Kassel School of Medicine

Gesundheit Nordhessen

University of Southampton

Komplementäre Methoden in Schmerztherapie und Palliativmedizin

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The Oncologist®

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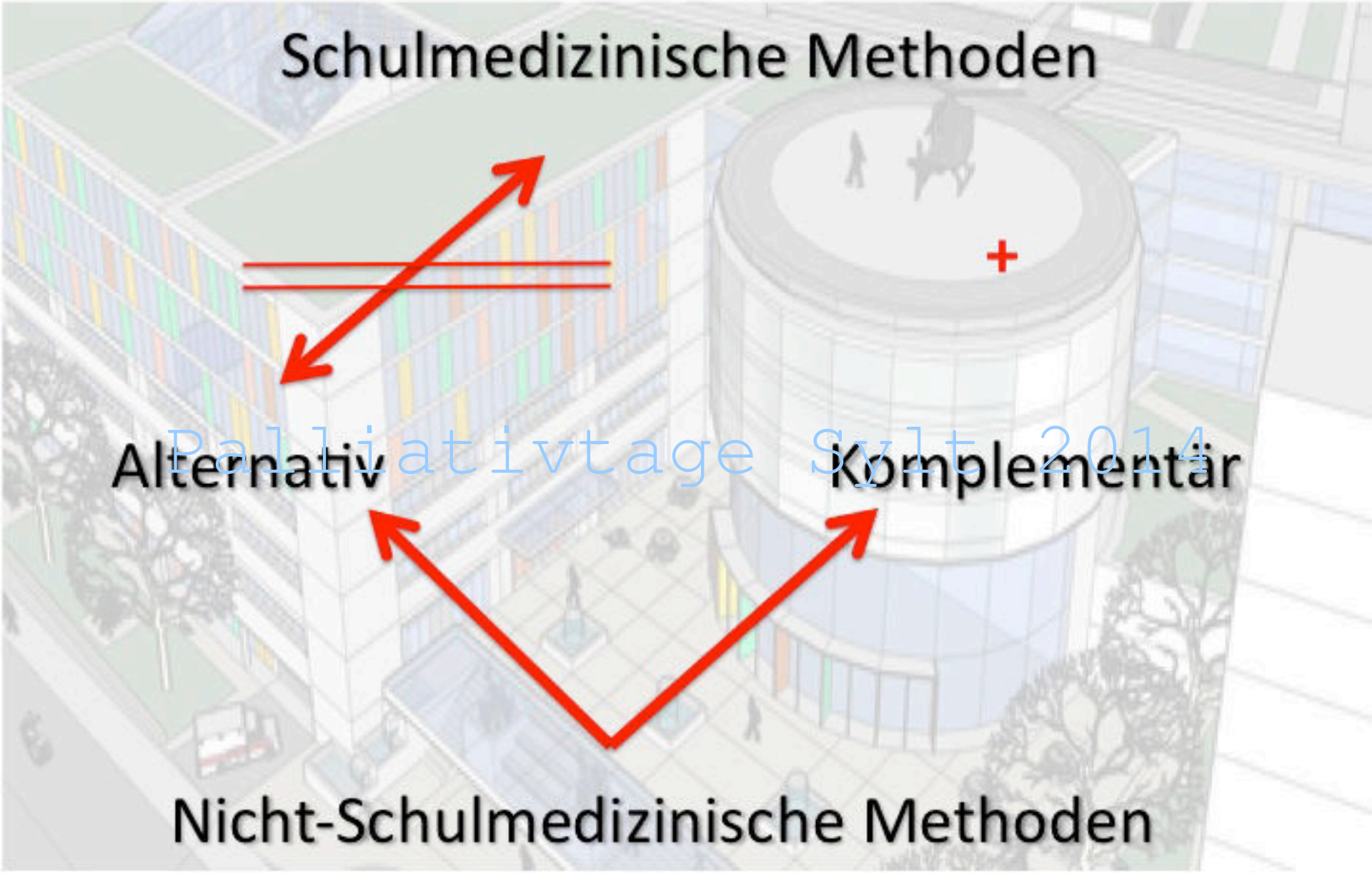
Complementary and Alternative Therapies for Cancer

