



Pilot Study: Jin Shin Jyutsu during recovery from cardiac procedures during September & October 2000

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Morristown, NJ**

Goal:

The goal of this study was to investigate the feasibility of using Jin Shin Jyutsu.

(JSJ) in the cardiac setting including: acceptance by patients and staff, ease of delivery, and any potential adverse outcomes.

Rationale:

Jin Shin Jyutsu is a modality based on the meridian theory of Oriental Medicine. It uses gentle, direct pressure of the hands or fingers along meridians to promote health and well being. The philosophy behind "Jin Shin" is that it works by redistributing and unblocking energy by applying pressure to 26 specific "safety energy locks" along the acupuncture meridians. Holding these locks in combination balances the body and mind and facilitates a deep sense of

relaxation. Because it is relaxing, noninvasive and without side effects, it is ideal for use in the cardiac setting.

Methods:

After approval was granted to the Atlantic Mind Body Center to provide JSJ to patients on the Cardiac Stepdown Unit, the nursing staff on the Stepdown Unit was given an inservice on the nature and rationale of the study. They were asked to identify patients on a daily basis who may be appropriate for JSJ. During the study, certified JSJ practitioners reported to the unit on a rotating basis, and were directed to patients recovering from cardiac interventions, but who were not in serious condition: Jin Shin Jyutsu was introduced by the practitioners to patients as a relaxation therapy. Patients were told that it was being offered by the hospital to see if the patients like it. They were told that there is no pain or discomfort involved, and that Dr. Brown, the Chief Cardiac Surgeon, had approved this relaxation therapy for all post surgical cardiac patients. It was explained that it would help to reduce adrenaline, pain and anxiety.

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Patients signed a consent form prior to the intervention. Patients were given a 30 minute standard JSJ intervention (see attached). They received the same intervention each weekday that they were on the unit. A total of 168 interventions was given to 120 patients.

Results:

At the time of discharge, they were asked, a set of standardized questions about their experience with JSJ. The great majority of patients stated that JSJ was helpful, that they felt comfortable with their practitioner and they would recommend the treatment to others. There were no negative opinions or outcomes.

Conclusion:

JSJ was well received by patients and by the Cardiac Stepdown Unit staff. A majority of patients noted the positive effects of JSJ. It was well accepted by patients and staff, fit well into the delivery of care, and without adverse outcomes. JSJ maybe recommended as a safe and beneficial intervention in the Cardiac Stepdown environment.

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