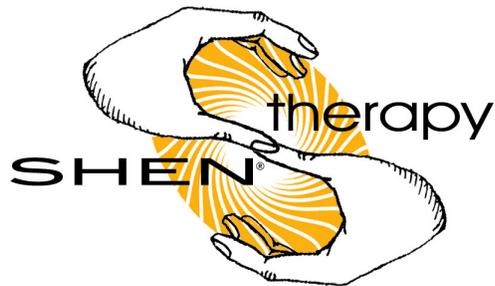


CLINICAL USES OF SHEN



THEORY ❖ METHOD ❖ APPLICATION

EMOTIONAL ROOTS

are suspected of being causal for more and more bodily disorders, and the difficulties in treating them through conventional medical or psychotherapeutic approaches fills the literature. Neither of these approaches focuses on the direct effect the bodily component of emotions has on behavior and the functioning of the internal organs.

SHEN[®] Physio-Emotional Release Therapy works directly with emotions at the sites where they occur in the body. As a result, SHEN has demonstrated significant improvement in treatment recovery for these emotionally rooted disorders. SHEN is based on several interrelated theories and postulations which are clinically demonstrable.

SHEN is a unique therapeutic modality with a high success rate for a number of disorders that are often refractory to more customary methods. SHEN consists of a group of systematic biofield therapeutic interventions with demonstrated success in favorably altering the course of disorders in which emotional factors and/or psychogenic pains play central roles. SHEN has limited application against viral or bacterial invasions.

CLINICAL USES OF SHEN

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CLINICAL USES OF SHEN

THEORY ❖ METHODOLOGY ❖ APPLICATION

With any pairing of treatment to disorder there are two prime considerations. The first is; what is the disordering factor or agent that disrupts normal physical or biological functioning? The second is; what intervening methodology is capable of disabling the disordering agent so as to allow the bodily systems to re-establish themselves. Best effective treatments cannot be determined until the disabling process is clearly elucidated.

There is little doubt that emotions intertwine with the body in ways that can alter physiological functioning but the role of emotions as disordering agents is poorly understood, at best. Usually emotions are considered to be little more than nuisance factors — they are far more than that.

Emotions and Physio-Emotional Disorders

Every health professional knows that emotions can seriously impact the body. Evidence of this fills the offices of physician and psychotherapist alike. Disorders that result from emotional impact, or whose progress is heavily influenced by the emotions (*physio-emotional disorders*), include: eating disorders, emotional depression, migraines, pre/menstrual distress, chronic pain, emotional bowel dysfunction, chronic anxiety, loss of sexual interest and post traumatic stress disorders. It is true that symptoms of these dysfunctions are often masked by pharmaceuticals, but no one would mistake the masking of symptoms to be a cure. Effective treatment methods for these disorders have been as elusive as are the pathways by which they occur. To understand why SHEN is effective with these obstinate disorders we must first explore their association with emotion and the nature of emotion itself.

The Biophysics of Emotion

Many of these interactions are noted without the process being at all understood or even considered. For example, anxious ‘butterflies in the stomach’ are associated with a loss of appetite. Since appetite is at least partially the result of production of and accumulation of gastric juices, one might wonder if the presence of the emotion in the gut directly contributed to the gastric juice deficit. Until now the possibility has largely been ignored because no operative mechanism had been postulated that explains how emotion might provoke this result.

Observations on Bodily Regions of Emotion

Currently there is considerable discussion as to whether emotion occurs in the brain or in the body but there is little argument that a major portion of what we call *emotion* occurs in the body. Certain aspects, which we label here – *somatic affect* – are clearly in the body. These aspects encompass the specific somatic feeling state associations for each emotion and are distinct from mental thoughts associated with the emotion.

We observe that: *Somatic affect – emotional feeling states – are unique to each emotion, that is, love ‘feels’*

*different from sadness, anger feels different from either of these, shame feels different from all these, etc.*¹

We also observe; *Certain specific and distinct bodily regions are associated with each individual somatic affect.*

The somatic affect, or bodily feeling state unique to a particular emotion, is centrally experienced in only one distinct body region. The somatic affect of sadness centers at the heart, fear and anger at the solar plexus, and shame or embarrassment just below the naval.²

The association of certain emotional states with specific disorders is well accepted, but the bodily site association of specific emotion with specific disorder has rarely been identified. In example, a strong connection between ‘control issues’ and anorexia is well accepted. This connection takes on new meaning when we appreciate that fear is the dominant emotion in ‘control issues’ and that fear is experienced in the upper epigastric region. Small wonder that control issues affect the digestive organs. Likewise, a similar connection is made with the ‘poor self image’ which is noted with suffers of chronic low back syndrome and/or premenstrual distress. Vertebrae L4, L5, S1 and the ovaries are all located exactly where the pangs of shame, embarrassment and loss of confidence strike the body. It is no surprise that these body parts are affected by poor self image. Similar site relationship pairings are noted between the operative emotional factors and the dysfunctioning glands and/or organs in all physio-emotional disorders.

We conclude that: *The particular emotion(s) that one experiences with any physio-emotional disorder share(s) a common location with the organs and other body parts that malfunction during these disorders.*

Physio-Emotional Disorders and the Mind

In these disorders the body seems to have a ‘mind of its own,’ refusing to respond to all usual therapeutic

¹ Somatic affect, as defined here, does not include purely physical sensations produced by frowning, fist or jaw clenching, or other outlying reactions. These are accepted as diversions away from the primary emotional experience.

