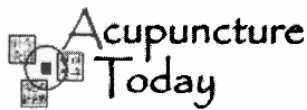


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Asian Bodywork Therapy

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Eye on Europe



During my recent annual teaching trip to the German cities of Berlin and Dresden, I sat with some of my graduates who completed their shiatsu training as a specialization, after training as MDs, RNs and PTs. I was curious to know how they integrated their East-West training today in hospitals, clinics and private practice. In the past, I have also been able to watch some of them in action, and am inspired by the way in which their *qi* training guides every movement; the way they touch and interact with patients; and their subtle use of body weight and "*qi* space" when working on patients.

The Physical Therapists

Inge Berlin (of Berlin, coincidentally) is both German- and American- trained and travels the world teaching proprioceptive neuromuscular facilitation (PNF) at physical therapy conferences. A vigorous grandmother, she is also certified in shiatsu and *qigong*, and integrates both in her physical therapy practice. I have seen her work successfully with stroke patients, inspiring one patient to move around a mat on the floor on all fours with comments such as, "Pretend you are a Canadian bear -- come on, Freddie -- let's see you move, backwards, forwards, side-to-side -- wonderful!" after guiding him through *qi* breathing and visualization. Her practice combines meridian work and stretching, inspiring the movement of one limb after the other. There's a joy in her work, a belief in the impossible. (Freddie was told he wouldn't be able to walk, but Inge had him walking with supports in a matter of months.)

In another legendary incident at an international conference, Inge watched four colleagues help a hemiplegic patient walk toward her. "Nonsense!" said Inge. "Let her feel the joy of movement in her body! Get a blanket and place her in the middle of it. Each one of you lift a corner. Now move and shake her about!" Inge's unorthodox ways of stimulating *qi* in patients may raise eyebrows among her conservative colleagues, but she blows away preconceived views with her work and praises shiatsu and *qigong* for the results.

Berlin-based **Beate Johl** completed her PT training after being trained in shiatsu. She is also my main interpreter when I teach in Germany. She has worked in a home for disturbed teenagers, and is currently working in a physical and occupational therapy practice. Beate says that shiatsu and *qigong* help her with the concept of "wholeness" when treating a patient, going beyond the typical PT "problem-and-symptom" emphasis on a broken finger or elbow. Her colleagues find it strange when she treats a sound arm before a damaged arm, another major lesson she acquired from her shiatsu training. She sees the results in patients when she integrates meridian stretches and *qigong*, even in a brief

treatment of 20 minutes or less.

"One patient, recovering from a broken elbow after a sledding accident in the snow, loves the 'round- the-body-clock' stretch we learned in shiatsu," said Beate. The technique helps move *qi* through every limb and meridian. On a recent visit to a patient recovering from a fractured femur, Beate worked the patient's upper body first, with Lung meridian stretches and arm rotations. "Then," said Beate, "we sat in her garden while I worked on her feet." The patient looks forward to these visits, a contrast to the passive treatments she received from another PT.

The MDs

Meet **Iris Boehmer**, MD. She's 30; specializes in obstetrics and gynecology; speaks German, English and Spanish fluently; and completed her medical studies at Humboldt University in Berlin, with an additional year of training at the University of Madrid Teaching Hospital. Iris's accomplishments are all the more remarkable because she is deaf, and depends on a hearing aid. She actually completed her shiatsu training at Berlin's Shiatsu Zentrum Edith Storch during her MD training.

I remember the look of enlightenment on Iris's face a couple of years ago when, during one of my Five-Element "water" weekends in Berlin, I described the Water connection to the ears and the sense of hearing. A tall, willowy woman with honey-blond hair, she unwound herself slowly from the floor to tell us, "I used to wet my bed as a child. Only then did the pediatrician discover I had a hearing problem."

Admitting she became an overachiever through normal school and university to break stereotypes about the hearing impaired, she sought shiatsu training to maximize her healing touch and non-verbal contact with future patients. While completing one of her OB/GYN residencies recently at the Ernst von Bergmann Klinikum, Potsdam (near Berlin), Iris was asked by her boss to give shiatsu to patients at high risk of giving birth prematurely.

