

# SHIATSU & AIDS/HIV



## What is AIDS/HIV?

HIV is a virus most commonly caught by having sex without a condom. It can also be passed on by sharing infected needles and other injecting equipment, and from an HIV-positive mother to her child during pregnancy, birth and breastfeeding.

HIV stands for 'Human Immunodeficiency Virus'. The virus attacks the immune system and weakens your ability to fight infections and disease. There is no cure for HIV, but there are treatments to enable most people with the virus to live a long and healthy life.

AIDS is the final stage of HIV infection, when your body can no longer fight life-threatening infections. With early diagnosis and effective treatment, most people with HIV will not go on to develop AIDS.

Most people who are infected with HIV experience a short, flu-like illness that occurs two to six weeks after infection. After this, HIV often causes no symptoms for several years. The flu-like illness that often occurs a few weeks after HIV infection is also known as seroconversion illness. It's estimated that up to 80% of people who are infected with HIV experience this illness.

The most common symptoms are:

- fever (raised temperature)
- sore throat
- body rash

Other symptoms can include:

- tiredness
- joint pain
- muscle pain
- swollen glands (nodes)

The symptoms, which can last up to four weeks, are a sign that the immune system is putting up a fight against the virus. These symptoms can all be caused by conditions other than HIV, and do not mean you have the virus. However, if you have several of these symptoms, and you think you have been at risk of HIV infection, you should get an HIV test. After the initial symptoms disappear, HIV will often not cause any further symptoms for many years. During this time, known as asymptomatic HIV infection, the virus continues to spread and damage your immune system. This process can take about 10 years, during which you will feel and appear well.

If left untreated, HIV will weaken your ability to fight infection so much that you become vulnerable to serious illnesses. This stage of infection is known as AIDS, although doctors now prefer to use the term late-stage HIV infection. Typically, a person with late-stage HIV infection has:

- persistent tiredness

- night sweats
- weight loss
- persistent diarrhoea
- blurred vision
- white spots on the tongue or mouth
- dry cough
- shortness of breath
- fever of above 37C (100F) that lasts a number of weeks
- swollen glands that last for more than three months

At this stage, you are at increased risk of life-threatening illness such as tuberculosis, pneumonia and some cancers. Many of these, though serious, can be treated and your health is likely to improve if you start HIV treatment.

Source: NHS UK <http://www.nhs.uk/Conditions/HIV/Pages/Introduction.aspx>, January 2014

## RESEARCH

### Complementary and alternative medicine use among HIV-positive people: research synthesis and implications for HIV care

*This study has met our selection criteria but has not been fully appraised by the CAM specialist collection.*

#### Citation

Littlewood RA, Venable PA. Complementary and alternative medicine use among HIV-positive people: research synthesis and implications for HIV care. *AIDS Care*. 2008 Sep;20(8):1002-18.

#### Authors' objectives

To conduct a systematic review in order to characterize the potential impact of CAM use on HIV care. The goals of this review were to: (1) describe the demographic, biomedical, psychosocial and health behavior correlates of CAM use; (2) characterize patient-reported reasons for CAM use; and (3) identify methodological and conceptual limitations of the reviewed studies.

#### Authors' conclusions

Findings confirm that a high proportion of HIV-positive individuals report CAM use (M=60%). Overall, CAM use is more common among HIV-positive individuals who are men who have sex with men (MSM), non-minority, better educated and less impoverished. The use of CAM is also associated with greater HIV-symptom severity and longer disease duration. HIV-positive CAM users commonly report that they use CAM to prevent or alleviate HIV-related symptoms, reduce treatment side-effects and improve quality of life. Findings regarding the association between CAM use, psychosocial adjustment and adherence to conventional HIV medications are mixed. While the reviewed studies are instrumental in describing the characteristics of HIV-positive CAM users, this literature lacks a conceptual framework to identify causal factors involved in the decision to use CAM or explain implications of CAM use

for conventional HIV care. To address this concern, we propose the use of health behavior theory and discuss implications of review findings for HIV care providers.

- **Publication Date:** 01 Sep 2008
- **Publication Type:** Systematic Review
- **Publisher:** Informal Healthcare
- **Creator:** Littlewood RA, Venable PA

## Massage therapy for people with HIV/AIDS

### Background

Infection with human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) is a pandemic that has affected millions of people globally. Although major research and clinical initiatives are addressing prevention and cure strategies, issues of quality of life for survivors have received less attention. Massage therapy is proposed to have a positive effect on quality of life and may also have a positive effect on immune function through stress mediation.

### Objectives

The objective of this systematic review was to examine the safety and effectiveness of massage therapy on quality of life, pain and immune system parameters in people living with HIV/AIDS.