² Emotions of love, joy and confidence also center in like fashion, but are not detailed here since these emotions are not known to contribute to biophysical dysfunction.

approaches. For this reason, many of these disorders are termed 'psychosomatic'. The presumption is that a subconscious portion of the brain is in conflict with the conscious portion that wants to get well. This misconception rests on the assumption that the brain and its extension, the central nervous system, intentionally mediates, through pathways either known or as yet undiscovered, all physiological actions and reactions. However, there is one physiological reaction where this does not appear to be true.

Pain – Universal Disorder Factor

Pain, whether of physical or emotional origin, is perhaps the one factor common to all physio-emotional disorders. It is by examining the cellular response to pain that we find the cause of these troublesome disorders.

There is ample evidence that the physiological response to pain is not activated by the brain or mediated through CNS. *The body's response to pain appears to be automatic, and involuntary. It is an unthinking, physical and cellular contraction that is blind to type of pain.*

Involuntary Contractility and Its Effects

To describe the process briefly; all living entities, from amoebae to human being, contract inwardly when touched with pain. *This is often called the 'splinting reflex.* This contractile effect, which we term the *Auto-Contractile Pain Response* (ACPR), is readily observed with amebas under the microscope as well as with humans. Every biology student has observed the effects of touching the ameba with a probe; the ameba contracts around the point of the probe. The same effect on a larger scale occurs when poking someone in the side with a finger. The body contracts around the intruding finger, just as the amoebae contracts around the intruding probe. This occurs even when the victim sees the finger approaching. This suggests that the phenomenon is not brain directed.

Again, we note that ACPR occurs whether pain is of biological or emotional origin. Usually the contraction ends when the intrusion of pain ends. This is usually the case with pain of physical origin. However, when the source of pain is inside the body the contraction traps the pain inside, thus beginning a vicious cycle. The contraction traps the pain, not only keeping the pain in place but adding to it with the constant pain of the surrounding tension. Thus, when the biological cause of pain ends, the contraction often continues because the contraction itself is painful. *We postulate that this is a major cause of unremitting psychogenic pain.*

Emotional Pain and ACPR

All painful emotions; fear, sadness, shame, etc. generate ACPR. In many cases, emotional pain does not end as readily as physical pain might. *Once trapped inside, the emotion continues re-evoking the contractile tensions as it is re-awakened.* Trapped emotional pain exacerbates when and if the external causes continually reoccur. Thus, ACPR caused by emotional pain is extremely difficult to overcome.

Anyone who has experienced heart pain, or who retains unwanted fear or anger, can attest to the difficulty of letting go of an emotional pain.

Biological Effects of Tension Caused by ACPR

Tension is usually thought of as a whole body process, but tension can impact the body locally as well as globally. Globally it is evident when the tension of holding in all the emotions (as in emotional or psychogenic shock) causes the skin of the entire body to pale and disrupts all internal organ function. It is not difficult to surmise that localized tension would impact internal organs and glands in a similar fashion. Locally this is exemplified in vocal cords that change timbre and resonance during controlled rage.

The question then becomes: *"Are there several operands, one for each of these physio-emotional disorders or is there a single operand common to all?"*

There is one candidate that would affect all physio-emotional disorders. Blood perfusion is common to all body parts. Blood is perfused to the cells through the capillaries. Capillary flow is controlled by pre-capillary sphincters, single celled donut shaped rings around the capillary. These sphincters are not controlled by the brain. The sphincters are entirely controlled by the local cells that are fed by the capillaries. When the nearby cells need nourishment, they emit histamines that relax the pre-capillary sphincters. This allows blood and other nutrients to flow through the capillaries and perfuse to the cells. Without proper perfusion, no organ can function properly.³

There are two possible ways in which by which pain could directly effect the sphincters. The sphincters themselves might contract because of the pain. Or contraction of the adjacent cells because of pain might halt the production of the histamines necessary to signal the capillaries to open. Either way the results would be the same; an adverse effect on local gland and organ function. There may be other factors involved in the contractile process as well, but these two seem the most likely.

Since this tension appears to be at the cellular level rather than the muscular level, ordinary methods of relaxation through massage or by muscle relaxants would not suffice as treatment methods for physio-emotional disorders needs to disable these contractile tensions.⁴

³ For an excellent exposition on the mechanisms and purposes of capillary perfusion, see *Capillary Perfusion in Health and Disease*, by Robert Hardaway, Futura Publishing, 1981.

⁴ This is a much abbreviated summation of the contractility process. For a more detailed explanation see *"The Formation of Psychosomatic and other Physio-Emotional Disorders"*, presented to the Chinese Society for Behavioral Medicine in January 1988. Available from the SHEN Therapy Institute, 20 YFH Gate 6 Road, Sausalito, CA 94965.

SHEN PHYSIO-EMOTIONAL RELEASE THERAPY

SHEN has clearly demonstrated its ability to induce extremely deep relaxation, both locally and with the entire body. Whole body relaxation is shown by SHEN's ability to rapidly transport the recipient into a trance or hypnagogic state. Local relaxation is observed when SHEN is locally applied to sprained ankles or swollen knees – measurable reduction in local edema is evident after just a few minute's application.

SHEN brings about relaxation deep enough to release the deeply trapped emotions that support and contribute to the physio-emotional disorders. These disorders most usually end following a brief series of SHEN.

The SHEN process works far too often and with far too consistent results for it to be merely a placebo.

How SHEN Works

SHEN is a hands-on therapy that utilizes the biofield¹, or qi that permeates the body and emanates from the hands². SHEN is a vastly updated version of what has been called 'laying on of the hands' or 'energy healing'. In the past there was little effort to systematize this natural process or to validate its effects or to optimize and standardize its results. The few attempts at understanding the phenomenon as a process were, unfortunately, grounded in metaphysical or spiritual concepts, rather than in physics and biophysics. The research that led to SHEN proceeded from these last viewpoints.

