What do shiatsu practitioners treat? A nationwide survey

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SUMMARY Objective: The study aimed to survey the illness-conditions presenting for shiatsu treatment. Design: A nation-wide questionnaire survey was conducted of all qualified shiatsu practitioners registered with the Shiatsu Society UK. Methods: Client and practitioner questionnaires were piloted during a preliminary stage. In the main survey, all registered shiatsu practitioners in the UK (n = 397) were asked to complete structured questionnaires about themselves and three of their clients. Results: In the nation-wide survey, 288 practitioners (73%) completed at least one client questionnaire, giving a total of 792 client questionnaires for analysis. It was evident from both the preliminary stage and the main survey that musculoskeletal and psychological problems were the most common conditions presenting for shiatsu treatment. Conclusion: It was concluded that efficacy research in shiatsu should focus on musculoskeletal and psychological problems particularly neck/shoulder and lower back problems, arthritis, depression, stress and anxiety.

WHAT IS SHIATSU?

Shiatsu is a Japanese form of bodywork which is part of the system of Oriental medicine. Oriental medicine includes various ways of balancing the energy within the body. These are the needles of acupuncture; herbs and diet; exercise such as T'ai Chi and Qi Gong; and bodywork like shiatsu in Japan and tuina in China. All aim to facilitate the free flow of energy in the body's meridians (energy channels) changing blockages and depleted areas.

In shiatsu, bodywork such as stretches and rotations and pressure on the meridians and acupoints are used to enliven the body's energy. For example, the acupoint PC6, above the wrist, is often used for sickness and nausea. The particular meridians and acupoints for treatment are chosen by individual diagnosis and this is done in several ways including taking a case history, looking at posture and movement and by general appearance. The most direct method of diagnosis is palpation of the abdomen (Hara), back or the meridians themselves.

The Shiatsu Society in the UK is the umbrella organization for everyone interested in shiatsu. It is in the process of becoming an incorporated body and is applying for charitable status. The Society has general membership for shiatsu students and anyone interested in shiatsu. It also holds a register of practitioners who have passed the Shiatsu Society assessment. This involves a theory examination, a practical with two assessors and an interview. Registered practitioners are entitled to use the letters MRSS (Member of the Register of the Shiatsu Society). The Society also holds a register for teachers who have presented a portfolio of evidence of their training to the assessment panel. Schools and training programmes are not assessed, but they need to use registered teachers for the students to qualify for the Society's assessment.

RESEARCH IN SHIATSU

The practice of shiatsu appears to be on the increase and there is some published evidence of its perceived usefulness for elderly carers,[1] however, there have been no controlled studies of its efficacy. Frequently, acupoints are manipulated during shiatsu and a number of randomized controlled trials of PC6 acupressure appear to indicate the efficacy of this acupoint in relieving the symptoms of nausea,[2] but this cannot be taken as evidence of the effectiveness of shiatsu. A survey of illness-conditions presenting for shiatsu was conducted as a first step toward identifying the main conditions for efficacy research.

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METHODS

Data collection

This was conducted in two stages. In the first a convenience sample of 10 experienced shiatsu practitioners was asked to collect data on their clients over a period of 10 weeks. A principal task was to identify the main conditions and symptoms presenting for shiatsu treatment. The presenting conditions described by this group were categorized according to the International Classification Index of Primary Care.[3] The most frequently reported conditions were musculoskeletal, including neck and backache problems, rheumatoid- and osteo-arthritis and tennis elbow. This was closely followed by psychological problems including stress, anxiety and tension. Substance abuse was also reported and was recorded under this category. The clients' main symptoms were classified according to the 'patient defined problem' categories identified by Thomas et al.[4] Stress, depression and anxiety clearly formed the largest category of symptoms in the pilot group of practitioners. Neck, shoulder and back problems were also frequently reported.

