

“Healing is more to do with re-education rather than ‘treatment’ or getting rid of something”

NAME: Andy Jancewicz.

WEBSITE: www.tcwi.org.uk.

QUALIFICATIONS: BSc (Hons) Health Sciences with Complementary Therapies, Post-Graduate Certificate in Higher Education, Fellow of the Higher Education Academy.

TRAINING: Initially I studied Shiatsu with the late Chris Jarmey at the European Shiatsu School (ESS) for three years, starting in 1990 (where I first met a young Simon Martin at the Aurora Centre for Creative Living in Borough, London) and qualified as a Shiatsu practitioner and MRSS (Member of the Register of the Shiatsu Society UK) in 1993. In 1996 I enrolled on the first-ever degree course in Health Sciences at the University of Westminster and met (a slightly older) Simon for the second time. We graduated the same year, in 1999. Additionally, I gained a PGCHE (in-house training) when I worked as a Senior Lecturer and Clinic Tutor for 13 years at the university. I’m also qualified in massage, Microsystems Acupuncture, SCENAR (Self-Controlled Energetic Neuro-Adaptive Regulation -Level 3) and practise Low Level Laser Therapy and Microcurrent Therapy (Alpha Stim).

How long did it take for you to qualify?

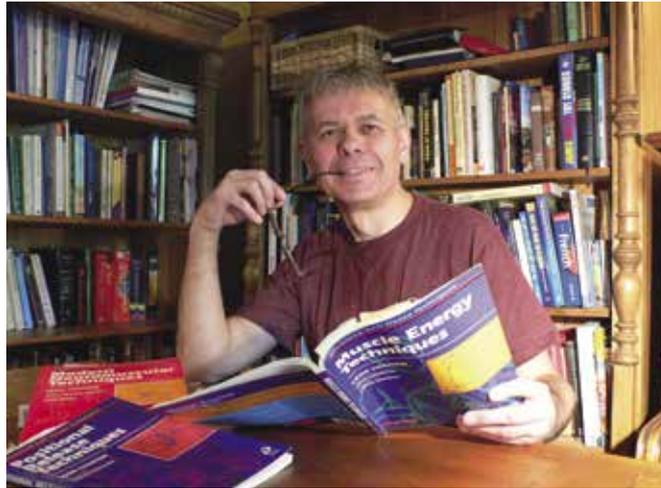
As above...and I’m still at it! Lifelong learning.

Where do you practise?

At the moment I seem to work mostly all over East Sussex and West Kent; as well as occasionally in London. I am also a part-time carer for my elderly mother, who lives in London.

What’s your main therapy/modality and why?

Probably best describe myself as



an “Integrative Bodywork and Movement Therapist”. Although first and foremost I think of myself as a Shiatsu practitioner and massage therapist, most of my more recent and also more current work involves group activities teaching tai chi and/or qi gong.

Why did you decide to become a practitioner?

I’d love to say that I had some kind of epiphany, spiritual awakening or inner calling, but alas that would be far from the truth! I grew up in north London in the late ‘70s and early ‘80s at a time of high unemployment, Maggie’s Britain and “Sex n Drugs n Rock n Roll”. After a misspent youth it really was a case of either burning out or worse. Around 1986 I was reading *The Guardian* during my work lunch break (I was an electrician at the time and trying to impress a receptionist!), when an advert for Tai Chi classes at the British Tai Chi Chuan Association in Upper Wimpole Street caught my eye. I had already tried Wing Chun Kung Fu but was woefully inept at it. Nevertheless I thought I’d give Tai Chi a go.

Although initially I found the classes extremely challenging as everyone was so chilled out and relaxed while I was adrenaline-filled, I nevertheless eventually stuck at it for five-six years. In the meantime, the more Tai Chi I practised the more interested I got about the human mind and body, so I decided to do a three-year part-time course in Shiatsu to further my understanding of “chi/ki” and energy. The rest, as they say, is history.

How long have you been in practice?

I set up my own part-time practice from my grandmother’s attic room in North London during the final year of studying Shiatsu in 1992. From the start I never aimed to have a full-time practice, as I wanted to carry on learning Tai Chi as well as other forms of martial arts. I therefore further supplemented my income by working part-time as a physiotherapy assistant, firstly in palliative care in a nursing home for two years, and later in an NHS day hospital for one year. I was extremely fortunate in both cases in that the physios I worked with encouraged me to use Tai

Chi, Shiatsu and massage with patients.

Who or what has been the main influence/inspiration on your practice?