The Human Biofield

The precise nature of the biofield occurring between the hands is not fully elucidated, in part because the field eludes direct measurement. Transducers that directly respond to the field and convert it into measurable electrical impulses are not available.

Notwithstanding, some very interesting laboratory experiments have been undertaken. For example, skin conductance measurements were made at several points along a line on the subject's body that extended between the SHEN practitioner's hands. As the flow of biofield flux, or qi, proceeded from the sending hand to the receiving hand, the readings showed a definite sequential increase in conductance. This clearly shows a slow moving field effect of some sort. The fact that the sequence of increases always proceeds from the same hand on the operator to the other, regardless of whether this direction is towards the subjects heart or away from it, suggests that it is not related to flow of blood.

The biofield is now under formal study in several physics laboratories in China. Several distinctive effects have been measured, the most notable in large amounts of infrared emissions from the hands that are not readily explainable. Photographs show that the emissions from waves that look like ocean breakers, something they would

not likely do unless the emissions had the ability to compress air molecules into waves. Motion picture film shows that the emissions are not continuous, but occur at a pulse rate of about 180 times per minute (3 cps).

There is certainly enough evidence to show that the phenomenon transcends conventionally understood physics or physiology. The fact that the phenomenon is not entirely understood does not preclude its use in the clinic, no more than the acknowledged lack of clearly understood pathways precludes use of many current pharmaceuticals.

SHEN Therapy in Chronic Pain and Behavioral Medicine Clinics

SHEN is not a haphazard or random touch procedure. It consists of a large number of set procedures that must be followed or there will be little, or poor, effect. As with any reasonable intervention, SHEN has its own criteria and its own rules that must be followed. Unless these and their relationships to specific cases are understood the effectiveness of SHEN will be severely limited.

Results with SHEN are predictable and given similar conditions in different cases, repeatable. Once the principles of action are understood there are few surprises. If they are not applied correctly, little or nothing happens.

SHEN Therapy is one of the least intrusive and disruptive interventions. Because results present rapidly in cases where it is effective, and there is little down-side risk, it may be a logical first choice among possible interventions.

Long Term Effects

Once the physiological benefits, relief of emotional pain and physical pain, are experienced, it is difficult for one to go back to one's previous state. It simply feels too good to wish to go back. This couples with the fact that the motivational factors that produced the emotional pains now no longer interfere with normal functioning.

Limits of Effectiveness

SHEN is effective on disorders with high psychosomatic, or psychogenic pain components but, beyond ease of immediate suffering and promotion of rest, has little or no effect on pathogenic or metabolic ailments.

Combining SHEN and Other Therapies

SHEN is effective on its own but can be mutually effective in conjunction with other therapies. As an example, SHEN often raises the patient's involuntary imagery levels. This can assist the psychotherapist who analyzes dreams or the biofeedback therapist and counselor working with imagery as a means of controlling malignant disease.

When SHEN is interwoven with other therapies care must be taken to see that the effects of the therapies do not oppose and become counterproductive.

¹ Defined as a fluxive, massless medium with the distinctive property of being bio-effective. From *Alternative Medicine: Expanding Medical Horizons*, NIH.

² The Chinese use qi (ch'i) to refer to many types of 'energy movement' in the body. One is ching qi that flows through the acupuncture meridians in slow moving pulses. Another is wei qi, a mass moving through the entire body and exiting the hands.

CASE EXAMPLES AND COMMENTS

The following cases suggest the type and range of disorder where SHEN may expected to be effective. Because SHEN focuses on the relationship between bodily sites of emotion, these cases are grouped by body region.

INTERVENTIONS at the HEART REGION

DISORDER: Hypertension

CASE "P"

Patient: Male, Age 43.

Presenting Complaint: High Blood Pressure, Shoulder pain.

Clinic: SHEN Therapy Institute.

Therapist: R.

History: On medication for BP of 180/118.

Suggestibility: Successful Businessman, did not appear suggestible.

Treatment: Following second SHEN treatment abreaction occurred during the night involving a close relative who had recently died. Woke to find pillow wet with tears. Shoulder pain gone. Stated that he had not been able to grieve at the time of death because of pressures of the moment. Blood pressure dropped to near normal.

Last Contact: 7 years following treatment.

Condition: No recurrence of shoulder pain or high blood pressure.

Blood pressure now ranges around 120/80, no medication.

DISORDER: Chest Pains

CASE "Q"

Patient: Male, age 27

Presenting symptom: Chest Pain

Clinic: SHEN Therapy Institute.

Therapist: R.

Suggestibility: Unknown.

History: Chest pains for four years. No evidence of heart trouble.

Reported difficulty relating with women and deep desire for a relationship. Appeared tense, drawn.

Treatment: Two SHEN treatments ended chest pains. Next contact was a year later, patient was relaxed and relationship desires were not troubling him. Was clearly a much warmer, friendlier person.

Last Contact: Five years after treatment.

Condition: No further chest pains.

DISORDER: Migraine

While not previously identified as a disorder with direct emotional causes, the results of treatments with SHEN indicate that this is often the case. The intervention is performed at the heart region, specifically at the aortic arch. Deeply repressed grief has most frequently surfaced during this procedure. The grief is closely linked with anger. Frequently, memory of deeply disturbing early childhood trauma has occurred, usually involving disruption of self identity.

"Fromm-Reichman concluded from experience with eight patients that they could not stand to be aware of their hostility against beloved persons...". *Wolf's Headache, 4th Edition* Page 403

SHEN is effective in quelling the migraine sequence, sometimes ending the series in the middle of an episode.

CASE "R"

Patient: Female, 36 years

Presenting Complaint: Migraine

Clinic: St. Joseph's Hospital, Fort Worth

Therapists: R, T.

