Case Reports is a regularly featured column meant to highlight the clinical applications of alternative or integrative therapies as they are implemented in patient care. Preference will be given to cases in which diagnosis, treatment, and outcomes are clearly defined.

JIN SHIN JYUTSU OUTCOMES IN A PATIENT WITH MULTIPLE MYELOMA

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Jin Shin Jyutsu (JSJ), a Japanese energetic healing art that shares ancient roots with acupuncture and acupressure, was sought by a 56-year-old white patient for uncontrolled rib pain, subsequently diagnosed as multiple myeloma. JSJ treatment was received, without charge, from the author-practitioner, a relative of the patient, while she was still in training to become a certified practitioner.

Treatment occurred (1) intermittently during the 4 months before diagnosis, (2) each of the patient's initial hospitalization at diagnosis, (3) for side effects arising from the patient's first autologous peripheral stem cell bone marrow transplant (BMT) preconditioning regimen, and (4) throughout his 12-day BMT hospitalization.

Numerous symptoms were treated in uncontrolled field and hospital settings with JSJ flows. Treatment primarily addressed active, troubling symptoms and during BMT hospitalization included prophylactic treatment for the most immediately anticipated side effects. JSJ's contribution to the patient's quality of life was readily acknowledged by his oncologist and treating BMT physician.

JIN SHIN JYUTSU THEORETICAL BASIS

Jin Shin Jyutsu approaches the body as an energetic system. It embodies a deep knowledge of how energy nourishes, sustains, and integrates form and function within the body. JSJ resembles acupressure in the use of gentle, external finger pressure to stimulate the flow or energy within the body to accomplish therapeutic goals. It relies on the Oriental pulse, body alignment, symptoms, medical diagnosis, and feedback of the patient to set treatment priorities.

From a JSJ perspective, symptoms and pathology reflect imbalances in the underlying energetic system. JSJ identifies critical energy centers of the body called Safety Energy locks (SELs). When the SELs and the energetic pathways between them become blocked by stress, environmental toxins, or physical or emotional trauma further body stresses accumulate. Discomfort, pain, and escalating imbalance in the overall energetic system result. Parts of the body become overloaded, while other parts become energetically deprived and strain to compensate. According to JSJ theory, without intervention, severe, persistent energy blockages ultimately result in accelerated pathology. By restoring energetic harmony and reinvigorating the dynamic relationship between SELs, JSJ works to address root causes of dysfunction at the energetic level.[1-3] The body's self-healing mechanisms can then reassert themselves.

PATIENT PROFILE AT DIAGNOSIS

ST, a 56-year-old white male, was diagnosed in December 1999, with stage II B kappa light chain multiple myeloma after being hospitalized with acute renal failure and a serum creatinine level of 468.5 µmol/L. A bone marrow biopsy revealed that approximately one third of the marrow had been replaced by neoplastic cells. Within 24 hours of diagnosis, ST received standard care allopathic treatment for multiple myeloma, including (1) intravenous infusion of pamidronate to strengthen osteoporotic bones and (2) initiation of induction VAD (vincristine, adriamycin, and dexamethasone) chemotherapy. VAD treatment consists of a 28-day cycle of 4 days' intravenous vincristine and doxorubicin (Adriamycin) in combination with a 4-day-on/4-day-off regimen of 40 mg oral dexamethasone.

JIN SHIN JYUTSU TREATMENT

Relief of Prediagnosis Rib Pain

Four months before diagnosis. ST experienced an abrupt onset of acute, discrete, relentlessly cumulative, and migrating rib pain. At one point, when his wife was barely touching one affected arm of rib to apply linament, his clavicle dislocated. Having misdiagnosed the issue as costochondritis and prescribed 500 mg naproxen twice daily, ST's primary physician dismissed all further complaints of unbearable pain. ST sought relief with JSJ treatment.

Due to the intensity of the pain and the patient's vulnerability to additional injury, JSJ treatment was limited to 1 flow, the Second Method of Correction, which is also called the "Chiropractor." The patient received this flow on 6 separate occasions, each time with a significant lessening or temporary resolution of pain (e.g. reducing from 8 to 3 on a scale of 1-10). The duration of relief varied, lasting from several hours to several days following a treatment, before

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a new discrete injury would occur and pain at sites of previous injuries would recur. Following diagnosis, a pulmonologist read a chest radiograph and pointed out several healed fractures in the most active areas of former rib pain.

Complete Recovery of Renal Function

At diagnosis, a nephrologist informed ST that no intervention was available for his renal failure beyond keeping the kidneys flushed and "waiting to see" if any function returned following chemotherapy to reduce his tumor load. According to a Barcelona study of 94 multiple myeloma patients with renal failure at diagnosis, only 8% of patients with serum creatinine levels at or above 353.6 µmol/L recovered full renal function and the mean survival of the patients with renal failure was 9 months.[4]

ST received daily JSJ kidney flows throughout his 8-day hospitalization. Despite more than 90% odds to the contrary,[4] ST gradually regained full renal function with 5 cycles of VAD over the next 6 months.