Main inspiration without doubt was Dr John Kells (British Tai Chi Chuan Association). It would not be an exaggeration to say that he stopped me from going off the rails and totally changed my life for the better.

In the Shiatsu world Michael Rose, Chris Jarmey and Tim Mulvagh were my main teachers.

In massage and bodywork, Leon Chaitow, ND, DO, who I studied with and later sometimes assisted at the University of Westminster and who also paid me my greatest compliment, “Andy... you’re a bloody heretic!”

Also I think it very important to mention both Dr Brian Isbell, PhD, and Val Bullen, who were an inspiration for starting and teaching CAM courses in Higher Education back in 1996. And Margaret King, who formally taught me massage. Apologies if I’ve left anyone out, as there have been so many!

What conditions or types of client do you see most of?

These fall into three main categories that overlap.

Firstly, a lot of my work involves working with carers. This consists of teaching a range of relaxation and stress management techniques based on movement therapies such as Qi Gong and Tai Chi and also Leon Chaitow’s breathing exercises combined with direct “hands on” bodywork such as Shiatsu, massage and/or microsystems acupuncture.

Carers suffer from a lack of “me →

time", (constant fatigue, a lack of attention for themselves, tactility and physical contact), low mood, stress, guilt (enjoying themselves at the expense of the cared for), a lack of motivation and self-confidence. Constant giving can lead to resentment and burn out. Social isolation, loneliness and exclusion are common.

Secondly, part of my work involves working with people with dementia (and their carers) or people who recognise issues with their memory or have cognitive concerns (Forget me Not Cafe's in East Sussex and West Kent). Again, this involves using Qi Gong or Tai Chi and also breathing exercises based on Leon's work.

And thirdly I also teach Tai Chi as part of post-operative rehabilitation following orthopaedic surgery eg knee, hip replacements, shoulder and back surgery/fusion (Horder Healthcare in East Sussex). These classes are also open to anyone that might have balance problems or who just wishes to better manage their stress levels.

All three above examples involve group activities and have their own inherent challenges, not least based around group dynamics.

What do you find the easiest to work with?

I would not say any condition is easy to work with, although certainly some are perhaps less challenging than others. Having been a student of Leon Chaitow's for three years and later also assisting him on a number of modules at the University of Westminster, and additionally given my interest in Shiatsu and martial arts, then I would have to say I have a specific interest in breathing pattern disorders. Leon's stuff really does work, is very practical and is very easy to learn!

What is your favourite type of client?

The one who actively involves themselves in their own healing, willing to adjust and make lifestyle changes.

To quote the late Sonia



Moriceau (*Healing Shiatsu*): "For me the measure of health is about flexibility, the ability to say 'I can come back to centre, to a state of ease in my life'. In that sense healing is more to do with re-education rather than 'treatment' or getting rid of something. Ill-health is where there is no change, no growth, no evolution in a person at all".

What is the most challenging type of symptoms/illness/problem that you get presented with?

Most challenging client is the one that doesn't listen and expects a quick fix. I worked as a Sports Massage Therapist for a while in a health centre in London some years ago. My experience was that it was all about fixing things. I know there is a role for this kind of therapy (goodness knows I can do with some fixing myself!), but I just found the whole experience so uninspiring!

"The truth is that nothing we do cures anything. The curative influence of any form of therapy lies in its ability to enhance self-regulation. The body mind does the rest if it can. The art is to know how little to do, or to change, to achieve positive responses".

(Leon Chaitow, *International Therapist*, Issue 120, Spring 2017, p66.)

Additionally, from a teaching point of view, the most challenging and annoying students are those who just sit and want everything on a plate to be spoon-fed, and who refuse to engage or take part in class activities.

What one thing is absolutely essential to you in your practice?

Flexibility in time management when necessary! Sometimes it's important to break the rules...but only if you know and understand why you are breaking them! Having a sense of humour helps me to remain sane. Also having tea on tap. That's three things... but I know why I have broken the rule!

Do you enhance your business with any projects outside of your clinic?

Absolutely. In 2012 I co-founded the Carers Wellbeing Initiative (CWI), a small charity and community interest group (www.tcwi.org.uk). CWI's aim is to aid relaxation and wellbeing and

help reduce the stress associated with caring through the use of bodywork like Shiatsu and massage, movement therapies like Tai Chi and Qi Gong combined with simple breathing techniques as well as other self-help intervention techniques.

From 2014-2018 I was a Director of the Shiatsu Society (UK) and Chair of the Education Sub-Committee.

I teach short CPD courses/workshops for physiotherapists, osteopaths, acupuncturists and massage therapists an introduction to breathing pattern disorders based on the work of Leon

Chaitow. I also teach an introduction to muscle energy techniques, and working with the classical meridians to a range of practitioners (www.thinktreehub.com).