History: Married eight years. Physical and mental spousal abuse.

Suggestibility: Unknown

Treatment: SHEN treatments produced deep relaxation. Release of tears and sadness following treatment. Patient began to have a more positive attitude about herself. No further migraines while in hospital.

Last contact: 9 months

Condition: Became assertive, separated from husband, no further migraines.

CASE "S"

Patient: Male, Age 53.

Presenting Complaint: Migraine

Clinic: SHEN Therapy Institute.

Therapist: R.

History: Occasional migraine episodes. Patient arrived during severe episode. Insisted on lying down during questioning as pain was too intense for him to stand up. Not on medication. Reported being out of work and without a place to live.

Suggestibility: Came at recommendation of friend, difficult to assess suggestibility because of severity of pain at beginning of visit. Nonplussed that pain had ended.

Treatment: Patient began snoring ten minutes into SHEN treatment. On awakening reported no migraine, but minor occipital pain. Patient left and promptly entered heavy freeway traffic, but migraine did not return and occipital pain ended shortly. Following the half hour drive, was very sleepy and napped for about an hour. Reported feeling much better the next day.

Last Contact: 6 months.

Condition: No migraines, some other headache.

CASE "T"

Patient: Female, 34 years.

Presenting Complaint: Migraine

Clinic: St. Joseph's Hospital, Fort Worth.

Therapist: T.

History: Under treatment for years. Previous treatment included Biofeedback and some Psychotherapy. Hospitalized for the Migraine. Attacks since age nine, occurring weekly or biweekly, lasting 3 to 4 days. Onset almost always on Wednesday. Could not remember emotional trauma at age nine.

Suggestibility: Unknown, but had been doing biofeedback to no avail.

Treatment: First SHEN treatment was on a Tuesday. During treatment patient dropped into deep sleep with REM. Shortly after awakening "just happened" to recall that her parents had divorced when she was nine and that she had almost drowned that same year. Expected attack on Wednesday did not occur. Asked therapist if treatment would help her nightmares. When questioned she stated, "I've had

them ever since I can remember, I used to crawl in bed with my parents when I'd get them". Patient later revealed that she was married to a wife beater who had recently broken her jaw. Three other treatments during the next two weeks, no further migraine.
Last Contact: Six months following last treatment
Condition: No recurrence of migraine. Reported that she had divorced her husband in the interim.

CASE "U"

Patient: Female, age 26.
Presenting Complaint: Migraine.
Clinic: Dallas Rehabilitation Center.
Therapists: R, V.

History: Frequent migraines for previous five months. No pattern. Sudden, intense, patient would faint and fall, sometimes with injury.
Suggestibility: Very skeptical, agreed because coworkers insisted.

Treatment: One SHEN treatment. Produced REM while intervention was at aortic arch. After session therapist asked if anything significant had occurred the month prior to the beginning of the attacks. She replied, "My mother had heart surgery". When asked where, on her mother's body it was performed, she drew a line precisely across the aortic arch and said, "She had five bypasses, here".

Patient revealed that she was last of six girls and that her mother wanted her to get married and produce grandchildren. Patient wanted to go into business for herself, instead.

Last Contact: Two months following treatment.
Condition: One mild attack. Quit job to go into business for herself.

DISORDER: Cluster Headache

CASE "V"

Patient: Female, age 30
Presenting Complaint: Cluster Headache
Clinic: SHEN Therapy Institute.
Therapist: R.

History: Series of Clusters for preceding six weeks. Ergotamine sometimes effective. Upper body damp with sweat. Patient remarked that "It feels like razors down my spine." (Indicated they ended where the skin dampness ended, at the papillary muscle.)

Suggestibility: Patient was aware of the treatment modality, but also knew that it had never been used for cluster headaches.

Treatment: SHEN treatment performed at the papillary muscle as attack was building. Headache ended within three minutes and did not return. Deep personal grief surfaced.

Subsequently, on four or five occasions the attacks began but subsided as the patient intentionally tried to relax that area.

Last Contact: Two years after treatment.
Condition: No full blown attacks, only mild beginnings.

INTERVENTIONS at the EPIGASTRIC-HYPOCHONDRIAC REGION

DISORDERS: Anorexia, Bulimia

SHEN is effective with anorexia and bulimia by releasing the underlying emotional component of these disorders. Without the tension of the debilitating emotions affecting the digestive organs, appetite will resume normal parameters. Without the underlying fear and anger the motivational factors change and the patient is able to recover.

CASE "M"

Patient: Female, 42 years
Presenting Complaint: Anorexia/Bulimia, Low Back Pain
Clinic: St. Joseph's Hospital, Fort Worth
Therapists: R, S, T.

History: Typical bingeing/purging phases. Kleptomania since age 14.
Suggestibility: Resistant to psychotherapy and biofeedback.

Treatment: Several SHEN treatments. First produced lessening of back pain and noticeable increase in range of motion in one direction. Second treatment further increased range of motion, pain ceased and she had an abreaction of the last time she had been caught shoplifting. (This memory had been lost to her conscious mind.) A later treatment produced another abreaction, this one of an early life situation that contributed to the onset of the disorders.

Last Contact: 4 months.
Condition: No further back pain, no physical complaints, nor episodes of eating and purging.

CASE "N"

Patient: Female, 27 years.
Presenting Complaint: Atypical Anorexia
Clinic: St. Joseph's Hospital, Fort Worth
Therapists: R, S.

History: Stopped weighing herself when weight dropped past 89 pounds (Height 5'7"). Parental relationship distant and she was without appetite. Seeing a psychologist. Had actively pursued appropriate psychotherapies and biofeedback without effective result.