In the second stage of the survey, all qualified practitioners registered with the Shiatsu Society UK (n = 397) were sent questionnaires for completion in May 1997. Each practitioner was asked to complete a questionnaire about themselves and about the next three clients who presented for shiatsu treatment.

The practitioner questionnaire sought information about gender, age, qualifications, shiatsu practice and relationship with conventional medical practice. The client questionnaire covered the following: gender, age, diagnosis from medically qualified practitioners and the symptoms which presented for shiatsu treatment. Sixteen specific symptoms identified from the first stage were arranged in random order. Practitioners were also asked to specify any other symptoms or problems. If the same client presented more than once the practitioner was asked to complete a questionnaire for the first treatment only. No names were required and practitioners were assured that no individual would be highlighted when the data were compiled. If practitioners were not currently seeing clients they were asked to complete and return the practitioner questionnaire only.

Two reminder letters were sent out. The first reminder was sent to all practitioners 1 week after the questionnaires were distributed. The second reminder, containing further copies of the questionnaires, was sent 2 weeks later and targeted non-responders.

Data analysis

Responses to closed questions were analysed with SPSS for Windows[5] using descriptive statistics and the chi-square test of difference. Data input was double checked for accuracy by comparing the data print-out with the original questionnaires. Confidence intervals (95%) were calculated using STATA.[6]

Open questions were content analysed: the researchers established a set of categories and counted the number of instances falling into each category. The analysis of responses to the two open questions on the client questionnaire concerning diagnosis and symptoms were checked for reliability. The percentage agreement between two researchers ranged from 79% to 100% for the medical diagnostic categories with a total agreement (mean) of 93%. For the 'other' presenting symptoms agreement ranged from 83% to 100% with a mean of 95%.

RESULTS

Response rate

A total of 329 practitioners (83%) responded to the survey. Eight sets of questionnaires were returned uncompleted (six of these practitioners reported that they were not currently working in shiatsu). This left 321 (81%) completed practitioner questionnaires for data analysis.

Thirty-three respondents completed a practitioner questionnaire, but did not complete client questionnaires. Some were ill or on holiday and some did not give reasons. Two-hundred and eighty-eight practitioners (73%) completed at least one client questionnaire. There were a total of 792 client questionnaires for analysis.

About the practitioners

Two-hundred and thirty-three (73%) of the practitioners who responded were female, 87 were male (one missing answer). They were a mature group of adults with ages ranging from 26 to 69 y (mean age 42.6, SD 7.3). Most practised in the South East of England (n = 100) and the London area (n = 87); 52 respondents were practising in the South West and 41 in the North and Midlands; there were 23 in Scotland, 10 in Wales and four in Ireland (four missing).

On average, the respondents had been Members of the Register of the Shiatsu Society (MRSS) for 4.3 years. Seventy practitioners (22%) were also registered teachers of shiatsu and 51 (16%) were training to be teachers. Seventy percent stated at least one additional qualification: 139 practitioners reported one or more qualifications in other types of complementary therapy principally massage, yoga and acupuncture or Reiki; 98 practitioners reported one or more other professional qualifications mainly teaching, nursing, counselling or social work; and 79 practitioners were educated to degree level or above.

Forty-four practitioners (14%) indicated that they spent at least some of their time working as a shiatsu practitioner within the NHS. About a third of practitioners (n = 97) said that they had either frequent or occasional contact with practitioners