Besides, I like plotting, and there is nothing quite like a good plot! I get inspired working with other people. I am currently working with like-minded colleagues and

friends led by Dr Alice Whieldon, PhD, who studied Shiatsu with the late Kishi Akinobu, whose aim was to restore the spirit of Shinto to the heart of Shiatsu (Sei-ki Soho) (www.living-in-resonance.com).

Which CAM book has helped or inspired you most, so far in your career?

Ah...books! Not many CAM books really. Most bodywork books seem to be written with the head and not the body.

Leon Chaitow *Palpation Skills and Breathing Pattern Disorders*. Robert O. Becker *The Body Electric*. James Oschman *Energy Medicine*. Herbert Benson *Timeless Healing*. Wolf Lowenthal, *There Are No Secrets*. Prof Cheng Man-ch'ing and his Tai Chi Chuan. Joseph Campbell, *The Power of Myth*.

Truth be told I seem to be inspired more by mythology than CAM books!

Why do you do what you do?

Because I enjoy it! As Joseph Campbell was always fond of saying, "Follow your bliss!". Besides,



I've been doing this for so long now that I wouldn't know what else to do!

If money, time and effort were no object, what would you change about your practice or integrative healthcare in general?

Own a listed old building in acres of land and gardens. The building would consist of the following;

1. A second-hand book shop on the ground floor with additional space for a dojo and large rooms for group activities.
2. A basement cafe with a courtyard garden (cat and dog friendly of course).
3. On the first floor (with disabled access), light and airy therapy and treatment rooms with subsidised treatments.
4. All therapists would be employed on contracts and get paid a generous flat rate – no self-employed.

What piece of advice would you give to newly qualified practitioners who are just setting up a business?

Careful what you wish for! Being a practitioner will inevitably mean having to make sacrifices and life-changing decisions at some point. There is a trade-off, so remember "you don't get anything for nothing". It's a very competitive market out there, hundreds of therapists all trying to earn a living and far more cut-throat than it was 25 years ago when I first started out. Having worked in the private sector, health sector, education sector, and the Third Sector, don't be naive, by all means work with virtue, honesty and integrity, but remember not everyone has scruples (especially in the Third Sector!) So be savvy, look after yourself and be very very careful not to burn out!

What is the biggest challenge you face as a practitioner?

Making a comfortable living at the same time as getting the recognition for my work that I feel I deserve.

What would you like to see covered in IHCAN magazine that we're not getting to?

Bio-feedback Neuro Stimulation and Micro-current therapies.

More movement therapies and bodywork.

Case studies: the power of movement

The Forget-Me-not-Cafés in East Sussex and West Kent (Sevenoaks, Knole, Westerham, Chipstead, Edenbridge, Hildenborough and Tunbridge Wells) are free to attend and are designed for those who recognise issues with their memory or cognition as well as for their family, friends and carers. They work to promote and engage primarily, but not exclusively, with people living with dementia and their carers to participate in self-help and health related activities. The sessions vary each week but incorporate a mixture of physical, cultural and psychologically beneficial activities such as health walks, Tai Chi Qi Gong exercises, relaxation techniques, massage, lunch, afternoon tea, music, dance.

Mr X, a 66-year-old, suffered a left-sided infarct in 2014 resulting in right-sided hemiparesis, weakness affecting his arm, leg face and speech. He was discharged by the Community Neuro Rehabilitation Team, Speech Therapist and Psychologist in 2015. He has recently been re assessed privately by a physiotherapist and also by Kent and Medway NHS and Social Care Partnership Trust.

Mr X suffers from some memory loss, loses track of conversations with increasing word finding difficulties and is becoming more withdrawn and increasingly tired. 30 years ago had a bleed on the brain which resulted in some short-term memory loss, but not to the current level that he is experiencing. He describes his mood as up and down and can be argumentative when tired.

Physically he describes his main problem as lack of movement and strength in his right hand. There are no issues with pain or loss of sensation. No reported loss of visual field, although he does occasionally bump into doorways.

Mr X walks unaided and his self-reported walking distance before fatiguing is a quarter of a mile. He reports sleeping well and describes his fatigue as mainly cognitive. On a VAS scale he noted his mood generally as 3/10 and describes a lack of motivation secondary to frustration at the lack of movement in his right hand. Socially, Mr X reports struggling to follow conversation, leading to a degree

of isolation. He has been referred to a memory clinic by his GP and is awaiting appointment.

