

Complementary Therapy



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Complementary Therapy

A definition

It has often been said that complementary therapies treat or link the mind, body and spirit.

This is true, to my mind, if you also throw in their ability to support, boost and sometimes to even kick-start the immune system to defend the body against disease.

This is in sharp and often painful contrast to conventional medicine, where “quality of living in the present” is sometimes severely compromised for a promise of a cure or more time in remission.

Modern paternalistic medicine deems it a price worth paying in the short term, not just for the individual but also for the lessons learned to improve treatment for others.

Relatives can equally engage in pushing for tolerance of hard and punishing regimes, in the hope of extra time with a loved one.

Complementary therapies are, by nature, radically different in their purpose and claims. Often labelled as “touchy – feely”, they are perceived to be without contraindications or side effects. The latter is not, I would like emphasise, actually the case.

It is now also emerging that the use of complementary therapies is becoming most common in areas where conventional medicine struggles to treat symptoms of chronic and life-threatening disease. Nowhere is this more evident than in palliative care and critical settings.

I often wonder whether in 100 years time the use of radiotherapy etc. will be viewed by the practitioners of the day in much the same way as we today view the use of blood-letting by the practitioners of some years ago.

STATISTICS FROM 93 UNITS - SEPT 2005

Aromatherapy 86 (93%)
Reflexology 80 (86%)
Massage 63 (68%)
Reiki 43 (46%)
Indian Head Massage 38 (41%)
Other 32 (34%)
Relaxation 23 (25%)
Acupuncture 13 (14%)
Hypnosis 13 (14%)
Shiatsu 7 (8%)
Spiritual Healing 6 (7%)
Therapeutic Touch 5 (5%)
Yoga 4 (4%)
Homeopathy 3 (3%)

Predicting which preterm infants benefit most from massage therapy

Researchers at the Department of Paediatrics, University of Miami School of Medicine studied ninety-three preterm infants; the mean gestational age of the infants was 30 weeks; the mean birth weight, 1204 g, and mean duration in the intensive care was 15 days. All of the babies were randomly assigned to either a massage therapy group or a control group as soon as they were considered medically stable.

The fifty babies in the treatment group received three daily 15-minute massages for 10 days. The massage therapy infants gained significantly more weight per day than the infants in the control group (32grams compared to 29 grams). All of the babies in the treatment and control groups were divided into high and low weight gainers based on the average weight gain for the control group. Seventy per cent of the massage therapy infants were classified as high weight gainers whereas only forty per cent of the control infants were classified as high weight gainers.

A closer inspection of the records revealed that the babies who needed the most help (ie. those infants who had experienced more complications before the study began) actually benefited more from the massage therapy. Using those parameters, the researchers accurately predicted that seventy eight per cent of the infants would benefit significantly from the massage therapy. Thus, they concluded from the results, that it was possible to identify those infants who would benefit most from future massage therapy programs.

Scafidi FA; Field T; Schanberg SM. Factors that predict which preterm infants benefit most from massage therapy. Department of Pediatrics, Touch Research Institute, University of Miami School of Medicine, FL 33101. J Dev Behav Pediatr (UNITED STATES) Jun 1993, 14 (3) p176-80

Massage used in post-delivery care on neonatal body temperature

Doctors at the at Kathmandu Maternity Hospital recently demonstrated that massage may play a valuable role in helping maintain babies body temperatures immediately after birth. The researchers first carried out a prospective observational study of post-delivery care and neonatal body temperature and then followed it with a randomised controlled intervention study using three simple methods used to help maintain the babies' body temperatures.

Five hundred infants were monitored in the initial observation study and three hundred in the intervention study. In the observation study, 85% of infants had temperatures less than 36 degrees C at 2 hours following the birth and nearly 50% still had temperatures less than 36 degrees C at 24 hours after the birth.