Suggestibility: Believed the technique might work, however she had believed biofeedback would be effective, but it had not been. (Much later she revealed that she had not trusted the male SHEN therapist and, therefore, had not expected the treatment to work.)

Treatment: A SHEN treatment resulted in a series of significant frightening dreams and brief period of nausea. Appetite reawakened shortly and increased slowly over next few weeks. Her weight is now within normal and the once difficult parental relationship, according to both patient and delighted parents, is now resolved. There has been no recurrence of the anorexia. Indeed, is often the first one at the table, sometimes being chided for not waiting for all to be seated before starting to eat.

Last Contact: Two years after treatment.
Condition: No recurrence, weight gain stable.

CASE "O"

Patient: Female, 24 years.

Presenting Complaint: Appetite loss following trauma

Clinic: SHEN Therapy Institute.

Therapist: J, R.

History: Severely burned in auto accident. Six weeks following accident had not regained appetite. No internal organ injuries. Unable to do more than nibble at her food.

Suggestibility: Extremely doubtful about treatment. Had to be cajoled by a friend to try it. Did so on the grounds that it might help her pain. For a time denied effectiveness in spite of the obvious appetite increase and in spite of her expressed realization that the pain was noticeably better.

Treatment: One hour after first SHEN treatment ate a whole chicken breast, a few vegetables and part of a piece of chocolate cake. Anger about accident, which had never surfaced, began to emerge in her thoughts and dreams.

She was normally not very expressive and had evidently suppressed anger on a number of occasions as considerable anger emerged following the second session. (Part of anger was toward her father which she demonstrated through transference to the older, male SHEN Therapist who treated her, by insisting that he had done everything wrong.) Appetite rapidly improved to normal. The release of anger brought with it some valuable insights which were absorbed.

Last Contact: 22 months after treatment.

Condition: No recurrence of pain, appetite continued normally.

INTERVENTIONS at the UMBILICUS-PUBIC REGION

DISORDER: Multiple Unrelated Abdominal Complaints

CASE "A"

Patient: Female, 31 years.

Presenting Complaint: Chronic cystitis, chronic vaginitis, various recurring digestive complaints and frequent attacks of intestinal virus.

Clinic: Amarillo.

Therapist: R.

History: Refractory to numerous prescription medications and herbal remedies. Had not responded to a series of colonics, fasts, psychotherapy and primal therapy.

Suggestibility: Came for treatment at someone else's suggestion. Willing but expressed no particular expectation. Had not responded to her previous treatments, which she had believed would help.

Treatment: Considerable pain of shifting focus. At time of treatment pain in right hypochondrium and left iliac regions. Began sobbing and wailing forlornly during procedure (procedure does not cause pain of itself) with some release of gas. Sobbing intensified at both pain sites then diminished as pain resolved. By procedure's end pain disappeared and patient "just happened" to recall being weaned suddenly and abruptly at two months. The next day patient reported feeling wonderful in a deep firm voice which was not evident before the treatment. Second treatment produced no further sobbing.

Fourteen months later patient reported, "I have not had any more trouble with that part of my body since you worked on me".

Last Contact: Five years after treatment.

Condition: Except for isolated flu, no recurrence of the ailments.

DISORDER: Irritable Bowel Syndrome

"(there) has long been a suspicion that patients with irritable bowel syndrome have emotional disorders as well." *Gastrointestinal Pathophysiology*, page 318

CASE "B"

Patient: Female, age 43.

Presenting Complaint: Lower Back Pain, indigestion.

Clinic: St. Joseph's Hospital, Fort Worth.

Therapist: T.

History: Bowel trouble entire life. Guilt about husband's death (three years prior). Guilt about not caring for mother (whom she was caring for). Felt entire responsibility even though other siblings had greater means. Angry about the guilt. Prescribed laxatives taken regularly. Suggestibility: No suggestion was made that treatment might effect the gastroenteritis since complaint was not known to the therapist.

Treatment: SHEN treatment induced gut rumblings and flatulence provoking profuse mortification and apologies. Waves of anger and sadness followed treatment. Following second treatment, bowel loosened to near diarrhea. After two days halted the laxatives and bowel assumed normal function for first time in years. Further treatments produced no further rumblings or flatulence. Back pain abated during the first treatment, ended after the second and did not return. Normal Bowel function continued.

Last Contact: 2 months

Condition: No back or bowel complaints. Reports being more assertive, less guilt, has separated farther from her mother. No laxatives being taken.

CASE "C"

Patient: Male, age 52.

Presenting Complaint: Spastic Colon

Clinic: SHEN Therapy Institute.

Therapist: R.

History: Constant pain in right and left iliac for six months, from the time patient quit job because of stress. Colonic seizure during colonoscopy, at 30cm. At times pain became burning and spread to navel. Stools hard. Biofeedback ineffective. Dissatisfied with life. Suggestibility: "Heard good things about the treatment", eager to try. (No suggestion was made of possible change in self image.)

Treatment: Pain resolved during first SHEN treatment which induced eruptions of gas pockets. Spontaneously reported "Feeling much better about myself" the day following treatment. Bowel movements increased from once to twice a day for several days, then returned to normal with stools of a better consistency. Pain did not return. Second treatment produced only minor gas. Patient continued to feel better about himself, was clearly more cheerful and actively began to look for new career opportunities.

Last Contact: Six months.

Condition: Pain has not returned. Reports being able to detach from stressful situations in new job and is "Really feeling a lot better".

DISORDER: Low Back Syndrome

"Anxiety causes muscle tension that leads to pain...", *Clinical Symposia* 32-6, page 26

CASE "D"

Patient: Male, age 39

Presenting Complaint: Severe Lower Back Pain

Clinic: St. Joseph's Hospital, Fort Worth.