Relief from Side Effects of BMT Preconditioning Regimen

With approximately 90% reduction in tumor activity achieved after 5 regimens of VAD chemotherapy, ST elected to pursue autologous peripheral stem cell BMT. Three days after his first BMT preconditioning regimen of high dose cyclophosphamide (Cytoxan), ST sought JSJ treatment for severe, unremitting acid reflux. After a 21-minute application of JSJ's Special Thumb Function Energy Flow to harmonize acidity, the discomfort completely resolved and did not recur. Several days later, while neutropenic with a white blood count of $.3x10^9$/L, ST received a 1-hour JSJ Trinity Flow to address profound exhaustion. Normal energy levels returned and were self-sustaining, allowing him to resume his normal daily activities.

Jin Shin Jyutsu Regimen During BMT Hospitalization

The treatment priority during BMT hospitalization was to address side effects as they arose, as well as to anticipate and prevent, if possible, those side effects that are most predictably and immediately disquieting to BMT patients' quality of life. Primary prophylactic targets were (l) mucositis, (2) clearing and soothing distress in the gastrointestinal tract, and (3) nausea.

A pattern of 1-hour treatments, 1 each morning and evening, was established. The treatments included 20 minutes each of (1) Deep Skin Descending Function Energy Flow (the "Deep Skin Flow"), for healing and prevention of mucositis: (2) Special Body Function Energy-1 Flow to dear abdominal discomforts and minimize the gastrointestinal cramping associated with diarrhea; and (3) Opposite High Ones, to increase the descending energy of the body and thereby prevent or counteract nausea. Additional flows were administered as needed in response to newly arising symptoms. Occasional liver, spleen, kidney, heart, and lung flows were administered when indicated by the Oriental pulse, if time allowed. These additional flows could have contributed to healing and reduced incidence of mucositis, nausea, and abdominal issues.

Rapid Healing and Possible Prevention of Mucositis

Despite bring at 83% risk for moderate to severe (Grade 2 to 4) of mucositis[5], ST was assessed at Grade 1 mucositis only once while hospitalized.

Mucositis, the painful and debilitating inflammation of the mucosal lining of the oropharynx, is a serious complication of the high-dose chemotherapies involved in BMT. Mucositis occurs in 40% to 80% of all cancer patients.[6] BMT patients are at extremely high risk (83% to 88%) for moderate to severe mucositis.[5] Mucositis ulceration leaves an open pathway for life-threatening systemic infection and is associated with increased morbidity in severely immunocompromised patients.[7] The medical literature consistently cites the inadequacy of existing treatment and preventive agents of mucositis.[7-9]

At BMT hospital admission 2 days after outpatient infusion of high-dose melphalan, ST complained of a mouth sore. The nurses' notes on ST's admission documents record a "pink with reddened area inside L lower lip. Pt reports ...slightly sore." Twenty minutes of Deep Skin Flow administered for mucositis after ST settled into his hospital bed. Two hours after treatment, he reported the pain was gone; it never bothered him again. No subsequent mention of the initial pain or sore was made by the patient or in daily oral exams in the medical record.

The 2 daily applications of prophylactic Deep Skin Flow treatment (a total of 40 min/d) continued for 1 week for mucositis. For 4 days during that period, the nurses' notes refer to erythema and buccal rigidity with "0 pain, 0 lesions." Tenderness was noted once. Unaware of the incipient mucositis symptoms, and thinking the danger of mucositis had passed, the practitioner stopped administering the Deep Skin Flow.

The next day, the patient complained of a "very sore throat." The practitioner treated for a sore throat (cold) for 3 days. No lessening of the pain occurred until ST named the issue as a mouth sore and the Deep Skin Flow was resumed. Two hours after treatment, ST reported the pain was gone. Again, no pain returned. The physician's discharge summary, dictated the following day, corroborated that the "... oropharynx is without erythema or exudate.... [T]he patient did not develop any significant mucositis.... [H]e is eating 75% to 100 percent of his meals."

Erythema and buccal rigidity, which persisted with no pain or ulceration for 4 days with daily Deep Skin Flow, appeared to have escalated to throat ulceration without it. Healing occurred without additional antibiotics or analgesia when Deep Skin Flow was reinstituted. This would suggest both the specificity of the treatment and that some measure of mucositis prophylaxis occurred with ongoing Deep Skin Flow.