Most of the infants who were cold after 24 hours had initially become cold at the time of delivery (incredibly, only seven infants had been both well dried and wrapped). In the intervention study, all infants were dried and wrapped before random assignment to one of the three methods: the "kangaroo" method, the traditional "oil massage" or a "plastic swaddler". All three methods were found to be equally effective. Overall, 38% of the infants had temperatures less than 36 degrees C at 2 hours and less than 18% (at 24 hours.

Johanson RB; Spencer SA; Rolfe P; Jones P; Malla DS. Effect of post-delivery care on neonatal body temperature. Maternity Hospital, Kathmandu, Nepal. *Acta Paediatr (NORWAY)* Nov 1992, 81 (11) p859-63

Cancer Research

The benefits of aromatherapy and massage in palliative care

Complementary therapies, such as massage and aromatherapy, are rising in popularity among patients and healthcare professionals and are increasingly being used in palliative care to improve the quality of life of patients. Research conducted by Marie Curie Cancer Care, London, UK provides new clinical evidence of the benefits that these therapies offer cancer patients.

The researchers assessed the effects of massage and aromatherapy on 103 cancer patients in a palliative care setting. The patients were randomly allocated to receive massage using a carrier oil (massage) or massage using a carrier oil plus the Roman chamomile essential oil (aromatherapy massage).

The results revealed that there was a statistically significant reduction in anxiety after each massage and the patients who received aromatherapy massage also noted improvements in their disposition, physical comfort and their quality of life.

The report concludes that massage with or without essential oils appears to reduce levels of anxiety, but the benefits are clearly enhanced by the addition of Roman chamomile essential oil as this seems to help improve physical and psychological symptoms, as well as the patients' overall quality of life.

Source: Palliat Med 1999 Sep;13(5):409-17. An evaluation of aromatherapy massage in palliative care. Wilkinson S, Aldridge J, Salmon I, Cain E, Wilson B

Reflexology used for cancer patients

Ten minute reflexology treatments can provide relief from pain, nausea and anxiety, according to a report from the School of Nursing, Division of Science and Design, University of Canberra, Australia.

Nurses at the School conducted an empirical study on the use of foot massage as a nursing intervention in patients hospitalised with cancer. The study was developed from the earlier work of Ferrell-Torry and Glick (1992).

87 patients participated in the study and each received a 10-minute reflexology foot massage (5 minutes per foot) . The results revealed that the treatments produced a significant and immediate effect on the patients' perceptions of pain, nausea, and relaxation, when measured with a visual analog scale. The use of reflexology foot massage as a complementary method is recommended as a relatively simple nursing intervention for patients experiencing nausea or pain related to the cancer experience. The results were so positive that the researchers recommend that further research using larger numbers of patients in controlled clinical trials into its effectiveness of reflexology in alleviating pain, nausea and anxiety in the management of these symptoms by the family at home is warranted.

Foot massage. A nursing intervention to modify the distressing symptoms of pain and nausea in patients hospitalised with cancer.

Essential oils combat MRSA bacteria

12/22/2004 - **Essential oils usually used in aromatherapy have been found to kill the deadly MRSA bacteria causing increasing numbers of deaths in hospitals round the world.**

Researchers at the University of Manchester say they have identified three essential oils that killed MRSA and E. coli as well as many other bacteria and fungi within just two minutes of contact.

The oils, which have not been revealed in order to protect the university's rights to the findings, could be easily blended into soaps and shampoos for use by hospital staff to stop the spread of the deadly bacteria.

Peter Warn from the university's Faculty of Medicine said: *"We believe that our discovery could revolutionise the fight to combat MRSA and other 'super bugs'."*

The UK's National Audit Office estimates that infections such as MRSA kill 5,000 people each year and hospital-acquired infections cost the NHS around £1 billion a year.

Doctors have become increasingly alarmed over recent months by the emergence in UK hospitals of new generations of resistant strains of MRSA. The bacteria has also become endemic in many hospitals, especially in London and the south-east of England.

Essential oils combat MRSA bacteria (cont)

Essential oils are chemical compounds found within aromatic plants, which the plants use to fight off infections. Researchers tested 40 essential oils against ten of the most deadly bacteria and fungi. Two of these oils killed MRSA and E. coli almost instantly, while a third was shown to act over a longer period of time.