Therapists: R, T, S.

History: Strained back during routine job operation. Laminectomy. Discs between S1/L4/L5 badly swollen. Papain injections ineffective.

Suggestibility: Expressed considerable skepticism, but agreed to try.

Treatment: First treatment just prior to laminectomy. Pain abated. Second treatment two months following surgery. During treatment, REM occurred several times. Following treatments induced several memory flashes. One was of a fight with his father, which he felt guilty about, and the second was of proposing to his wife while feeling that he would not be accepted. Pain abated considerably during treatment, but did not end. Reported feeling greater emotion than ever before. Subsequent treatments produced noticeable reductions in pain and continued to bring memory flashes, most related to self worth.

Last Contact: Twenty months following second treatment.

Condition: No recurrence of pain, has had resolution with father.

CASE "E"

Patient: Male, age 42

Presenting Complaint: Chronic Low Back Pain

Clinic: St. Joseph's Hospital, Fort Worth. Therapist: R.

History: Strained lower back while lifting a small piece of machinery with another man. Laminectomy, S1-L2, seven years prior to SHEN treatment. Doing well until training for a new job, three months prior to treatment. Physical therapy and biofeedback not productive. Used walker with difficulty. Conversation filled with statements indicating extreme concern about "doing things right", being "extremely careful".

Suggestibility: Extremely skeptical, but agreed to try.

Treatment: Painful to lie down for treatment. Awake throughout SHEN treatment which produced tears and the statement, "Grown men don't cry". "My wife would think its not manly to cry". Stated he felt unworthy and evidenced deep shame at somehow having failed. Pain lessened markedly during treatment but did not end. He walked (with walker) and breathed easier. Before second treatment, developed gastroenteritis, and withdrew from program.

Last Contact: No further contact

Condition: Unknown

CASE "F"

Patient: Male age 32

Presenting Complaint: Constant Lower Back Pain Following Injury

Clinic: St. Joseph's Hospital, Fort Worth.

Therapists: R, T.

History: Member police force. Fell on back onto a small projection during training. No evidence of physical damage. Currently on sick leave. Evidenced considerable concern about being able to continue to perform in his job, afraid he would be transferred to a lesser job if he couldn't get himself together.

Suggestibility: Doubtful about success before treatment, startled when it produced results, expressed amazement.

Treatment: In ten minutes his back noticeably relaxed and he was in deep sleep. Awakened thirty minutes later, pain entirely gone. Minor

pain developed around shoulders the next day which was temporary. Regular physical therapy workouts brought no recurrence of pain.

Last Contact: 1 month

Condition: Back at work. No recurrence of pain in that region.

CASE "G"

Patient: Male, age 37.

Presenting Complaint: Back pain, limp

Clinic: St. Joseph's Hospital, Fort Worth.

Therapist: R

History: Back injured on job, two years prior, slow recovery. While training for new job was knocked onto hands and knees and a crane dropped a small load on his lower back. Pain resulted in laminectomy following accident. "Poor me" attitude. Conversation filled with remarks about how badly life treated him. He was not paid properly, was required to do things he shouldn't have to do (in his opinion).

Suggestibility: Was clearly startled by the results of the treatment.

Treatment: First SHEN treatment produced marked lessening of pain. Reported sleeping better, pain remained reduced for twenty four hours. Fell asleep during second treatment. Shortly after waking appeared in the clinic's office, eyes wide, excitedly said "I just walked to the sink for a drink of water and when I got there I realized that I hadn't limped!" Limp did not return. Energy level and excitement at life skyrocketed. Was able to do his prescribed physical therapy.

Last Contact: Two months after treatment

Condition: The reversal of personal attitude did not maintain. After a few weeks tremendous guilt feelings began to emerge and he developed severe digestive disorders. Did not return to clinic. However, limp and back pain had not recurred.

CASE "H"

Patient: Male, age 32.

Presenting Complaint: Chronic back pain

Clinic: SHEN Therapy Institute.

Therapist: R.

History: Long term low back pain. Entered hospital annually for 7-10 days of traction. Poor self image. Commented that "People say I don't take myself seriously". Often lets others take advantage of him, agreed that he needed to stand up for himself.

Treatment: During first SHEN treatment pain ended. Left amazed. Failed to keep second appointment. Upon contact advised that the pain had returned 24 hours later and "I don't want something that only works for 24 hours." Admitted that he had been told that two or three treatments would be necessary and agreed to return for additional treatments. During next treatment he woke, startled, and said "I just saw a black ball shrink to the size of a pea and fly out of my back". Pain ended completely. Was advised to take time to let his back regain its strength. He agreed.

Last Contact: Two months after last treatment.

Condition: He remained pain free for six weeks until he was asked to help move a refrigerator. Unable to stand up for his need to finish healing, he agreed, severely straining back. Pain returned in force.

CASE "I"

Patient: Male, age 40.

Presenting Complaint: Severe Lower Back Pain

Clinic: Hotel in Las Vegas.

Therapist: R.

History: Episodes of back pain since childhood. Pain had become severe for last several months. Ate pain pills like candy. CAT scan negative. Patient demanded operation but fortunately his surgeon refused. Patient had recognized that back pain flared when he fought with his wife or when stress at work increased.

Suggestibility: Highly skeptical, refused to believe treatment would help, even after it had.

Treatment: One SHEN treatment. His back relaxed markedly during treatment. After treatment he stated "I'm not going to say it doesn't hurt because you didn't do anything". After a few minutes he admitted having a memory. He refused to discuss it saying "You wouldn't believe it". Finally, he said, "I remembered being stabbed in the back, but nothing like that ever happened to me". Refused to discuss the pain further, or whether he still had pain. Shortly after, his coworkers reported that he had stopped taking his pain pills.