Minimal Nausea and Intestinal Cramping after BMT

In contrast to most BMT patients, ST experienced little to no significant nausea throughout hospitalization. He was nauseated on 1 day and vomited once. That occurred on the only day the JSJ practitioner did not come to the hospital.

Abdominal cramping associated with diarrhea occurred on some mornings before JSJ treatment. These symptoms consistently resolved during treatment. With 20 minutes of prophylactic evening treatment of Special Body Function Energy-l Flow no further cramping returned before the next morning. Despite the physician's discharge summary stating that no significant diarrhea

occurred, diarrhea was present throughout hospitalization; the patient simply did not suffer notable discomfort from it.

Incipient Fevers Broken

On 4 separate occasions during BMT hospitalization, incipient fevers developed over several hours. As they approached the threshold at which additional antibiotic regimens would be necessary, ST received JSJ treatment, which included the Opposite High Ones Flow to reestablish the descending (releasing) energy of the body and a 3-Flow to stimulate the primary energy of the immune system. On each occasion, the steady climb in temperature broke and returned to normal within a few minutes to 1 hour of treatment. No additional antibiotics beyond those of the established transplant protocol were required for 4 months post-BMT. The physician's discharge summary states, "The patient was …afebrile …throughout hospitalization.... Early recovery of white blood cells was noted on October 23….[N]o blood products ... were required during ... hospitalization"

Relief from Abnormal Blood Pressure and Migraine Headache

The patient's blood pressure plummeted during stem cell infusion and was immediately normalized with application of JSJ Blood Pressure Flow, which harmonizes both high and low blood pressure. High blood pressure resolved once on another occasion following JSJ treatment. On 2 other occasions, high blood pressure was only partially and very briefly lowered using the same flow. Additionally, 1 migraine was eliminated and another reduced in intensity using the Special Headache Flow. The same flow had no discernible result on 2 other occasions of migraine.

Post-BMT Status

The patient did not receive JSJ treatment after hospital discharge following BMT. JSJ self-help was taught and suggested for a number of issues. For a variety of reasons, however, ST did not use the self-help with any consistency.

As time progressed following BMT, ST became chronically, deeply fatigued. He also began experiencing deep depression that has been resistant to medication. Today, he is unsettled by what he experiences as cognitive impairment. A year and 8 months post BMT, his immune system has not fully recovered, and he fears it never will. He has had frequent, stubborn respiratory infections, including pneumonia, and a lingering cough that lasted the entire winter of 2002. He is concerned that long-term damage to his lungs may have occurred.

COMMENT

As a relative neophyte to the art of Jin Shin Jyutsu, the practitioner limited treatment approaches to the patient's specific, pressing symptoms. The deeper holistic applications of the discipline were not brought to bear then as the practitioner would apply them now.

Nevertheless, significant benefits were evident to the patient. Despite being at a 92% risk of continued renal impairment, [4] the patient regained full kidney function. Although it is not possible to attribute that outcome directly to JS], the odds are at least in favor of it having been a contributing factor. The patient also received obvious relief from pain and symptoms. Similar relief was not available through allopathic medicine, both before diagnosis, after high-dose chemotherapy, notably with mucositis, and throughout the early months post-BMT. The patient's energy levels and quality of life during BMT and for the first months following BMT were higher than he or his physicians had anticipated before treatment. ST and his family felt that BMT "was just not that big a deal" during those early months, though that opinion changed as more long-term side effects of transplant became evident.

In retrospect and with more experience, the author-practitioner would today include the more holistic approaches to treatment, regardless of time limitations. Since treating ST, the practitioner has learned of another autologous BMT patient who received 2 JSJ treatments each day while undergoing treatment for lymphoma at Stanford University Medical Center in 1996. Interviews with that patient and her JSJ practitioner revealed similar short-term outcomes to those obtained with ST. The Stanford patient, however, has had no long-term side effects from BMT to date (6 years posttransplant). Her practitioner employed JSJ's Lumbar Circle Methodology to specifically address long-term organ damage typically associated with that patient's particular transplant conditioning regimen. Given both the similar and contrasting benefits obtained by JSJ for these 2 BMT patients, a more comprehensive, well-documented, and controlled study of JSJ in BMT patients would seem to be indicated.

In fact, ST's experience as reported here precipitated a larger case series of JSJ treatment in 29 patients undergoing chemotherapy, radiation, and BMT. Twelve of those patients were treated for mucositis. The consistent and reproducible outcomes regarding mucositis in the cast series, in turn, provided the basis for a small clinical trial study that is now beginning at Kaiser Permanente Northwest Center for Health Research. JSJ's effect on mucositis will be studied in patients diagnosed with acute myelogenous leukemia who are hospitalized while undergoing induction chemotherapy. Applications for larger clinical trials are planned for fall 2002.

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