Mr X's posture is grossly symmetrical left to right with long standing thoracic kyphosis and flattened lumbar spine. He has a functional active range of movement throughout his right leg, although there is a degree of tone especially around the hip and knee which reduces his ability to maintain single leg standing on that side.

Grip strength is significantly limited by the lack of extensor stability at the wrist as is his dexterity in the right hand.

The intervention

Mr X currently has input from care workers twice a week to provide some respite for his partner and to enable him to attend the "Forget-Me-not-Cafés" as well as participate in other weekly activities under my supervision including swimming followed by a sauna – steam room, Jacuzzi (shades of naturopathy and hydrotherapy) which he enjoys very much, and gardening, which gives him a sense of achievement.

The Taiji Qigong exercises he practises at his home are the same that are taught at the Forget-Me-not-Cafés every three-four, and are a modified and shortened version of the 18 Stance Shibashi form, which is an easy to learn system of energy enhancing exercises which co ordinate movement with breathing and concentration. The additional advantage of these exercises is that they can be performed either standing or in sitting positions. Leon Chaitow's anti-arousal breathing exercises are also sometimes utilised, as well as Do Yin self-massage and the use of acupressure points.

Outcome

Although not reporting any specific sensory loss in his right hand, Mr X is less aware of the right limb and tends to perform functional activities with his left. His gait pattern lacks energy efficiency which feeds into his experience of fatigue on walking. However, with facilitation he is able to now actively engage the right side more when performing the Tai

Chi and Qi Gong exercises.

Progress

As long as Mr X continues to comply with the Tai Chi and Qi Gong exercise regime that he has been shown, then combined with him attending regular swimming and gardening activities at his allotment, there is a notable short-term improvement in his physical and mental wellbeing. Being active also helps him to increase his right-sided activity, thus helping him towards being able to perform more bilateral functional activities with less fatigue. It is interesting that if Mr X stops performing his exercises, within a week there is a marked deterioration, not only in his stamina, but also his memory.

Case 2

The Horder Centre is a specialist hospital in Crowborough, East Sussex, that provides care for people suffering from painful and often debilitating arthritic and orthopaedic conditions. It offers orthopaedic surgery, physiotherapy and musculoskeletal services as well as a range of health and wellbeing exercise classes including Pilates, balance and flexibility training and of course Tai Chi. The Tai Chi classes taught are non-combat and are often modified with adjustment steps to suit individual needs. They are taught not only as part of post-operative rehabilitation, but also to the general public for balance and relaxation.

Mr R, 73: double knee replacements, risk of Type 2 diabetes enjoyed good health until about 65, although he was overweight due to sedentary lifestyle and through "flying a desk" most of his life. This resulted in high cholesterol and blood pressure. At about 65, started to have problems with his knees.

"I would have periods when they were very painful when walking and they would swell if I tried digging in the garden", he said.

In 2016, at 71, Mr R had total knee replacements to both knees the first in June and the second end of September. Mr R then spent 12 months doing a limb strengthening and mobility programme. He then decided that

→ he needed to undertake some form of regular exercise to maintain a level of fitness.

The intervention

Mr R had seen Tai Chi performed outside factories and offices on his visits to China and so concluded that Tai Chi fitted his needs. He started attending Tai Chi classes at the Horder Centre in January 2017.

He adds: "In particular Tai Chi is non-impact so there is no danger of damage to my knees".

The Tai Chi classes involve warm up exercises, pushing hands (single), other Tai Chi exercises like sticky hands, yielding and of course the Tai Chi form (short form), which is based on the Cheg Man-ch'ing style of Tai Chi. Each class runs for 90 minutes with regular drinking water breaks.

When Mr R had a medical check-up in November 2018, blood pressure was down to 128/73 (although it is usually a bit higher). Cholesterol was 3.6. Unfortunately blood sugar levels had risen to 42, putting him at risk of Type 2 diabetes.

Outcome

Mr R says: "Towards the end of last year (November 2018) I resolved to make an effort to reduce my weight and reduce my blood sugar levels by changing my diet, and in six months (April 2019) have lost 14Kg (two stone). I am convinced that Tai Chi has contributed to the mental discipline needed to reduce my weight. The fitness benefits of Tai Chi combined with my weight loss has meant I can now walk the dog in the forest for several miles and enjoy gardening again".

Mr R adds, "Practising Tai Chi has additionally helped to improve my balance and co-ordination. It has a calming and relaxing affect. Furthermore in my experience it makes you think and so has helped with my memory and it has also improved my sleep pattern.