Scientists at the University of Sydney previously reported in 2002 that eucalyptus and tea-tree oils were surprisingly effective at treating MRSA when applied to the skin of infected wounds.

Jacqui Stringer, clinical lead of Complementary Therapies at the Christie Hospital, who instigated the research said: *“The use of plants in medicine is nothing new but some people regard the use of essential oils as unconventional. Our research shows a very practical application which could be of enormous benefit.”*

“The reason essential oils are so effective is because they are made up of a complex mixture of chemical compounds which the MRSA and other super bug bacteria finds difficult to resist.”

Current treatments are made of single compounds that MRSA quickly becomes resistant to, she added, and reduces the success rate to only 50 per cent.

Essential oils also have the advantage of being well tolerated and easily administered.

Essential oils combat MRSA bacteria (cont)

“While a wide range of products currently exist to help prevent the spread of MRSA these are often unpleasant for patients as their application can cause skin irritation. MRSA is often carried inside the nose which means that patients often have to insert treatments up their nostrils, whereas these essential oils can simply be inhaled to prevent the patient being at risk,” added Stringer.

The Manchester researchers are now looking for funding to develop their work and carry out a clinical trial but they are having problems sourcing the required £30,000.

“Essential oils cannot be patented as they are naturally occurring, so few drug companies are interested in our work as they do not see it as commercially viable,” said Warn.

“Obviously, we find this very frustrating as we believe our findings could help to stamp out MRSA and save lives.”

The garlic compound allicin has also been shown to fight MRSA and since the first studies demonstrating this effect, the product has been in strong demand.

More research needed on complementary therapies

THURSDAY 18 NOVEMBER 2004 – Press Release from Cancer Research UK

A Cancer Research UK scientist has called for more clinical trials to evaluate the benefits of complementary therapies for cancer patients.

Prof Leslie Walker says that many people benefit from relaxation therapy, hypnotherapy and guided imagery in which patients are taught to visualise their bodies' defences vanquishing tumours and promoting good health. He has carried out trials over the last 25 years to show how quality of life can be improved when patients are offered these therapies. But, he says, more trials should be undertaken to evaluate cost effectiveness and safety of other complementary therapies.

In a presentation to the International Union Against Cancer Conference in Dublin, Prof Walker argued that patients can benefit psychologically when information, support and access to evidence-based complementary therapies are offered.

Cancer Research UK's Prof Walker, who is director of two oncology health centres and the Institute of Rehabilitation at the University of Hull, is currently evaluating the effect for relaxation therapy and guided imagery on patients having chemotherapy for bowel cancer.

A further trial is studying the effects of reflexology and scalp massage on 180 women with early breast cancer. Earlier studies have indicated that relaxation and guided imagery have improved quality of life.

Prof Walker says: "The idea that guided imagery may have powerful psychological and biological effects goes right back to Aristotle who said; 'The soul never thinks without a picture.'

"Relaxation techniques involve muscular exercises. Some patients like to imagine a battle scene between the cancer and the drug treatment; others prefer to imagine a healing process like a white light promoting wellbeing and a return to health."

Professor Robert Souhami, Cancer Research UK's Director of Policy and Communication, said: "It is important that cancer patients should have access to treatments that have been shown to be beneficial to their health.

"Although some complementary therapies have been shown to be of value in some clinical situations, it is essential that all such approaches undergo rigorous assessment in randomised clinical trials."

COMPLEMENTARY THERAPY – case history

Patient Mrs. B

Diagnosis 1998 (aged 61) - squamous cell ca of the tongue
on referral - diabetic
to PHC - anxious
- depressed

Hospital Radiotherapy and surgery

Comp July 1998 - first treatment 3 July 1998
therapy
referral

Treatment Reflexology

Mrs. B was treated with a full reflexology treatment on a weekly basis to start with.

During her 6th treatment Mrs. B commented:

“My feet are now ‘warm’ for most of the week following a treatment. My left heel is no longer painful and I can lie in bed without having to have it off the side. Also my neck was much better.”