### Search strategy

A comprehensive search strategy was devised incorporating appropriate terms for HIV/AIDS, randomised controlled trials (RCTs), massage therapy and the pertinent measures of benefit. All electronic databases identified were searched in November 2008, including Cochrane Group Trials Register, Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, SCIENCE CITATION INDEX, AIDSLINE, AIDSearch, CINAHL, HEALTHSTAR, PsycLIT, AMED, Current Contents, AMI, NLM GATEWAY, LILACS, IndMed, SOCIOFILE, SCI, SSCI, ERIC and DAI. We also reviewed relevant published and unpublished conference abstracts and proceedings and scrutinised reference lists from pertinent journals. There were no language or date restrictions.

### Selection criteria

Studies were identified by two reviewers based on trial design (RCTs) and participants (ie, people of any age with HIV/AIDS, at any stage of the disease) who had undergone an intervention that included massage therapy for the identified aims of improving quality of life and activity and participation levels, improving immune function, reducing pain and improving other physiological or psychological impairments.

### Data collection and analysis

Two reviewers independently identified included studies and extracted relevant data. Two other reviewers independently reviewed the included studies for risk of bias. All data and risk of bias judgements were entered into Revman (v5) and meta-analyses were conducted where appropriate.

## Main results

Twelve papers were identified, from which four were included. The remaining eight papers were excluded predominantly due to inappropriate methodology. The four included studies were highly clinically heterogeneous, investigating a range of age groups (ie, children, adolescents and adults) across the disease spectrum from early HIV through late-stage AIDS. The settings were either community or palliative care, and the outcome measures were a combination of quality of life and immunological function. The trials were judged to be at moderate risk of bias mostly because of incomplete reporting. For quality of life measures, the studies reported that massage therapy in combination with other modalities, such as meditation and stress reduction, are superior to massage therapy alone or to the other modalities alone. The quality of life domains with significant effect sizes included self-reported reduced use of health care resources, improvement in self-perceived spiritual quality of life and improvement in total quality of life scores. One study also reported positive changes in immune function, in particular CD4+ cell count and natural killer cell counts, due to massage therapy, and one study reported no difference between people given massage therapy and controls in immune parameters. Adverse or harmful effects were not well reported.

## Authors' conclusions

There is some evidence to support the use of massage therapy to improve quality of life for people living with HIV/AIDS (PLWHA), particularly in combination with other stress-management modalities, and that massage therapy may have a positive effect on immunological function. The trials are small, however, and at moderate risk of bias. Further studies are needed using larger sample sizes and rigorous design/reporting before massage therapy can be strongly recommended for PLWHA.

## Massage therapy for people with HIV/AIDS

People living with HIV/AIDS may experience a lower quality of life due to complications of the disease. Massage therapy may help people by improving their overall health and their ability to deal with stress. We systematically investigated studies that have compared massage therapy with other forms of therapy or no therapy. We found four randomised controlled trials that used massage therapy with children, adolescents or adults with HIV or late-stage AIDS. This review of the literature supports that massage therapy can benefit people with HIV/AIDS by improving quality of life, particularly if they receive the therapy in conjunction with other techniques, such as meditation and relaxation training, and provide more benefit than any one of these techniques individually. Furthermore, it may be that massage therapy can improve their body's ability to fight the disease; however, this is not yet convincingly proven. We recommend further studies be undertaken to investigate this question and recommend that in the meantime, people with HIV/AIDS use massage therapy to improve quality of life, provided they have clear goals and monitor their response to the therapy.

- **Publication Date:** 20 Jan 2010
- **Publication Type:** Systematic Review
- **Publisher:** John Wiley & Sons, Ltd
- **Source:** Cochrane
- **Creator:** Hillier Susan L, Louw Quinette, Morris Linzette, Uwimana Jeanine, Statham Sue

## Pilot Projects

North Tyneside Health Authority funded a three month pilot project which gave people with HIV and Aids the opportunity to have Shiatsu sessions. The evaluation of the pilot was so positive that the Health Trust went on to fund the work for another three years, evaluating it annually for its benefits.

The Health Authority funded three MRSS practitioners, Dominic Cleary, Sharon Dixon and Helen Frankenberg to work as a team delivering the project. Patients selected for themselves to come for Shiatsu sessions, responding to leaflets about the project placed in the sexually transmitted disease centre at Newcastle General Hospital and local support projects such as the Aids Community Trust and Body Positive North East. The Shiatsu sessions took place in the hospital ward when patients were admitted and in their home or at a drop in centre at other times.