Six months later he happened to meet the therapist and when asked how the pain he snapped "What pain", and walked away.

Last Contact: Two years.

Condition: Coworkers report no further pain medication.

DISORDER: Premenstrual Syndrome & Menstrual Distress

SHEN is very effective with these disorders. Two or three sessions, timed to be accomplished during the height of symptoms, usually reduce the symptoms seventy or eighty percent. This is usually accompanied by release of debilitating emotions and often memory of their formation.

"We have only a broad definition of this disorder, no set criteria for its diagnosis, ... emotional symptoms are predominate in the syndrome...". *Psychosomatics Volume 26 No 10, page 785.*

Eleven of thirteen patients who had SHEN treatments for a pilot study of premenstrual or menstrual syndrome reported a lowering of symptoms. Twelve reported that emotions of being violated, victimized, embarrassed, sexually aroused, happy, sad, panicked, hysterical, fearful, anxious, depressed and/or feelings of self abasement occurred during the session. Five reported that memories of psychically debilitating childhood events surfaced during the intervention. (Some of these memories had not been previously available for recall.) Twelve reported a feeling of well-being following the treatment.

CASE "J"

Patient: Female, age 38

Presenting Complaint: Severe Menstrual Bleeding

Clinic: Milwaukee.

Therapists: J, R.

History: Excessive bleeding for four years. One year prior to divorce and three years following. Last four months severe bleeding, the last with large clots. Hemoglobin had dropped to 9 gms. D & C performed but bleeding did not halt, still clotting. Six days after D & C began progesterone. No bleeding during fourteen months on progesterone. Her physician advised her that her ovaries were not functioning.

Suggestibility: Wanted the treatment to work. Claimed no special faith in the process as she was not familiar with it.

First SHEN treatment one week before period produced deep sleep and image of decaying matter. Patient slept for two hours, got up and went to bed. Second treatment three weeks later, just following menses, produced sensation of intense heat at ovaries, followed by feeling of coolness. Patient reported the area felt "clean and light". Following treatment patient reported feeling a strong sense of self esteem for the first time since her marriage and that she had never felt self esteem except as part of the marriage partnership.

Patient cut back progesterone to half one month later. At the end of two more months had ended the progesterone entirely. The next two months saw her cycle returning to its original, stable 25 day state. First day of menses heavy flow, second day moderate, third day light, fourth day minor. Feels some tension first day only.

Last Contact: 17 months following last treatment.

Condition: Excellent. No recurrence of bleeding. Patient believes ovaries are functioning because she observes a clear discharge during the time when ovulation would occur.

CASE "K"

Patient: Female, age 38

Presenting complaint: Pain throughout back (Did not mention PMS)

Clinic: SHEN Therapy Institute. Therapist: R.

History: Pain throughout back following accident two years prior.

Difficulty sleeping. Biofeedback ineffective in lowering pain.

Suggestibility: Biofeedback ineffective.

Treatment: First SHEN session produced major lessening of pain. Second was during start of menses, however this was not mentioned until after the session which resulted in cessation of menstrual pain. Patient reported that her period was the easiest she had ever had and expressed amazement at how wonderful she felt about herself.

Last Contact: 6 months

Condition: "Periods still a lot easier." Cramping and pain less, not as depressed, "Amazed that I have so much energy during them."(menses)

CASE "L"

Patient: Female, 26 years.

Presenting Complaint: Premenstrual Syndrome/Mild hypothyroidism

Clinic: SHEN Therapy Institute.

Therapist: R.

History: Irritability and vague unpleasantness prior to menses and pain during menses. Low energy, Thyroxin effect negligible. Child of mother who elected to bear children after developing MS. Patient recalled having to be quiet during play and to be conscious of mother's illness. Patient wore dark, unfashionable clothing. Patient seemed almost transparent in a curious way. Functioned well, was quite efficient but never seemed to disturb the world as she went about her work and life.

Suggestibility: Believed treatment could possibly help the PMS. However, no suggestion was made that the memory might occur. It was interesting that she had spontaneously mentioned prior to treatment that she "worked out all my stuff about my parents in therapy five years ago".

Treatment: Four SHEN treatments produced spectacular, spontaneous visions. First vision was of her mother's face smiling at her, without warning the face became a viper and struck at her. During the next session an abreaction occurred. Patient relived standing outside her

mother's parlor door, at age three, hearing mother say, "I never should have had the girls", to a friend. During next treatment a cartoon like vision appeared and the patient burst out laughing, "I just saw my ovaries, they had little feet and one said to the other, *Now we can run*, and they ran off". The proved to be an accurate prediction.

Next ovulation and period arrived without discomfort. Within weeks she began wearing brighter, lighter weight and much more fashionable clothing. She began examining her life and relationships and proceeded to make major alterations in both. Her voice became stronger as well. Her menstrual discomfort did not return.

Last Contact: Four years after treatment

Condition: No recurrence of discomfort. Appears to be much stronger emotionally. Attitude with others is one of quiet confidence.

INTERVENTIONS at the PERINEUM REGION

DISORDER: Coma, psychogenic shock

(A eloquent confirmation that the experience of terror or mortal fear occurs at the perineum is in the phrase 'Pucker Factor', used to refer to the anal contraction that takes place during extreme fright.)

CASE "W"

Patient: Male, Age 14.

Presenting Complaint: Coma

Clinic: SHEN Therapy Institute.

Therapist: R.

History: Struck by bus, suffered blood clot on brain. Operation successful, but patient remained in steady, restless coma for eight days. Minimal response to external stimuli.

Suggestibility: Not a factor. Patient was not aware of treatment and has no recall of the treatment.

