terms of medical history, recent diseases are the manifestation, old disease is the root.
- c) Regarding illness in general and the constitution, the former is the manifestation and the latter is the root.
- d) All diseases and patterns are manifestations relative to the underlying cause; the cause is the root. We must know the provenance of the disease in order to address that.
- e) Finally, whatever the manifestations *the person* is the root and the priority.

Different diseases may have the same root and complex conditions can occur with more than one root and with corresponding but overlapping manifestations.

There are also a number of important corollaries regarding treatment:

- 1) If we address the root, the manifestations will often disappear by themselves
- 2) Sometimes one needs to treat the manifestations first (as in urgent, acute and painful conditions) but one should

proceed to address the root as soon as this is practicable.

- 3) It is often possible and appropriate to treat the manifestation and address the root at the same time.

For Shiatsu practitioners, Hara diagnosis according to Masunaga's principles, specifically using the Kyo-Jitsu response method, is in my view the eminently practical way to apply the spirit of this law and orient ourselves energetically to the patient's need. Interpretations that incorrectly relate the Hara method to the 8 Principal Patterns are misleading and all too frequent. The 8 Parameters are understood and applied using other criteria. Without a clear intellectual grasp of what we are about, confusion over priorities and strategies in treatment can easily occur.

*We should palpate the Hara to complete our diagnosis as a matter of course.* This will help us to set treatment priorities and attend to pain in the most appropriate manner. If the meridians corresponding with pain appear in the Hara Kyo-Jitsu "composite", they are incorporated into the treatment accordingly (see below). If they do not coincide we can treat according to Hara and treat the channel pain separately. I am strict with myself in these matters. I treat the Kyo (root) as a priority, trusting my intuition and subtle senses as overarching guides to which I may then subject any analytical processes.

### **Diagnosis and Treatment of Painful Channel Problems with Shiatsu**

In "channel problems" we will already know the meridian(s) involved – the pain may manifest on the course of one or several. In the normal course of practice we will encounter pain as a more or less dominant symptom in many conditions, but sometimes also as a "cause" of secondary patterns. Pain is produced within the body as a natural response – it plays a particular role as the body's messenger and protector. We should not be drawn into feeling responsible for the patient's pain, or for simply getting rid of it. By questioning, listening, observation, and especially touch diagnosis, we will have some idea of the place of pain in the hierarchy of the person's needs and expectations. This must be respected.

Pain, by its very nature, tends to belong to the jitsu / manifestation side of the picture, but *in channel problems the whole pattern pertains to the Exterior part*. Acknowledging this, we may still use the subtle skill of Hara diagnosis to set priorities:

- a) If the kyo meridian is *not* particularly related to the site of pain, it is most likely connecting to some less obvious need, perhaps on another level of the person's being than the physical. Prioritising the kyo channel can nonetheless support the resolution of the pain aspect (see corollary 1 above). If the kyo meridian *does* coincide with the manifesting pain, then we should give this more attention, but there are further elements in the whole approach to channel problems that we will soon consider.
- b) When the pain seems more related to the jitsu meridian, as is naturally often the case, we must pay attention to some degree, as seems necessary, but only *after* treating the Kyo aspect.
- c) A third and quite common possibility is that both kyo and jitsu meridians flow on or near the site of the pain. Here, if we are trained in Masunaga (Zen) style shiatsu, we can look for an energetic response between adjacent channels, harmonising Kyo-jitsu through the tsubos.

I will now mention some further aspects of treatment, which belong to the broader tradition. These can support and guide the Kyo-jitsu approach to channel problems or act as an alternative basis for treatment.

- 1) *Treat according to correspondence, observing the Yin -Yang relationship and the natural functions - left and right, above and below, inside and outside etc.*

The annals of Oriental Medicine are loaded with the many and various ways of applying this traditional holistic principle. The body functions in an integrated way. As a living whole it is able to assimilate and transmit information, both through the nervous system and energetically via the fascia or meridians, aiding homeostasis and recovery.