BARRIE R. CASSILETH, GARY DENG

Integrative Medicine Service, Memorial Sloan-Kettering Cancer Center, New York, New York, USA

The use of CAM for cancer is widespread. By various accounts, from less than 10% to more than 60% of cancer patients have used CAM [1-5]. The Datamonitor 2002 Survey indicated that 80% of cancer patients used an alternative or complementary modality [6].



Alternative / komplementäre Verfahren

Wer meint was?

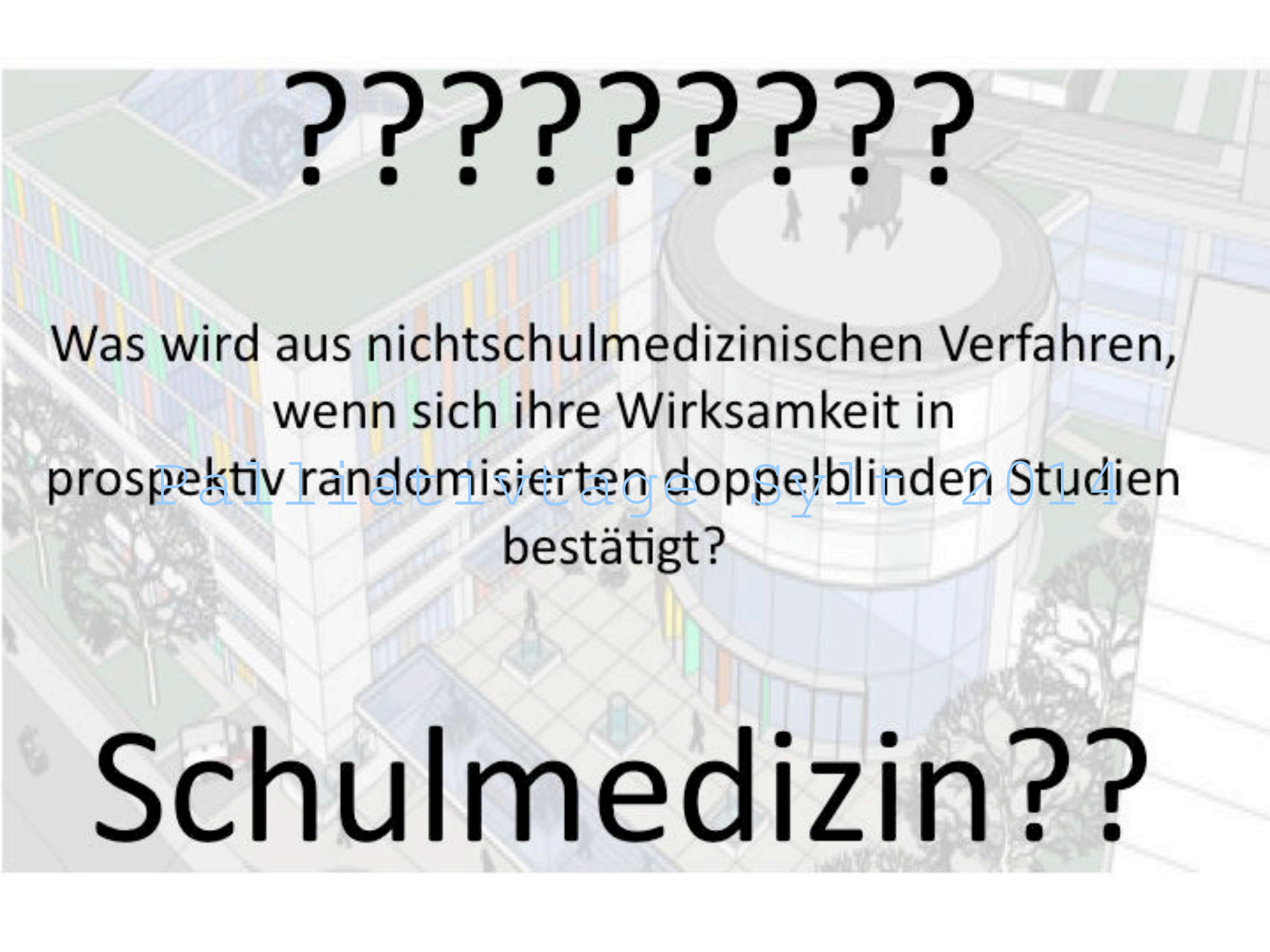
Arzt	Patient
Wissenschaftlich nicht bewiesen	Sanfte Medizin
Wirkungsweise unklar	weniger oder keine NW
Keine Bezahlung durch GKV	„andere“ Wirkungsweise