"Some of those patients on tocolytics (medication to arrest premature contractions) developed tachycardia (rapid heartbeat) and became extremely nervous," Iris told me. She described one such hospitalized during her 20th week of pregnancy: "I gave her foot shiatsu first, as a way of introducing the new technique, and to connect with her." Iris then worked the Bladder meridian, and the patient's shoulders. Shiatsu time (with all such patients) was a brief 20 minutes, as Iris had to integrate such treatments within her workload. "The patients were surprised by the calming effect," Iris said. She felt sure the weekly treatments contributed to the patients' ability to delay the onset of premature birth.

Other patients suffering from hyperemesis (violent vomiting) responded well to simple Stomach and Spleen meridian treatment, combined with P6. "As always," said Iris, "I started shiatsu treatments on their feet." (Interestingly, two RNs at another teaching hospital told me they had the same successful results, and eased hyperemesis in a scared, pregnant patient, just by working gently along the Stomach meridian.)

Iris plans to utilize these experiences in her upcoming work at an OB/GYN

clinic in another Berlin hospital, and at a family planning center. She also wants to integrate shiatsu to help prepare hearing-challenged patients give birth. More importantly, she wants to help train her colleagues in improved communication skills with hearing-challenged patients.

Igor Richter, MD, a former orthopedic surgeon at Dresden's major teaching hospital, is now in private practice and integrates his Western training with acupuncture, shiatsu, and manipulation therapy (no more surgery!). Colleagues now refer patients to him to avoid unnecessary surgeries. Igor has attended shiatsu classes at Bernhard Ruhla's physiotherapy clinic in Dresden for over a dozen years, and has also completed triple the number of acupuncture training hours required of MDs in Germany. He's a bright, humorous man, given to short, spiky haircuts and Birkenstocks, and is eager to learn techniques to benefit his patients. Mainstream German health insurance only pays for acupuncture for treating migraines, lower back pain, and knee and hip problems, but private health insurance pays for all acupuncture treatments. Igor described a recent treatment of a patient with a fairly common problem (ruptured ligaments of the knee) following soccer and skiing injuries, when he drained excessive blood with a syringe inserted in St 34, followed by Shiatsu on GB 31; ST 36; SP 9; GB34; Liv 8; BL 40; and K 10.

Claiming some 50 percent of his patients suffer from lower back pain (mainly caused by computer overload or construction work), Igor maximizes his meridian stretching and manipulation techniques by concentrating on BL 40; BL 67; K 3; K 7; SI 3; and Du 27 to ease acute pain. For chronic lower back pain, he uses neck shiatsu, plus a number of back *shu* points (mainly BL 23, 25 and 28), and finds BL 58 great for easing iliosacral pain. For tennis elbow, he concentrates on LI 4, 10 and 11; *san jiao* 5; LI 14 and 15; and ST 36. He also finds it helpful to move the patient's arm and shoulder while holding GB 34.

Recently, I taught Igor "off-the-body" *qi* work to repair fragmented *qi* following whiplash. He intends to use this simple method for patients suffering a wide range of side-effects following automobile accidents.

THE RNs

Swiss-born **Bernadette Winiker** was quite the skeptic when she first trained in reflexology and shiatsu, initially to work on psychiatric patients at a hospital near Zurich. "The feet are from the head," she reasoned, when she discovered that patients often opened up after receiving footwork. Later, as a night nurse on a general ward, she used foot shiatsu on patients experiencing pain or insomnia. Without fail, the head nurse would wonder why patients needed less pain medications and sleeping pills when Bernadette worked the night shift.

Anne Zimmerman works in a center for the mentally challenged in Berlin. "Shiatsu really helped me listen to patients," she said. She added that treatment "helped me hear the unspoken," and tend to the patients' subtlest needs. One patient used to hit himself when he couldn't feel anything, until Anne taught him about a gentle touch, and the benefit of stretching the limbs he used to hit. When she accompanied another patient to the doctor for foot surgery, or to the dentist for a check-up, Anne held LI 4 to calm and distract her, and to "help her focus on her hand, and not her foot or her mouth."

Recently, Anne helped a patient find a long lost family member, just by listening

to his repeated descriptions of the house and street corner. Similarly, she helped him track another family member in Milan, Italy. "Some of my colleagues hated me for this," Anne admitted wryly. She described the way they dismissed his descriptions as "hallucinations" for nearly a dozen years, until she joined the team. "All I did was 'tune in' to what he was saying," she added modestly.

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