Evaluation of the work was very positive throughout. Improvements monitored included:

- Lowering of stress levels
- Development of a more appropriate appetite and much improved digestion
- Better sleep patterns
- Improvement in skin conditions

In the latter part of the project the Health Authority extended the sessions availability to those caring for HIV and Aids patients, recognising the value of support given by these people and the strain they were experiencing.

## **CASE STUDIES**

### **Sarah Benton Case Study (HIV) – Client: E.C.**

#### Personal History and Life Style

E.C is a forty year old man, originally from Malaysia who has moved and lived in various countries around the world, presently living in Sydney but still feeling unsettled.

He works as a furniture salesman full time, is extremely successful and has a reputation for the biggest sales at his branch. He took on a second job during the time of the treatments imputing data on computers. He gets pretty tired from his work, to the point of exhaustion.

He has no relatives in Australia, and lives alone. He is in a relationship which is full of complexities and is unpredictable. E.C. seems to be on the receiving end of his partner's uneven moods.

He speaks very softly, almost to the point of a whisper. He has a small frame, dresses in dark colours presents as extremely clean and smart. He has puffiness below the eyes (a sign of Kd imbalance). He doesn't cook but pays to have his meals delivered three times a day. He eats meat and vegetables for each meal, cooked in an Asian style. He also eats a lot of sweets and has miso soup before going to bed.

His mood appears to be pretty stable, although he talks quite often of feeling really down. He doesn't purposefully do any exercise, but walks everywhere. He is a Buddhist and chants daily sometimes for many hours and is convinced that this relates to the success of his high levels of sales at work. He certainly doesn't fulfil cliques of a salesman as he presents as timid. He receives body work regularly and feels it's essential to his wellbeing.

#### Medical and health history relating to Zen Diagnosis

E.C. describes himself as having a hoarseness in his voice when growing up (his voice still sounds hoarse now and it is the first thing affected by a cold). The feeling of having something stuck in the throat relates to the HT meridian, which also is associated with speech problems. He virtually whispers his words, but speaks very fast appearing to be slightly agitated. If it was just a sore throat this could relate to either TH or the HG meridians, however, I think it is more to do with his ability to express himself which is a Ht association.

He found out he was HIV positive about 10 years ago and because this is a virus affecting the bodies' immune system, within Zen it is most closely related to the T.H. He generally, remains mainly fit and well and has been taking antiretroviral medication for this whole period which allows him to live a lifestyle not dissimilar to pre diagnosis. The medication, however, affects him in various ways. He continually has loose stools. The medication could affect many of the meridians-the LV's role to detoxify, the KD's role with the endocrine system. The lymphatic system (associated with the TH) also has a role with toxicity, by protecting cells and removing toxins and other harmful material. His previous cocktail of drugs led to the common side effect of lipodistrophy-which is fat maldistribution throughout the body where he lost weight to his legs, bottom and face. He also became very ill as his liver began to dry out which suggests a massive LV imbalance.. unable to cope with over toxicity. He is more regulated on his present medication and his body has returned to its original state but he believes the hollows below his eyes have now been filled with puffiness. He is not keen on extremes of temperature (which can be a result of an imbalance of the T.H. with the body's inability to adapt to body temperature). He particularly dislikes humidity (affecting the Sp in TCM) which affects his sleeping patterns. He has erratic and scary dreams which are related to the HT meridian and the integration of the emotions. It can also relate to the Shen, or spirit which when disturbed may manifest in excessive dreaming.

E's tiredness and exhaustion is probably related to the KD meridian as he has a tendency to overwork, and may also be from the effects of medication that leads to fatigue. He worries a lot, the preserve of the Sp, although, I'm not sure whether this is about fear of the future in which case it would relate to the KD. He has no motivation for exercise which could be related to KD or Sp. His body is naturally pretty flexible; although he often feels stiff in his muscles, and feels achy... this reveals a LV or GB imbalance.

His desire for sweets relates to the SP and earth element. He drinks a fair amount of coffee to keep himself going which again, ultimately depletes the KD meridian.

Treatments

Altogether I gave E.C a series of 8 treatments, which were generally weekly or fortnightly and sometimes he received other therapies during this time.