Treatment: Single SHEN treatment at perineum resulted in two brief (five to six second) manifestations of fear including terrified moans and thrashing of arms. Patient drifted off to relaxed sleep. Within six hours woke and was sitting up in a chair talking to people. Recovery proceeded swiftly.

Last Contact: Three years.

Condition: No relapse.

DISORDER: Post Traumatic Stress Disorder

CASE "X"

Patient: Female, age 25.

Complaint: Post Traumatic Stress Disorder with Chronic Pain Syndrome

Clinic: St. Joseph's Hospital, Fort Worth.

Therapists: R, T, S.

History: Injured in accident five years prior. Broken L. Clavicle, three broken ribs, ruptured Spleen, broken L. Pelvis, broken L. Leg, all healed. Dazed look - eyes slightly glassy, fixed smile, shuffling walk, rigid body, flat affect. Multiple body pains, constant headache since accident. No recall of accident in spite of several attempts through

hypnosis. Autogenic training, Biofeedback and physical therapy had not lessened pain. Prognosis did not suggest improvement.

Suggestibility: Did not appear high. Had tried everything and was willing to do whatever was suggested. Seemed resigned to her condition.

Treatment: This was a difficult case and involved some twenty-five SHEN treatments extending over three months. Her symptoms eroded slowly and by three months head pain had been absent for two weeks and she had experienced three flashes of recall (including fear) about the accident, her body pains were minimal, she laughed and/or was angry as appropriate and her face was no longer fixed in a smile. Her skin had regained its color and her eyes were no longer glassy. Range and ease of motion were near normal. She arrived for treatment one day and announced, "Now that I don't have pain any longer I guess I'll be going off welfare. I think I want to go back to college so I'm planning to take a course at Beauty College to support myself through school." Which she did.

Last Contact: Two years after treatment

Condition: Some headache began two months after entering beauty college. Seemed due to standing all day. Relieved by light traction.

DISORDER: Night Terrors

CASE "Y"

Patient: Male, 10 months

Presenting Complaint: Night Terrors

Clinic: SHEN Therapy Institute.

Therapist: R.

History: Unable to sleep more than 3 hours without waking screaming. Extremely dependent on mother. Continuous since birth without let up.

Suggestibility: No possibility

Treatment: Child was treated with SHEN while asleep. Intervention performed only at pubic region. Child woke, screaming just prior to third treatment, treatment continued for three minutes when child stopped screaming. Therapist left, child was sniffing with thumb in his mouth. This was the last of his night terrors.

Last Contact: 2 years after treatment.

Condition: Within a week he began brief temper tantrums and making demands. Parents were delighted. Terror never returned.

DISORDER: Loss of Sexual Feeling/Lubrication

Several women have reported significant increase in libido following several SHEN treatments. Some of these reported having lost libido following sexual trauma, others reported never having libido. Improved lubrication accompanied the increase.

Three women have reported achieving pregnancy following SHEN, although SHEN has not been established as the reason.

OTHER PAIN DISORDERS

SHEN is highly effective in cases of chronic pain without biological cause, frequently releasing pain that is below the level readily accessible to biofeedback techniques. Often emotional or psychologic factors emerge during these sessions however emergence of emotion or memory triggered by the SHEN session often emerges sometime over the next few hours, possibly in dreams. However, SHEN has little permanent effect where the pain is constantly biologically regenerating. Some relief of arthritis is common, but the relief is temporary.

Interestingly, SHEN has been used to determine the degree of biological pain versus psychogenic pain with chronic pain patients. When SHEN does not produce results after one or two sessions, it is assumed that the biological factors are still at work.

Tension Headache SHEN has about the same effect as any other good relaxation procedure.

Sinus Headache SHEN can promote relaxation of sinus cavities but effects are minimal and cannot be expected.

Bursitis Many people have reported relief from bursitis that has lasted for years.

Sciatica Many sciatica sufferers report great relief. (The author suffered from intermittent sciatica for many years prior to a series of SHEN treatments which ended the condition. That was over ten years ago, as of this writing.)

OTHER CLINICAL CONDITIONS

Surgical Assistance

SHEN has helped a number of surgical patients release pre-surgery fear. SHEN appears to promote marked acceleration of recovery following surgeries. (In my personal experience, every patient I have worked with in hospital has recovered and been released in at least one third less time than was considered minimum. SHEN restores appetite rapidly to many post surgical patients because of. Minimum effects expected in a high percentage of all conditions: 1) Amelioration of pain during treatment. 2) Improvement of sleep. 3) Lowering of pulse. 4) Relaxation of stress in body.

Birthing

Fear clearly impacts the birth process. SHEN during birth has been of assistance in easing and shortening the birth process by reducing local tension at the cervix and by relieving the effects of immobilizing fear. Also, SHEN has markedly reduced pain associated with stretching of abdominal muscles during the last trimester.

SHEN IN OTHER SITUATIONS

SHEN and Psychiatric Patients

SHEN has been helpful in positively altering behavior of a number of psychiatric patients. Many psychiatric disorders include strongly interfering emotional factors. Altering these factors can often be helpful. However, SHEN is not represented as, nor should it be thought to be, a cure for any psychiatric complaint.

Patients in denial have reported losing their fear of insanity during SHEN. Audio hallucinators have reported that the voices no longer control them.

SHEN for Emotional Unfolding and Growth

SHEN is rapidly becoming an important personal growth therapy. Many people find that their emotional and behavioral growth is accelerated greatly with SHEN, regardless of their current or former therapeutic path.

Therapists and counselors are finding that SHEN is highly beneficial for clients who are unable to experience their emotions, in impasse, or in crisis.

For information on **SHEN** and emotional growth work, contact the

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