Nicht-Schulmedizinische Methoden

Palliativtage Sylt 2014

Wissenschaftliche Evidenz ???

Forderung: prospektiv randomisierte, ggf. doppelblinde Studien


?????????
Was wird aus nichtschulmedizinischen Verfahren, wenn sich ihre Wirksamkeit in prospektiv randomisierten doppelblinden Studien bestätigt?
Schulmedizin??

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THE CARDIOPULMONARY AND CRITICAL CARE JOURNAL

Influence of Potassium Dichromate on Tracheal Secretions in Critically Ill Patients

Michael Frass, Christoph Dielacher, Manfred Linkesch, Christian Endler, Ilse Muchitsch, Ernst Schuster and Alan Kaye

Chest 2005;127;936-941

Methods: **In this study, 50 patients breathing spontaneously with continuous positive airway pressure were receiving either potassium dichromate C30 globules (group 1) [Deutsche Homöopathie-Union, Pharmaceutical Company; Karlsruhe, Germany] or placebo (group 2). Five globules were administered twice daily at intervals of 12 h. The amount of tracheal secretions on day 2 after the start of the study as well as the time for successful extubation and length of stay in the ICU were recorded.**

Neither patients nor members of the critical care team or members of the study group knew whether the globules administered to the respective patient belonged to group 1 or group 2.

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Table 1—*Patient Characteristics

Parameters	Group 1, Potassium Dichromate (n = 25)†	Group 2, Placebo (n = 25)	p Value‡
Pre-hospital information			
Age, yr	69.2 ± 9.1 (49–89)	68.4 ± 10.1 (45–88)	0.748
Male/female gender, No.	19/6	20/5	
Weight, kg	81.0 ± 9.8 (59–102)	78.8 ± 10.2 (59–101)	0.599
Height, cm	170.2 ± 6.3 (157–179)	171.2 ± 5.8 (161–183)	0.763
BMI	28.0 ± 2.8 (21.7–33.3)	26.8 ± 2.8 (21.1–32.6)	0.174
FEV_1, %	54.0 ± 5.3 (32–60)	52.4 ± 5.5 (32–59)	0.152
Stage of COPD§	1.08 ± 0.4 (1–3)	1.20 ± 0.5 (1–3)	0.178
Need for long-term oxygen therapy, No.	5	9	
Home noninvasive ventilation, No.	1	1	
In-hospital (prior to study entry) information			
APACHE II	21.2 ± 2.2 (18–25)	21.6 ± 2.2 (18–26)	0.583
Pao_2/Fio_2	222.5 ± 18.6 (178–250)	219.4 ± 22.4 (176–250)	0.985
$Paco_2$, torr	61.6 ± 4.5 (53–69)	59.8 ± 4.1 (51–67)	0.140

Kein Unterschied zwischen Gruppen

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Table 2—*Parameters Recorded During Treatment Period (Secretions and Suctionings per Day on Day 2)