No	Date	Presentation	Jitsu	Kyo
1	26.07.05	Tension in shoulders. Uneven energy.	LV	KD
2	02.08.05	Busy mind and feeling tired.	LV	KD
3.	09.08.05	Tireder than ever, worrying stiffness in shoulders and feeling down.	LV	SP
4.	16.08.05	Been in bed with cold last 4 days-sore throat, neck and fever. Hara softer-less inflated.	HT	KD
5.	30.08.05	Stiffness in shoulders and ankles. Feeling tired and down.	LV	KD
6.	14.09.05	Had a headache. Tired. Down because of relationship issues.	GB	HG
7.	19.09.05	Tired. Rushing. Emotional ups and downs.	LV	SP
8.	11.10.05	More relaxed demeanor.	ST	LU

I aimed at sedating the LV as well as nourishing the KD. The overall Kyo/Jitsu interaction appears to be that Kidney is Kyo and LV is jitsu suggesting that his work holism leads to fatigue which presents as uneven energy and emotions in pursuing his life's plans. But I also feel that the work shadows a deep seated fear of being sick and that this is the underling Kyo.

In the initial treatments his hara was very resistant, and it was sometimes difficult to contact the ki (an Ht imbalance can lead to tension in the abdominal muscles) so I used hara massage to try and soften this area. His torso tends towards a Jitsu state and his legs are depleted. Thus, I concentrated on trying to shift some of this stagnation down into his legs.

I gave him specific dietary recommendations, advising him to cut down on his coffee intake. I also gave him some strengthening Kd exercises.

### Results of the Treatments

His drive and work seem to lead to a state of exhaustion and uneven emotions. The effects of the medication puts pressure on the LV to work over hard resulting in the predominantly Jitsu diagnosis. However, by treatment 4 there was a real change, the hara becoming softer and more open. (Although the months break before the 8<sup>th</sup> treatment also led to a hard hara). He embraced the exercises and food recommendations I gave him, although didn't cut things out. The HG diagnostic area on his back was often more raised suggesting a possible longer term H.G. issue. It was possible to dissolve his upper tension downwards with treatment. In treatment 5 there was a strong shift of energy down from his shoulders into his legs.

Despite presenting as tired he found that he had more energy during the week after a treatment. By treatment 5 he seemed more in present and relaxed despite taking on more work. His initial quietness also changed where he wanted to talk about his frustrations around his emotional issues indicating a more balanced expressive HT.

### Conclusion

He was always at various levels of tiredness... but his busy work style, medications and use of coffee and sugar probably maintained this. Because of the strength of the medications it somehow over shadows the Ht meridian as that most affected by his nature whereby the Hts role is to integrate the input from the five senses. I wonder if his busyness avoids the difficulty of integration and reflection of his emotions.

Obviously the chanting helps to keep him calm, although I wondered whether the focus it brings him also retains his energy in his head and upper organs; he uses it very much as a projection. The posture and stillness again relates to HT which he uses to allow his innate quietness to enable him to project outward in his work.

I tried supporting him feel a resource of energy in his hara through exercises and diet to draw on when feeling depleted.

In any long term change it would be important to build his KD strength through lower back exercises, and food adjustments. More importantly allowing space for integration of his emotions and the ability to express these.

## **ARTICLES**

### **Shiatsu with HIV positive teenagers: the Body & Soul experience**

**By Gabriella Agular, MRSS**

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

Gabriella Agular, MRSS, has trained later on in life as a Shiatsu practitioner after years of teaching experience with an interest in Special Needs Education. She practises in Brighton, London and Cambridge and has always enjoyed bringing Shiatsu within a variety of Community Projects.

I believe that volunteering is an important part of our development as practitioners and human beings. Since graduating in 2004 and registering as MRSS in 2005, I have always kept some time (a couple of afternoons a month) to give Shiatsu for free in a variety of support projects.

BODY & SOUL was mentioned as a strong Charity with fantastic new buildings – which they now have acquired after intensive fundraising for five years – where amazing support is offered to children and young people living with HIV and their families.

I went for a visit and immediately loved the unique atmosphere of their beautiful new space in Roseberry Avenue, buzzing with diverse activities and filled with light, fresh flowers, comfort and smiles! Giving shiatsu at Body & Soul is as great and real as the young people I am meeting regularly.

Besides being a Shiatsukha, I am also a secondary school teacher and I am used to teenage tantrums and short concentration spans. To my surprise these youngsters manage to stay on the futon for an hour without fuss! Not only that, but most are able to articulate what the treatment meant for them and can say more than just ‘relaxing!’

Amongst their varied comments I can quote;

‘It made feel happy’

‘I feel taller’

‘Something moved inside me’

‘I wish it would never end’

‘I understand my legs’

‘I feel alive’

‘I floated like in a dream’

‘It’s really different’

..But also ‘Do you make a lot of money with it? And ‘I wish I could learn it. Where can you train?’

It’s interesting to notice that their perceptions referred to the impact of the treatment on emotions and mind as well as on the body, let alone kindling some curiosity around career prospects!