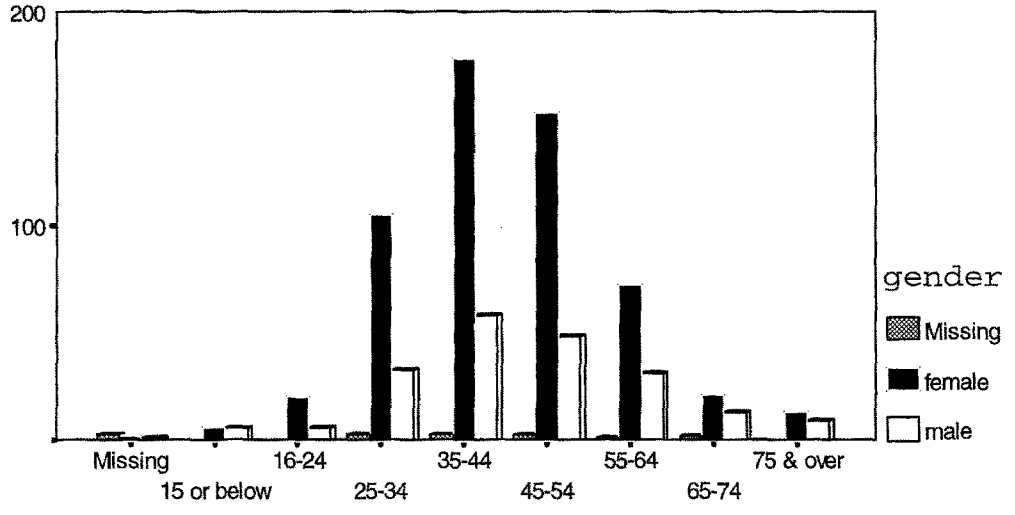

Fig. Age bands by gender

qualified in conventional medicine. However, 107 (33%) practitioners reported that such contact was rare and 115 (36%) said they never had contact.

Most of the comments made by practitioners were about relations with General Practitioner (GP) and other health professionals. Twenty-two practitioners indicated that they wished to develop or increase their involvement with conventional practitioners; 10 practitioners said they were actively working with GPs or health authorities; 11 had given information or presentations to GPs or health services about shiatsu; and three practitioners had been approached by GPs or health services for information. A number of practitioners said that doctors directly referred patients for shiatsu (n = 3), or they approved of shiatsu for their patients (n = 6), or had come for shiatsu themselves (n = 4). Four practitioners commented that GPs did not approve of complementary medicine.

About the clients

Five-hundred and seventy-one clients were female (72%) and 206 male (26%) with 15 missing answers. Fig. 1 shows the distribution of gender by age bands: 87% of the clients presenting for shiatsu were between 25 and 64 years old, the most common age band was between 35 and 44 years old (30%). There was no significant difference between males and females by age band (χ^2 = 10.34, P = 0.17).

Medical diagnosis

The majority of clients (78%) had received shiatsu before, whereas 20% (n = 158) were coming for their first treatment. About half the clients (n = 382) were said to have had a diagnosis from a medically qualified practitioner when they first presented for shiatsu. Only 2% (n = 15) of practitioners reported that they did not know if a client had been diagnosed. There were also eight reports of clients who said that their doctor was unable to make a diagnosis. Box 1 shows the distribution of diagnoses. The most frequently occurring conditions within the larger categories are also shown, with the number of cases given in brackets.

Musculoskeletal are most evident, followed by psychological conditions. It is notable that the majority of clients under 'general and unspecified' were diagnosed as having M.E. Almost all of the clients presenting for shiatsu with blood problems were diagnosed HIV positive.

Current symptoms

Symptoms presenting at the time of the shiatsu treatment are shown in Box 2. Again musculoskeletal and psychological problems stand out, followed by low energy, sleep disturbance, digestive problems and headache. Content analysis of the 'other symptoms/problems' revealed that the main categories were once again musculoskeletal (n = 109) such as leg, hip and arm symptoms and psychological problems (n = 33) followed by general and unspecified problems (n = 29), e.g. general pain.

The categories were examined for gender differences and, with the obvious exception of 'menstrual/menopausal/hormonal problems', there were no differences in the frequency of symptoms reported by men and women apart from 'breathing problems (other than asthma)' where men were significantly more likely to report symptoms (χ^2 = 8.34, P = 0.004). Comparison on 'pregnancy/infertility problems' were not valid due to the small numbers involved.

