

Busting Taboos About Breast Cancer, Part One (Pamela Ellen Ferguson)

As a vigorous 16-year survivor of metastatic breast cancer, I have transformed my experiences into activism and a teaching protocol for my international students of zen shiatsu. I have taken great joy in beating the odds and busting many of the taboos surrounding cancer. As students over 20 years ago, we were advised by instructors and textbooks to avoid treating cancer patients, but we've all moved beyond that into a whole new realm of understanding and specialized procedures.



My workshops cover a number of practical topics. Along with my own personal insights and postmastectomy exercises, I share my professional experiences on the following:

• Working with other cancer patients and their families, treating each cancer patient as an individual, and avoiding sweeping generalizations about cancer.

• Special qi and zen shiatsu treatment protocols pre -and-postsurgery.

• Working creatively with survivors.

• Helping patients make informed choices about a combination of mainstream and alternative treatments and adjuvant therapies.

• Working creatively with the terminally ill.

In short, students are trained to think - and treat - multidimensionally, and to involve patients and families in teamwork. Sometimes I use shock tactics, like lifting my shirt to show my mastectomy scar, to help some students overcome their own personal fears. "There can be life,



and great qi motivation after cancer," I reassure them. "Cancer doesn't have to be a death sentence!"

I also share the activism of those of us who feel free to use saunas and changing rooms in gyms as a way of helping others break the taboo of being unibreasted (or no-breasted) and committed to physical fitness. Too many patients have felt pressured into media-hyped reconstructive surgery and implants before giving themselves time to heal or network. Similarly, heads turn in mammography centers when I crack jokes about being entitled to "half-price" mammography - something I have been able to achieve in Zurich, Montreal, and Cape Town, South Africa - but not in the U.S., where I've been told that "it's not in the system." I remind my students that men also experience breast cancer; in some countries, up to 3% of all breast cancer cases occur in males.

My students and I also discuss new ways of changing the cancer lingo many of us find aggressive and offensive, like "cancer wars," "bringing out the big guns," or "battling cancer." Instead, we opt for terms like "transforming" cancer. My own relationship with cancer changed when I realized that a cancer cell is in fact a confused cell. In my mind I needed to use imagery, such as light, to coax those cells back on track, not smash them! I wouldn't battle a confused cell?

Postmastectomy Exercises / "Drawing Circles"

To ease the apprehension some students feel at the beginning of my workshops, I teach a series of "drawing circles" - postmastectomy qi exercises I developed quite spontaneously after my surgery. The circles have helped dozens of postmastectomy patients of all ages. Through one of my students in Germany, the circles have become an integral part of physical therapy training at a teaching hospital in Berlin. The exercises also help prevent the sort of qi stagnation in the breasts and painful breasts many women experience during PMT.

The drawing circles series evolved out of my qi training, and were helpful and joyful, especially when practiced to the gloriously healing sounds of Mozart concerti. The American Cancer Society kindly sent me a booklet of exercises which, while technically sound, I found uninspiring. This prompted me to create the sort of gracefully slow qi movements my body wanted in the weeks post-surgery. The circle evolved as a useful form, a holistic grid for measuring progress each day. I had lost many circles (my right breast, along with some 20 lymph nodes and left breast cysts), so performing qi movements in circle formations felt very restoring.



Performing the Drawing Circle

- Initially, a day after surgery, heavily stitched and trussed up, I rolled my hands wristover-wrist to enhance deep breathing. "Wrist rolling" in Chinese medicine also helps stimulate the movement of lymph.
- My hands then formed a rolling qi ball in front of me, which grew in proportion day-byday.
- These prompted fun "polishing the mirror" circles, similar to those "wax on/wax off" movements practiced in the movie "The Karate Kid."
- Then came the horizontal circles, with the hands moving from waist level to full lateral extension in slow, full circular movements (great for the San Jiao and Pericardium meridians).
- Creating vertical circles proved to be the most ambitious, prompted first by swinging the arms, modestly of course, while I still had stitches. After the stitches were removed, I increased the swing each day until I could point my fingers to the ceiling and complete the circle, like a swimmer's backstroke, in slow motion! (This was great for the Stomach and Spleen meridians.)
- I then concentrated on "scar circles" small, circular movements along my scars to help reduce scar tissue, increase local flexibility, and move stagnant qi out of the meridians cut by the scalpel. Other useful exercises involved pressing two fingertips into ren 17 (the front shu point for the Pericardium), then slowly extending my arms laterally and perpendicular to my body (equally good for opening the entire Pericardium meridian and enhancing qi flow through the breasts).

These exercises are simple, but quite healing, on many levels. As a result I had full arm extension and range of motion within three weeks of my surgery, and a strong sense of restored symmetry. A few months later, I began teaching these exercises to my students, and resumed my twice-weekly swimming regimen. I swear my exercises also prevented the form of lymphedema that confounds a number of postmastectomy patients who endure a thickened arm and reduced mobility. Indeed, these exercises have also been useful for reducing long-term lymphodema experienced by many patients. I'm saddened to encounter patients who were never taught how to move creatively after breast surgery, or who were given "don't do this, don't do that" lists that caused inhibited movements, fear, frozen shoulders, a tight neck, and a tendency to hold an arm over the area as though protecting a frightened bird.