At B & S we want to give the chance to as many users as possible to try the many complementary therapies on offer, and that is a fair enough promotion of CAM amongst the young! Therefore I see my clients for 3 sessions on the alternate weeks when I am present. The slightly unusual exposure to short term Shiatsu nonetheless provides many benefits.

First of all there is a great opportunity platform here for the youngsters to receive therapy which seems to make a difference and for the Shiatsu to branch out to be known and appreciated. Secondly, even within the time frame of a few treatments, most teenagers demonstrate some awareness around life style changes as they reveal willingness to engage in follow-up recommendations. They have tried exercises such as simple shaking Qi Qong or Makka Ho stretches; they have had a go at short meditations focussed on Hara breathing: and, if I have to believe it, attempted some diet review! Of course with encouragement from the Body & Soul healthy eating education, inclusive of the very tasty fresh fruit and vegetable-based evening meals!

The youngsters enjoy their quiet time with me and what strikes most is that they seem to grasp the notion of how important it is to be kind to themselves, which is a great success! Even if it might not sink in forever, having met the ideas at age 15 or 16 is very good.

After a brief interview and a Hara diagnosis, the treatment plan emerges within myself and I try to remember that I am giving to people sometimes as old as 13! I do not always know if my client is HIV positive. The therapies are offered both to sufferers and families and therefore issues of confidentiality and feelings of vulnerability can emerge. Through the incredible support they receive



at the centre, the 'teens' as we like to call them, are made stronger to accept and understand their status; nonetheless some of them are not always ready or willing to disclose their condition.

I therefore have to drop prejudice and be very open – which is a totally grounding exercise for the practitioner in me and a strong reminder of the Zen Shiatsu concept of working in the momentum and with the energy we find! The preliminary health questionnaire can be an important resource and source of information, which helps me to give Shiatsu with, shall I say, purposeful creativity! I often get strong reactions working along whatever meridian is speaking to me, which means my clients are energetically fully present!

They all have in common being affected by HIV and their age group but they are such diverse spirits! It's pleasure and honour to work with them and through them I practice flexibility of my own body and soul! 'Never a dull moment' is very descriptive of my time at this centre! Even when I am giving Shiatsu beneath a floor shaking from the exciting stomping of the interactive workshop upstairs, downstairs we never lose the moment! We are blessed with an exceptionally comfortable space equipped with multi-layered Futon mat which helps with the focus and yes, we can do Shiatsu no matter what goes on outside the treatment room!

From a clinical point of view, I am mainly working with emotional issues. HIV-positive people are mostly looking and feeling quite healthy but they live under the strong impact of stress, which of course has a 'knock-on' effect for their nearest and dearest too. Although some sufferers are on medication with evidence of side effects, physical symptoms are not profoundly evident with these young people. The biggest factor is the drama of having the condition when life already presents the huge challenges of adolescence.

Body & Soul is a great anchor for the 'teens'. It's their space where they can explore feelings, share experiences, build up self-esteem, get educated in matters of health and combat fear, shame and confusion. In this place of learning, Shiatsu comes in as another opportunity for self-development as well as relaxation and healing.

Statistically I have offered about 75 treatments this year, which makes it a good experience spectrum. I have met many different diagnostic situations as we always do in Shiatsu practice: anchoring the Shen, moving Liver Qi stagnation and supporting Kidney and Bladder energy have proven important intentions in many cases. During a treatment, a shift in the breathing, it deepens in Hara and it becomes calmer. Success! I am happy when I can detect a change; it means they are with me – something is going on. And slightly unorthodox as it might seem, I have used the Heart Uterus Extraordinary Vessel! Having discussed and practiced it with colleagues in an interesting workshop on pregnancy and infertility (of all conditions), I have decided to use it as stabilizer for the emotions – when appropriate – with some of these girls and boys too. Visualizing the Channel as a strong vital chord, rope like, and intending deeper into the core body, beneath, from lower to upper burner has proven beneficial. 'It made me feel happy' as someone above quoted. Yes, the Shiatsu is helping some of these young people to make friends with themselves, their bodies and the fears they might not have voiced to me directly.

At this moment I do not wish to make detailed clinical observations; rather to share how interesting, moving and sometimes even fun it is to work in this setting, and how relevant it has proven for most of these young people to have access to Shiatsu. You never know where you are with teenagers, and when I started I had to be ready for whatever would transpire. After 10 months I can say how the experience has been totally meaningful and is still alive and kicking at Body & Soul!

## **Practitioners Specialising in this area, or have extensive experience**

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## Further Reading

NHS UK [www.nhs.uk](http://www.nhs.uk)

Terence Higgins Trust <http://www.tht.org.uk/>