Three significant differences were found when symptoms were analysed by age bands (25–64 years). Obviously 'menstrual/menopausal/hormonal problems' were more frequent in women under 54 years old (χ^2 = 16.37, P = 0.001); arthritis reports increased with age (χ^2 = 44.64, P < 0.001); sleep problems also increased with age (χ^2 = 9.82,

Box 1 Medical diagnoses given by shiatsu clients

ICPC category	Number	Percent	Confidence intervals (95%)
Musculoskeletal neck/shoulder (22) lower back (21) arthritis (21)	111	29.1	24.5–33.9
Psychological depression (23) stress (14) anxiety (6)	52	13.6	10.3–17.5
Digestive irritable bowel syndrome (15)	32	8.4	5.8–11.6
Female genital system breast cancer (10) menopausal problems (5) fibroids (4)	31	8.1	5.6–11.3
Neurological migraine (6) multiple sclerosis (9)	28	7.3	4.9–10.4
Circulatory hypertension (13)	27	7.1	4.7–10.1
Respiratory asthma (13)	20	5.2	3.2–8.0
Blood HIV infection (10)	13	3.4	1.8–5.7
Endocrine & metabolic diabetes mellitus (4)	7	1.8	0.7–3.7
Skin	7	1.8	0.7–3.7
Pregnancy & family planning	5	1.3	0.4–3.0
Ear	3	0.8	0.2–2.3
Male genital system	2	0.5	0.1–1.9
Urology	2	0.5	0.1–1.9
Eye	1	0.3	0.0–1.4
Social problems	1	0.3	0.0–1.4
General & unspecified myalgic encephalomyelitis (26)	40	10.5	7.6–14.0
TOTALS	382	100	–

Box 2 Current symptoms reported by clients

Symptoms/problems	Number	Percent of 786*	Confidence intervals (95%)
Feeling stressed/depressed/anxious	411	52.3	48.7–55.8
Neck/shoulder problems	380	48.3	44.8–51.9
Fatigue/low energy	300	38.2	34.8–41.7
Lower back problems	245	31.2	27.9–34.5
Sleep disturbance/insomnia	176	22.4	19.5–25.5
Digestive	145	18.4	15.8–21.3
Headache/migraine	120	15.3	12.8–18.0
Menstrual/menopausal/hormonal problems	94	12.0	9.8–14.4
Other back problems	87	11.1	9.0–13.5
Breathing problems (other than asthma)	85	10.8	8.7–13.2
Arthritis	73	9.3	7.4–11.5
Heart/circulatory problems	71	9.0	7.1–11.3
Skin problems	62	7.9	6.1–10.0
Asthma	22	2.8	1.8–4.2
Blood problems	21	2.7	1.7–4.1
Pregnancy/infertility problems	12	1.5	0.8–2.7
Other symptoms/problems	292	37.2	33.8–40.6

*Six missing cases

Box 3 Main symptom reported on this occasion

Most problematic symptom	Number	Percent of 792	Confidence intervals (95%)
Feeling stressed/depressed/anxious	146	18.4	15.8–21.3
Neck/shoulder problems	111	14.0	11.7–16.6
Fatigue/low energy	85	10.7	8.7–13.1
Lower back problems	65	8.2	6.4–10.3
Digestive	27	3.4	2.3–4.9
Headache/migraine	24	3.0	2.0–4.5
Other back problems	24	3.0	2.0–4.5
Arthritis	22	2.8	1.7–4.2
Menstrual/menopausal/hormonal problems	18	2.3	1.4–3.6
Sleep disturbance/insomnia	15	1.9	1.1–3.1
Pregnancy/infertility problems	12	1.5	0.8–2.6
Breathing problems (other than asthma)	8	1.0	0.4–2.0
Asthma	6	0.8	0.3–1.6
Heart/circulatory problems	6	0.8	0.3–1.6
Skin problems	6	0.8	0.3–1.6
Other symptoms/problems	126	15.9	13.4–18.6

P = 0.02) and were reported by half the sample between 55–64 years old (n = 35). Interestingly, there were no significant differences by age for the four most frequently reported symptoms.