In practice we observe that the injured or painful part of the body is in a state of protective tension. Common sense and experience shows that we do better when we don't rush in. Yin-Yang theory guides us towards more subtle and effective strategies. For one-sided pain the options are to treat the related channel on the unaffected side of the body first, or to treat the upper or lower corresponding meridian on the same side. (In the Masunaga system we can treat the same channel in the upper or lower limb; in the traditional meridian system we refer to the Six Divisions, e.g. treating Gall Bladder in the leg when the pain is related to Triple Burner in the arm, etc.) For bi-lateral pain we can still work with the above-below aspect and we can check for useful resonance between Yin and Yang meridian pairs, for example, by focussing on the Lung meridian to treat shoulder pains in the Lg.Int. area.

- 2) *Use a suitable combination of local points, near points and distant points: Select distant points as the most effective in acute problems - they activate the Qi and allow it to be dispersed; prioritise local or near points for chronic, long-term pain and tonify when there is deficiency as well as obstruction.*

This rule, very particular to TCM, clearly refers to the use of traditional points, as in acupuncture or in tsubo therapy. A knowledge of the "5 Antique Points" (Well, Spring, Stream River and Sea), otherwise categorised as the 5 "Element Points" of each meridian, therefore aids in this approach to the treatment of channel problems. The Well, Spring and Stream points (the three nearest the tip of the fingers or toes), especially of the Yang meridians, are often stimulated strongly to drain the channel. In shiatsu these points can be both pressed and grasped with a pulling action that puts the limb slightly into traction, as if to pull the obstruction free. Traction is a subtlety that can be effectively combined with pressure in exploring the tsubo response through the subsurface layers of tissue when treating any obstruction. The Xi-Cleft (Accumulation) points are especially indicated for pain along the Yin and Yang channels and the Luo-Connecting points can also be useful. For pain on the course of the Yang meridians the "Source" points are also used.

Even if we are not familiar with these categories, we can adapt the principle to

meridian-style shiatsu as long as we are prepared to stop when we find resonant tsubos that connect with the pain in some way. We should not merely "work down the meridians" but hold near and distant points, while dialoguing with the patient and working with them through breathing and movement (see below). Some pain can be addressed by holding points above and below the site, with emphasis on the Tsubos nearer to the extremities.

Apart from the point categories mentioned, there are some "Special" distant points that every shiatsu practitioner should know.

- LI. 4: Pain anywhere in the body but especially the face and mouth.
- Liv. 3: Pain anywhere, esp. in the lower body or the top of the head.

(These two points stimulated bilaterally constitute the famous "Four Gates" treatment for painful conditions).

- HP. 6: Pain of the chest area.
- Bl. 40: Pain of the lower back.
- Bl. 60: Pain of the whole back, occipital or sacral regions.
- GB. 34: Pain of the shoulder (or any of the bi-lateral joints).

The use of specific points gives us the opportunity to work in a different way, allowing an economy of effort as we direct our attention along the whole channel. Remaining quietly receptive we listen through our hands and with whole body awareness for the way the blocked channel will release. First we find local points associated with the painful area and check with the receiver for tolerable pressure. We may simply hold or cradle the area, but frequently the fingers and thumb can be adjusted to penetrate exact points. Now moving in the direction towards the hands or feet we look for any near points on the channel that will begin the work of dispersal (remember, blockage is pain and the aim is to dredge or drain the channel - we want the Qi to move). The feeling or visualisation we need to work with is "opening" or "clearing the way". So, although we may use perpendicular pressure we will start to look for ways to gently pull and stretch. It is like removing folds and kinks as we unroll and lay out a garden hose

or spread a sheet of cloth. We can then open our vision to scan the whole body for a sense of how the Qi is being held or transferred along its length. We move to contact the distant points, using whatever knowledge we have, and if we remain well grounded and aligned in our own posture we will be sensitive and spontaneous about the places which offer the best connection through to the blocked area.

### 3) Use traditional principles related to movement and resistance.

Limitation of movement is one of the body's natural protective mechanisms, with pain indicating a boundary or a safety margin. Often our habitual reaction is to test these limits by moving against the pain but this only confirms and sometimes aggravates the problem. The Oriental tradition has evolved subtle ways of interpreting such behavioural messages and converting them into healing strategies sympathetic to the body's needs. The Japanese "Sotai" principles, which are sometimes taught with shiatsu, are an excellent example and I would like to recall some adaptations of this method to end this section.