"Having now learnt the basic moves and positions I intend to continue with classes to further learn and improve. I find practising

in the garden early in the morning on fine days, serene and very calming. I would recommend Tai chi to everyone, but be patient, you won't learn in one session... persevere and don't give up after just one class!"

Progress

Mr R continues to improve. Future interventions could include learning the Left Side Short Form (mirror image) as well as two-handed pushing hands exercises in order to promote dexterity, co-ordination and improvement of memory. The Ta-Lu two-person dance form could also be used at an advanced level to help further improve Mr R's balance.

Review/conclusion/learnings...

In both examples what really stands out for me are three important areas: firstly the importance of community support or social bonding, secondly the cost-effectiveness of the service that is provided, and thirdly the importance of movement therapy and its relationship to what I refer to as, for the want of a better term, "cognitive activity".

1. How important is community support?

The importance of people having a social support system that they can easily access is often overlooked. Group activities encourage the development of social support and bonding, for example through participating in activities and forming of friendships outside of class as well as the sharing of similar problems a process which also serves to help counter social isolation and helps maintain good mental health.(1)

Group-based classes and activities such as Tai Chi or Qi Gong can typically be more effective when they include sharing feedback, helping each other, exchanging banter, or just simply talking with other people in the class. The important thing is to help people feel like they are part of something encourage a sense of community. It can be argued that,

in general, the more contact or social support people have when attending group activities like Tai Chi, or in particular the Forget me Not Cafe's, the greater the benefits they stand to gain.(2)

2. I have long argued (3) that the use of relaxation, breathing and movement therapies such as Tai Chi and Qi Gong can be cost-effective. Tai Chi has the advantage that not only can it be implemented at low cost, but is also a low technology approach to conditioning that can be used in different facilities throughout the community. Costs for staff and equipment is minimal, convenience is maximal.(4)

Exercise programmes that encourage strength, balance, flexibility and endurance also help to reduce the risk of falls, promote healthy living and thus in the longer run can help reduce health care costs. Additionally, using stress management tools like breathing exercises within one's own home environment can be used as part of "lifestyle medicine" as discussed by Dr Jeff Bland in *IHCAN's* May issue (5) and has the advantage of the participants not having to pay for ongoing therapy sessions

3. The benefits of combining movement with cognition or "cognitive activity"

is consistent with my experience of teaching Tai Chi and Qi Gong, where the biggest challenge for participants seems not to be so much as improving one's balance or reducing the risk of falls etc, but rather from "cognitive activity", as in for example remembering the tai chi form sequence, as well as improving dexterity thus also helping to promote mental fitness. (6)

A brief word about safety

If you go on Pub Med and type "Tai Chi" you will get approximately 2,311 hits at the last count (a far cry from 1995 when you were lucky to get about FIVE hits). Most of these articles seem to be pilot studies or some complicated use of Tai Chi or Qi Gong compared with

an-other modality or dis-ease etc. It's important to remember that not only are there are a number of different styles of Tai Chi (and especially Qi Gong), but also variations in the quality of teaching. It is also important to understand how and for what purpose Tai Chi is taught – for example as a martial art and a system for self-defence, or a form of mindfulness meditation, or an adjunct for health, etc.

In my experience it is not enough to just say that Tai Chi is great for health. Attendees will struggle after hip, knee replacements or spinal surgery. The teacher needs to have a good knowledge of AP&P and understanding of the possible contraindications to practising Tai Chi or Qi Gong, especially if it is being taught to people who wish to gain from its health benefits. Some form of relevant health information or screening forms need to be collated.

This is especially true when teaching Qi Gong to people with dementia or people who are experiencing difficulties with their cognition and their family or carers. In order to provide a sustainable programme of Qi Gong exercise classes for people with dementia, one needs to also consider things outside of the attendees' immediate control. For example, experience shows that there is a withdrawal of those living with dementia and their carers from social activities for different reasons, such as the stress of preparation for the attendees to get out of the house, organisation of transport, as well as embarrassment of behaviours, low self-esteem etc. Other things to consider are having the help of trained staff or support workers on hand.

The primary aim in these situations therefore should be to first and foremost provide a supportive environment which allows a programme of activities that both the person living with dementia and their carer can attend and enjoy together.

• References online at www.ihcan-mag.com/references.



We know our practitioners are quietly getting on with changing people's lives, every day – and we want to celebrate and share the inspiration. In Practice is coordinated by regular contributor Rebecca Smith, who runs a successful practice of her own, established 20 years ago. Contact her direct to be part of the feature: rebecca@newportcomplementaryhealthclinic.co.uk, and follow her on Twitter: @NCHHealthClinic.