

Keep Your Heart Open And...

An On-Going Column About General and Specific Contra-Indications to Rolfing

A Few Things We Need to Know About Diabetes Mellitus

by
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Diabetes Mellitus a **serious chronic metabolic disease** will cause people to die earlier than they would without it. Diabetes Mellitus, is a greco-roman word that actually means: excessive and sweet urine. In the past, before labs existed, devoted Doctors did not only look at their patient's urine, they must have tasted it too. How else would they have known that it was sweet?

There are more than six million diabetics in the US.. Every day 2000 Americans, including children, are told that they have diabetes. Nearly 20% of all Americans over 55 have diabetes. With its complications it is a leading cause of death. It is also estimated that about five million people have diabetes but have no obvious symptoms yet. I will not go into details about the different kinds of diabetes, it is a very complex phenomenon. Do read up on it. Very basically there are two kinds: the kind where the patient needs Insulin injections, Type One or Insulin Dependent and Type Two or Non Insulin Dependent Diabetes in which diet, exercise and oral medication can help control the problem.

The problem is the inability of the body to metabolize

sugar. This will damage the kidneys, peripheral nerves and blood vessels including those in the eyes. This can create a high risk for heart attacks, stroke, skin ulcers (serious enough to necessitate amputation of the feet), impotency and other things anything but sweet.

What about this is pertinent and important for Rolfers to know?

Considering the very high probability that a diabetic client, child or grown up, will come to see you for Rolfing, the crucial thing to know is that their constitution is more frail on many levels than normal people's and this may not be obvious. Basically you can not hurt them if you do very careful work and if you make sure that you do not put them into a high sympathetic response. If their body does go into a sudden and strong sympathetic mode an emergency situation may happen that you helped bring about. Read me correctly: You did not cause it, you just possibly are the straw that breaks the camel's back.

Diabetics have to keep their sugar and insulin levels



balanced if they are to continue living normally. Their body does not do this automatically, like ours does. This is difficult and bothersome and diabetics are known to make mistakes. If they are well managed they usually know how to measure their blood sugar levels and adjust the insulin they inject under their skin or their own medication.

There are two basic diabetic emergencies that can happen and they can both come to the surface suddenly with stress, a strong Rolfing session, a strong release of emotion, or a difficult session around an old trauma.

First type of emergency: **Diabetic Coma.** This can happen if a diabetic is not diagnosed and not treated. It can also happen if a diagnosed diabetic has eaten a large amount of sugar but not taken his insulin, if he is very sick with a severe infection, or if he just has had a serious accident or an emotional shock. **There is too much sugar or glucose in the blood stream and not enough insulin to assimilate it.** The glucose, which is an essential nutrient, will circulate around and never get to the cells, this is hyperglycemia. The kidneys will filter some of the excess sugar out into the

urine using a lot of water to do this. This is what our ancestors' doctors were talking about: excessive and sweet urination. The person will become severely dehydrated, the vascular system has not enough fluids, the circulatory system collapses, the person faints, enters a coma and may die.

This is a very simplified and partial description of the real thing but it shows us how serious it can be. The good news is that it is not very likely that a person feeling this bad comes to a Rolfing session. This condition also comes about rather slowly, one would have time to notice that something is really wrong. But let's suppose you are having bad luck and a very insensitive, harassed, undiagnosed diabetic client comes to you for his miracle cure.

What would you see?

The person has deep and labored breathing. He has a strange fruity smell on his breath. It makes you wonder if he has been drinking. He is sweating, his eyes are sunken. He may seem confused or a little angry. He will demand to go to the bathroom and to have

some water to drink. When you shake hands with him (as we always do in Europe) or touch his arm he may be really hot. Above all he will look ashen, awful, you couldn't miss this.

What do you ask?

How are you feeling? Are you a diabetic? Are there any diabetics in your family? Since he may be argumentative, be careful. Tell him that he really is not well. Call the ambulance, because he is about to be in extreme danger. He urgently needs insulin administered by an M.D. under supervision, if the situation is Diabetic Coma. Those of you who are reading my other articles may recognize the signs of impending shock.

The other diabetic emergency, **Insulin Shock**, can happen to people who know that they are diabetic. **It happens when the diabetic has too much insulin or too little sugar.** The insulin causes the small amount of sugar to enter the cells of the body, and suddenly there is not enough sugar in the blood stream to nourish the brain cells. Your brain lives on glucose, which needs to be maintained in constant

amounts. The brain cannot utilize fats or other substances. Permanent brain damage or death can occur from Insulin Shock if emergency care is not given right then.

How can this come about? The diabetic skips a meal. One day, when I was still in college, I found one of my diabetic classmates in his car, looking like a dead man, barely able to respond. He had been cramming before an exam and not paid attention to eating lunch on time. Had I known what I know now I would have known what to do. He looked so bad that we called the ambulance. They figured it out instantly. The first question they asked him, after hearing what we said, was: Are you a diabetic? The second one: When did you eat last? They did give him something sweet and took him with them for treatment. The other chiropractic students wanted to hold him up and quickly adjust his atlas. A nice little clumsy and painful atlas adjustment might have given him one more sympathetic input and finished him off!

Insulin Shock can also happen to a diabetic child who has been roughhousing for a few hours, to a diabetic athlete pushing himself too hard, to a diabetic who had an upset



stomach and vomited, to someone who takes more insulin than prescribed, or to a diabetic exposed to extreme cold. It can happen in any situation where sugar is lacking or where it burns fast, possibly even a severe emotional shock, or maybe a tough first Rolfing session with a great chest release and a little hyperventilation.

The good news here is that you know that this person is a diabetic (if you asked about diseases in your first interview), the bad news is that this can happen very fast, and is extremely dangerous.

What do you see?

The person seems uncoordinated, weak, may shake or tremble, may be confused, would be profusely sweating, may drool and almost pass out.

What do you ask?

Did you eat today? Do you have a headache? Are you dizzy? Can you see me clearly? Are your legs and hands tingling?

What do you do at the same time?

You find the sugar bowl post haste, the juice, the candy, your kid's lollipop....anything with sugar, real sugar, fast... and give it to him quickly.

But wait.... the possibility exists that even though the client knows that he is diabetic, he may not have taken his insulin on time and this may be a Diabetic Coma and not an Insulin Shock and there he lapses into unconsciousness and you cannot ask any other questions?

By now you are so freaked out that you are brain-dead too. Just before you lapse into unconsciousness do this: Call the ambulance, tell them this is an emergency and that the person is diabetic. Only hang up after they have all the information they need to get to you and after they hang up. Then place the client on his side. Open his mouth just a little and rub a very small amount of sugar or juice between his cheek and gums or underneath his tongue, if you can.

Even if it was Diabetic Coma you would not have significantly damaged the person, the amount of sugar you would give is trivial compared to what

is already in the blood. If it was Insulin Shock though, you will have helped a great deal and possibly have prevented severe brain damage, the small amount of sugar could bring the person back to consciousness even before the ambulance has arrived.

*This article has been
reviewed by:
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Reference

Pertinent specific medical information comes from: *Pre-hospital Emergency Care and Crisis Intervention* by Brent Q. Hafen and Keith J. Karren, Third Edition 1989, Morton Publishing Company, Englewood, CO.