By contrast, how wonderful it was to discover that a group of breast cancer survivors in Vancouver, Canada, created a special dragon boat canoeing team to celebrate their survival and build upper body strength through competitive rowing movements! I wrote about the team in my book Take Five, and happened to meet them recently (and quite by accident) in a Philadelphia hotel lobby.



Here's some additional advice for shiatsu therapists who plan to work with breast cancer patients.

- Minimize your techniques. Practice the art of less is more. Maximize your own personal qi prepping. Avoid deep pressure. Practice off-the-body qi work around any area of recent surgery.
- Treating the Stomach meridian can be vital, not just because of location and function. The Stomach meridian plays a strong role in the "qi scaffolding" of the breast. I helped Peggy J., a double mastectomy patient, overcome so-called "phantom pain" by talking to her about the role of the Stomach meridian, and asking her to cup her hands around the twin spaces above her scars where she felt pain and where she had lost her physical breasts. I worked down the Stomach meridian and performed a slow-motion "ski-jump" over her hands, following the meridian line. Not only did Peggy feel the qi line, but a day later she told me the pain had gone. She was able to drive her car again and couldn't wait to get back to the golf course!
- Similarly, the Spleen and Pericardium meridians run through the upper outer quadrant of the breasts where most tumors occur. Your diagnostic techniques will help you select the most appropriate meridians and acupoints to treat, of course, but some simple offthe-body work following the line of the affected meridians through the area of surgery will help repair meridian qi unsettled by tumors and scalpels.
- It's always useful to ask your patients to demonstrate their range of motion so you can avoid any inappropriate movement or treatment position during simple stretching. Whether you work on a table or a floor mat, always ask your patients to arrange themselves in their most comfortable position. One of my patients, Lisa N., could hardly extend her arm in the supine position without a cushion for support.
- Placing a light, colorful cloth over the area of surgery can help remind you of its exact location.
- I often ask patients to draw their scars on body outlines, so I know the exact location. As an alternative, I suggest they line colorful Five Element stick-on dots over their clothing to track scars. I can then pinpoint the exact meridians and points affected locally and distally by the surgery. This is good for kids of all ages, especially when you show them in a mirror how stretching helps the scar "smile."
- If a patient is undergoing chemotherapy, the Pericardium is great for minimizing nausea, especially P6 and P8. Minimize movement to avoid vertigo, especially when working neck and shoulder points.
- Remember that chemotherapy hits jing (affecting bone marrow, causing hair loss, and in some cases, premature onset of menopause). There's a subtle art in using shiatsu to minimize pain and nausea during the actual chemotherapy process, as has been discovered by a sensitive shiatsu therapist and AOBTA board member, Wayne Mylin, in the sessions he gives in a Philadelphia cancer clinic.



 Rebuilding jing and the immune system after chemotherapy is one part of survival. Humor, life goals, a strong support system, a selection of mainstream and alternative therapies, and economic security, can all make the difference between life and death. I'll expand on that in part two in my next column.

Finally, here are some ... Useful Tips Surrounding the Treatment of Cancer Patients

- Encourage patients to spend time empowering themselves by networking and seeking solid information before they rush into decisions about surgery and adjuvant therapies (either mainstream or alternative). Patients often go into a tailspin when they are told they have cancer. Be reassuring and supportive. It's not helpful to throw "New Age" theories at them about why they got cancer.
- Encourage patients' families and friends to create a support network so practical needs can be spread around the group, such as setting up phone trees, group rides, picking up kids from school, shopping, etc. This helps free time and precious qi for the patient to deal with immediate concerns.
- Treat your patients with ABT and meridian stretching, or ABT and needling, as often as you can before surgery. You can help enhance qi by encouraging them to do some relevant form of exercises the day before surgery. I went rowing on the lake in New York's Central Park with my loved ones before my mastectomy, to enhance my upper body qi.
- Encourage your patients to keep repeating positive imagery of those exercises, and your treatments, in their minds when they are wheeled into the operating room and when they awake from anesthesia. Not only does this reduce pain, but it encourages a good qi flow to help recovery.
- Discourage female patients from scheduling surgery during ovulation, when the immune system is low. An epidemiologist at New York's Memorial Sloan-Kettering Hospital discovered a strong connection between cycles and recovery rates.
- Try to arrange to work on your patient a day or so after surgery. Even modest pressurepoint work on the hands and feet, or simple, gentle palming down either side of the UB meridian, will help stimulate qi and peristalsis!
- Remember that cancer is caused by a variety of factors, including environmental and industrial pollution, pesticides, stress, family genes, smoking, etc,. Survival is equally dependent on a variety of factors, along with great teamwork. Famous cyclist Lance Armstrong had youth and a driving ambition on his side to help him survive and soar through his multiple, record-breaking Tour de France victories.



• Those of us lucky enough to survive, survive to help other cancer patients and their creative therapists. I'll continue this theme in my next column, and include any of your comments or queries.

[©] Pamela Ellen Ferguson, Dipl. ABT (NCCAOM), CI (AOBTA, GSD-Germany), RMT; Austin, Texas.

First published by Acupuncture Today, January, 2004, Volume 05, Issue 01

Illustrations: Dr. Med . Isabel Selassie demonstrating the breast cancer exercises from Pamela Ferguson's (c) book "Self Shiatsu Handbook" published by Berkley Perigee, New York City. Photographer - Alison Russell