Main symptoms

Practitioners were asked to identify which of the current symptoms presented by the client were most problematic. The result is shown in Box 3 and it is clear that musculoskeletal and psychological or stress-related problems were again identified most often. Forty-two clients reported coming for shiatsu for asymptomatic reasons (n = 42) mainly for general relaxation and to sustain well-being.

CONCLUSIONS AND RECOMMENDATIONS

It is clearly evident that musculoskeletal and psychological problems were the most common conditions presenting for shiatsu treatment. The most frequent musculoskeletal problems were neck/shoulder problems followed by lower back problems and arthritis. Depression was the main psychological problem followed by stress and anxiety. Other conditions commonly reported included myalgic encephalomyelitis, irritable bowel syndrome, hypertension and asthma.

It must be acknowledged that the conditions and symptoms reported were based on the shiatsu practitioners' account of the clients' self-report. While the reliability and validity of these data are not known both the preliminary study and the main survey produced very similar results. Furthermore, the above conclusion is based on findings from a large sample of client reports with a good response rate for practitioners completing client questionnaires.

There were few differences in the types of conditions presented when the data were analysed by gender and age band. Obviously 'menstrual/menopausal problems' were evident among women and this decreased with age. Men presented with significantly more 'breathing problems (other than asthma)'. Reports of arthritis and sleep problems significantly increased with age.

These findings are strikingly similar to those from other studies. In the UK, little seems to have changed since Fulder and Munro[7] suggested that complementary and alternative practitioners tend to treat disorders which are chronic, mild, musculoskeletal and stress-related. Thomas et al[4] found that the vast majority (78%) of British clients using unconventional treatments have musculoskeletal problems. Wadlow and Peringer[8] found that the largest proportion of patients (33%) going for acupuncture treatment presented with musculoskeletal disorders.

In the world's largest survey of the use of complementary and alternative medicine, MacLennan et al[9] found that the most commonly consulted practitioners were chiropractors. In the USA, Eisenberg et al[10] found that the use of unconventional treatments was highest for back problems (36%), anxiety (28%), headaches (27%), chronic pain (26%) and cancer or tumours (24%).

The findings from this survey suggest that efficacy research in shiatsu should focus on musculoskeletal and psychological problems particularly neck/shoulder and lower back problems, arthritis, depression, stress and anxiety.

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REFERENCES

1. Formby J. Shiatsu massage for carers. Compl Ther Med 1997; 5: 47–48.
2. Harris P. Acupressure: a review of the literature. Compl Ther Med 1997; 5: 156–161.
3. Lamberts H, Wood M, eds. ICPC International Classification of Primary Care. Oxford: Oxford University Press, 1987.
4. Thomas K J, Carr J, Westlake L, Williams B T. Use of non-orthodox and conventional health care in Great Britain. B M J 1991; 302: 207–210.
5. Bryman A, Cramer D. Quantitative Data Analysis with SPSS for Windows. London: Routledge, 1997.
6. STATA Corporation, 702 University Drive East, College Station, Texas 77840, USA.
7. Fulder S J, Munro R E. Complementary medicine in the United Kingdom: patients, practitioners and consultations. Lancet 1985; 2: 542–545.
8. Wadlow G, Peringer E. Retrospective survey of patients of practitioners of traditional Chinese acupuncture in the UK. Compl Ther Med 1996; 4: 1–7.
9. MacLennan A H, Wilson D H, Taylor A W. Prevalence and cost of alternative medicine in Australia. Lancet 1996; 347: 569–573.
10. Eisenberg D M, Kessler R C, Foster C, Norlock F E, Calkins D R, Delbanco T L. Unconventional medicine in the United States: prevalence, costs and pattern use. New Engl J Med 1993; 328: 246–252.