

GENERAL ACUPUNCTURE

All in the Family?

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Two global colleagues of mine, happened to jump into bodywork and movement education after working through their respective sons' early physical challenges.

Finnish-born former research biochemist Tarja Gromes completed Shiatsu training in Aberdeen, Scotland after working alongside physical and occupational therapists on her son Nils for 15 years in towns as far away as Celle, Germany (Bobath Therapy) and Midland, Texas (Hippotherapy and Aquatherapy). Nils' cerebral palsy was caused by premature birth. He is now 30.

Austin, Texas-based former clinical research biologist Barbara Nehman was trained in Bodywork by Canadian Therapist Margaret Gottwald during Gottwald's combo of Swedish massage and reflexology on Barbara's young son Jacob (now 38) in Asuncion, Paraguay. Not only did this training enable Barbara to work on Jacob between the formal sessions, but, later qualified her to join Gottwald's group practice. Barbara completed further training in the Trager approach when she returned to the USA. Jacob developed Bell's Palsy around three years of age for reasons unknown, causing paralysis on one side of his face. The problem corrected itself after only a few intense weeks of therapy, which Barbara attributes to the combination of formal sessions with her daily follow-ups.

Enhancing Therapy with Homework

Integrating parents in a child's therapy – especially with cerebral palsy – is very much an active part of Bobath philosophy – as Tarja Gromes discovered.

Not only did this give her a practical insight into helpful techniques, but, as with Barbara's experience, her daily follow-up exercises with Nils maximized the formal therapy sessions.

Tarja described repetitive stretching techniques to help overcome the problems Nils had rolling over from supine to prone. "I raised one of his legs, as in the Bladder Meridian stretch, lowering knee-to-shoulder and then turned him over, encouraging cross patterning." She then repeated the "roly poly" movement on his other side – an exercise that blends perfectly with different forms of corrective exercise integrated in Shiatsu. Tarja talked about the effectiveness of involving toys just out of his reach so Nils would roll over and stretch to grab a favorite toy or teddy, thus enhancing eye-movement coordination and also muscle development.

When Nils turned two, Tarja draped him over an exercise ball to enhance passive and active stretching and an element of play. Alternating flexing and stretching was vital to resolve flaccidity when he relaxed, and stiffness when he grew tense. She found it effective to play music in the background or some of his favorite Hans Christian Andersen stories, to engage all his senses. At 15, he rebelled against ongoing physical therapy but continued to work on himself through to the present day, when he often uses the large exercise ball as a chair!

Barbara & Jacob

Barbara Nehman's experience with her son Jacob has inspired her to recommend specific movement exercises to parents and caretakers of kids with Bells Palsy, including a combo of Reflexology with the Trager Approach (involving gentle, wavelike and rhythmic movements.)

More than anything, Barbara emphasizes the whole body-mind approach. She talks about the power of using a "community of parts" or the entire body as a "team" in a holistic way to energize and resolve a problem in one body part - as opposed to a common physical therapy emphasis on that lone body part. Whether she uses reflexology or the Trager Approach for the feet, Barbara - and her client - observe the ripple effect throughout the entire body. She continues to advise her son on exercises.

Interestingly both Tarja and Barbara emphasize the importance of excellent footwork as a key to the resolution of different forms of Palsy.

Tarja's son Nils' toes would roll together, requiring toe spreaders. Walking barefoot was equally effective. His toes curled – but by contrast - his fingers would spread, and she gave him balls to squeeze to develop dexterity.

These days she emphasizes intense work on the hands and feet of her Shiatsu clients because "feedback is instant", and her work with Nils has also made her acutely aware of a client's gait and body language. She asks, "How do they walk? How do they sit down? How do they sound? And how does their body respond when I ask them, what can I do for you?

The Flip Side - Child-to-Parent

Although I wouldn't encourage young kids to take care of their parents except in dire circumstances, as a young child I personally gained an early apprenticeship by nursing my mother through lifelong migraines. This meant everything from making special teas for her age 5 to 13, actually steering her car through a winding mountain drive when an attack hit her vision, to helping her into bed, applying cold compresses to her forehead, and closing the house for a couple of days to block out noise, light, and sound.

Migraines became an instant specialization after I completed my shiatsu training. Migraine clients of all stripes express relief when they can talk to me in shorthand. I offer checklists of tips they can do for themselves at the first glimmer of an attack, like, holding key acupoints such as Bl 1,2,10, 67 and Liv 1,2,3 by turn. Or, if they are in transit somewhere, by twisting a towel in hot water and applying it like a rope to the back of the neck with focus on Bl 10 and GB 20. Also, lying on the floor with a tennis ball under the sacrum can help ease frontal migraines.

A Final word of Advice

As therapists we often find ourselves in a position of teaching family members of our clients how to work on key acupoints - especially on the hands and feet of a loved one, a parent, child, sibling or relative - perhaps pre or post surgery or to address a chronic challenge.

It's up to the art and intuition of the therapist to know when and where this teaching is appropriate, compassionate and helpful. It can be counterproductive when the family dynamic involves a pattern of control – or – worst case – some form of abuse.

During my travels years ago, a friend, "Jenny" asked me to help teach her boyfriend – "Marcus" a single Dad – how to activate points to help ease his 18-year-old daughter's menstrual cramps. I agreed, until I noticed "Anna's" body language when "Marcus" entered the room.

In a diplomatic way I suggested time alone with "Anna". I said it would be good to teach her meridian stretches and acupoints she could activate for herself. During this one-on-one session, my hunch proved to be accurate. "Anna" admitted her Dad had been sexually abusing her for years, and she was in the process of leaving home. My intervention prompted an aggressive denial from "Marcus" and ended my friendship with "Jenny." Later "Anna" sought psychotherapy, and I continue to advise her to this day.

In my next column, I will focus on positive case studies where I have taught family members of clients specific exercises and acupoints to help in pre and post surgery situations, extensive hospitalizations, pain, palliative care, childbirth, labor and delivery.

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