Patient Mrs. B – a case history (cont)

By November 99 she was back at work and enjoying life much more than she had done for a few years.

By January 2000 her diabetic condition had improved and the diabetic clinic had cut her tablet doses by 50%.

However, March 2000 she was diagnosed with an underachieving thyroid and was put on medication.

For the next 2 years the treatments continued, gradually stretching out the treatment frequency to monthly sessions. Mrs. B retired from work, began enjoying life with her family and in her words had become quite “a nice person”!

During 2003 she had a severe marital dispute and for a number of months lived with one of her sons. She continued her treatments but on a fortnightly basis for extra support. 2004 saw an improvement in her situation and she felt able to revert to monthly treatments.

Her treatment last week was a delight. She was happy, laughing and joking and full of the joy of life. She has been taken off her diabetic tablets completely and her thyroid problem is getting less and less all the time. Her blood pressure problems have been absent for some time now and she (I emphasise “she”) puts it down to her reflexology treatments. She has been pending by the hospice and her only contact with us now is her monthly reflexology sessions.

Concluding Questions

I have 2:

Complementary therapies provide what Sanderson and Carter (1994) see as touch interventions that enable the patient to become more self aware, feeling they are the focus of care and that they can engage and communicate with the therapist. In reviewing the literature on reflexology and massage, Vickers (1996) suggests that patients not only fulfil a need to be touched but also learn to trust the therapist in the process.

In nursing practice, touching patients as part of a “comforting” process is acknowledged (Morse 1996) but studies in high stress areas such as ICU indicate that nurses predominately touch patients to perform tasks rather than to comfort (Ashworth 1980, Turnock 1989, Estabrooks 1989). More recently, Cox and Hayes (1997) reported that 50% of ICU nurses when asked said they would give additional medication to reduce anxiety, 66% would incorporate verbal reassurance and only 27% would use touch.

Perhaps in these situations they avoid this highly charged medium of communication for fear of upsetting physiological parameters or making contact that requires more than they can possibly give?

And finally the patient:

When a patient says “yes” to a massage/bodywork session what do they expect? Perhaps the massage will ease a backache or leave them feeling profoundly relaxed: or could it be that the human contact is the most important need, but that need may be harder to express or even acknowledge?

ACKNOWLEDGEMENTS:

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VISITING A COMPLEMENTARY THERAPIST 1

WHAT HAPPENS FIRST?

- Choose a therapy and therapist

Word of mouth

Kent Connexions

National Association

Yellow Pages - corporate advert

- Contact them

- What to ask?

Make a list:

Cost

How long does treatment take

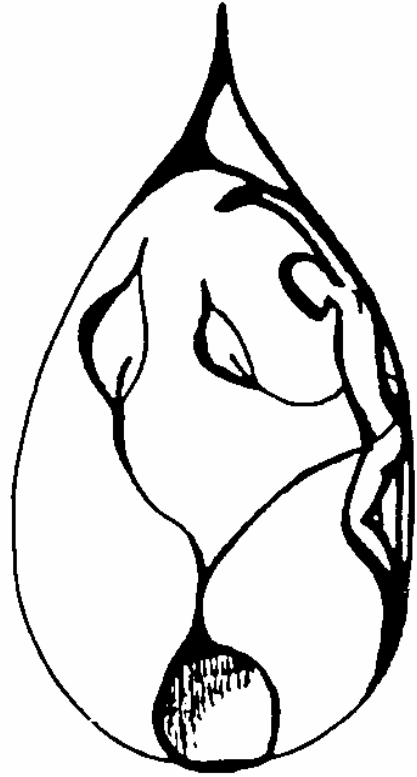
Directions

Etc.

VISITING A COMPLEMENTARY THERAPIST 2

WHAT HAPPENS NEXT?

- Arrive for treatment
- Should be warmly greeted
- Consultation including chance for you to ask questions
- Treatment
- Aftercare advice
- Another appointment offered



THANK YOU