At the beginning we should always ask whether and how movement relieves or aggravates pain. In general:

*Pain alleviated by movement* is simply showing that there is stagnation (Yin-fullness, e.g. Damp) that is shifted somewhat by movement (Yang). This means we should use a more Yang approach in treatment, e.g., moxa and mobilisation.

*Pain worse for movement* is in two categories. The first, "deficient" kind, is better understood as pain associated with poor circulation and tiredness of over-exertion, e.g., low back-ache at the end of the day; joint pain worse after use and better for rest. There may be local stagnation but it is due to Deficient Qi and Blood and the treatment principle is to tonify; e.g., with steady, nourishing pressure or by strengthening Lungs, Stomach, Spleen etc. The second is a "full" kind of pain that is in an acute defensive stage with protective contraction or inflammation.

We should *not* treat inflamed areas either with moxa or pressure. Rest and reduction (with ice) are more advisable, and we can work at a distance using approaches already described.

When there is *no inflammation*, pain with restricted movement, spasm and contraction can be treated with subtle movement techniques. We need to establish first, whether there is a direction of movement in which the patient can move more freely or which gives less pain. In this direction we can give assisted movement, even while we are treating the affected meridian by holding appropriate points, thus mildly opening and stretching the whole channel. If we are sensitive we can explore these easier movement tendencies to their limit. Then they should be held, while the patient is asked to relax and breathe with the exercise. Repeating all such openings into least resistant areas will nearly always ease pain in the difficult direction. It is as is we have at last read what the body has been trying to say – “Not that way; this way”. A refinement is to ask the person to repeat movements to the easy side against slight resistance, or to devise some simple exercise that can be done to the same effect. Breathing and relaxation are key to a positive response, always. This simple application of Taoist principles to bodywork brings life and meaning to many painful conditions, which are then spontaneously resolved.

### **The Treatment of Pain Relating to Interior Patterns**

Here I will first repeat a part of what appears in italics on page 4:

*Pain, which is part of an internal pattern, needs to be understood in that context; we can treat the pain, but the root of the disharmony must be addressed as a priority.*

Pain related to internal conditions is still blockage. It may have its root in a pattern of Interior Deficiency (not enough Qi to move or transform things), or be manifesting a pattern of Interior Excess. The former has already been mentioned and the correct approach to treatment explained on page 3.

Let us finally look at some concrete examples of pain related to patterns of “Interior Excess” among the Syndromes of the Internal Organs (Zang Fu). Principle among these will be

Excess patterns of the Liver, whose responsibility is to keep the Qi and Blood flowing easily.

Stagnation of Liver Qi can be associated with painful headaches, pain of indigestion (Liv. “insults” the St. or Sp.), pre-menstrual syndrome with distension of breasts and abdomen, and pain in the pelvic region associated with irregular menstruation (Dysmenorrhoea). The cause of these is nearly always related to repression of emotions. Patterns of Liver Yang Rising or Liver Fire Blazing may also have emotional content but other causes - weak digestion and Blood Deficiency - contribute to the first, while an excess of rich foods and alcohol or other drugs may be present in the second.

In all these examples the treatment priority is to *resolve the pattern and address the causes*. We may be guided by TCM and / or our Kyo-Jitsu Hara method but in any case the pain, even if a dominant feature, is merely a symptom and cannot be effectively addressed other than in context. Chest pains associated with Stagnant Heart Qi, characterised by palpitations and a dark red or purplish tongue must be treated differently from chest pains associated with chronic coughing and heavy phlegm. The latter must be treated as a disharmony of Lungs and Spleen with Internal Damp. Both may also have an emotional root. Shiatsu itself can reach and influence the emotions, but there are layered priorities that we should be aware of if possible.

There are many examples but no exceptions to this approach to interior pattern pains. Invariably they are more long-standing and will take longer to resolve. Our Shiatsu treatment will be most helpful when firmly rooted within traditional medicine – diagnosis, prognosis, and sound guidance where needed - all are of the essence.

There is no substitute for study and practice. Treating pain, especially acute or full conditions, seems to require stronger, interventive techniques, but we can still be sensitive and subtle. We must know when and how to move back and give the client room to engage consciously in their own healing.

To go any further will bring us to the mental realm and existential questions of suffering and the human condition. Here, a philosophical and spiritual quest is indicated to augment our limited personal resources.

*Paul Lundberg for the European Shiatsu  
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