Variables	Group 1, Potassium Dichromate (n = 25)	Group 2, Placebo (n = 25)	p Value†
Secretions	1.52 ± 0.59 1 (1–3)	2.44 ± 0.65 3 (1–3)	< 0.0001
Grade 1	13	2	
Grade 2	11	10	
Grade 3	1	13	
Suctionings per day	7.2 ± 0.7 (6–8)	6.9 ± 0.8 (6–8)	0.206
Therapeutic bronchoscopies	0.64 ± 0.57 (0–2)	0.76 ± 0.66 (0–2)	0.555
Extubation, d	2.88 ± 1.20 (1–6)	6.12 ± 3.13 (3–14)	< 0.0001
Length of stay, d	4.20 ± 1.61 (2–8)	7.68 ± 3.60 (4–17)	< 0.0001

- 3.3
- 3.5

Tracheal secretions were classified into three grades (grade 1, 0 to 5 mL; grade 2, 6 to 10 mL; grade 3, 11 to 15 mL). Sputum did not exceed 15 mL in the investigated

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doi:10.1016/j.homp.2005.01.002, available online at http://www.sciencedirect.com

ORIGINAL PAPER

Adjunctive homeopathic treatment in patients with severe sepsis: a randomized, double-blind, placebo-controlled trial in an intensive care unit

M Frass[1,*], M Linkesch[2], S Bonyai[2,3], G Resch[1], C Dodacher[2], T Löbl[2], C Endler[1], M Haidvogl[1], I Muchitsch[1] and E Schuster[4]

[1]Ludwig Boltzmann Institute for Homeopathy, Graz, Austria
[2]II Department of Internal Medicine, University of Vienna, Vienna, Austria
[3]Cantonal Hospital of Lucerne

Table 2 Baseline clinical indices

	Homeopathy $n = 33$	*Placebo* $n = 34$
APACHE II score	24.7 ± 3.2	24.0 ± 4.4
APACHE II score ⩾25	18 (54.5%)	16 (47.1%)
Temperature at entry (°C)	37.9 ± 1.34	37.8 ± 1.1
Respiratory rate at entry (min)	21.6 ± 4.6	19.7 ± 5.3
Heart rate at entry (min)	102.7 ± 23.5	112.9 ± 22.2
Leukocytes at entry G/L	13.7 ± 9.4	14.4 ± 10.0
Temperature ⩽36 or ⩾38 °C	22 (66.6%)	19 (55.9%)
Respiratory rate ⩾20 (min)	26 (81.3%)	22 (64.7%)
Heart rate ⩾90 (min)	22 (66.7%)	30 (90.9%)
Leukocytes ⩽4 ⩾12 G/L	21 (63.6%)	29 (85.3%)
Number of organ failures		
2	2 (6.1%)	5 (14.7%)
3	16 (48.5%)	14 (41.2%)
4	12 (36.4%)	13 (38.2%)
5	3 (9.0%)	2 (5.9%)
Mechanical ventilation	29 (87.9%)	30 (90.9%)
FiO_2%	58.6 ± 19.2	65.0 ± 20.9
Vasopressors	26 (78.8%)	30 (88.2%)
Veno-venous hemofiltration	14 (42.4%)	12 (35.3%)

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Start of therapy and sublingual administration of the globules

Within 12 h after meeting the criteria for sepsis, homeopathic treatment started. A person not involved in the randomization process poured five globules into the lid of the tube containing the globules, then the globules were poured from the lid directly underneath the patient's tongue. In patients with endotracheal tubes, the globules were administered just aside the endotracheal tube. Globules were given twice daily at an interval of 12 h until sepsis was resolved or until death. Patients were treated for the duration of their stay in the intensive care unit. Treatment stopped on transfer to the general ward. Fifteen minutes before and after administration of the globules, no oral fluid or food intake or oral hygiene was allowed to avoid any potential interference with the globules. The homeopathic doctors were free to decide which homeopathic medicine should be applied. All medi-

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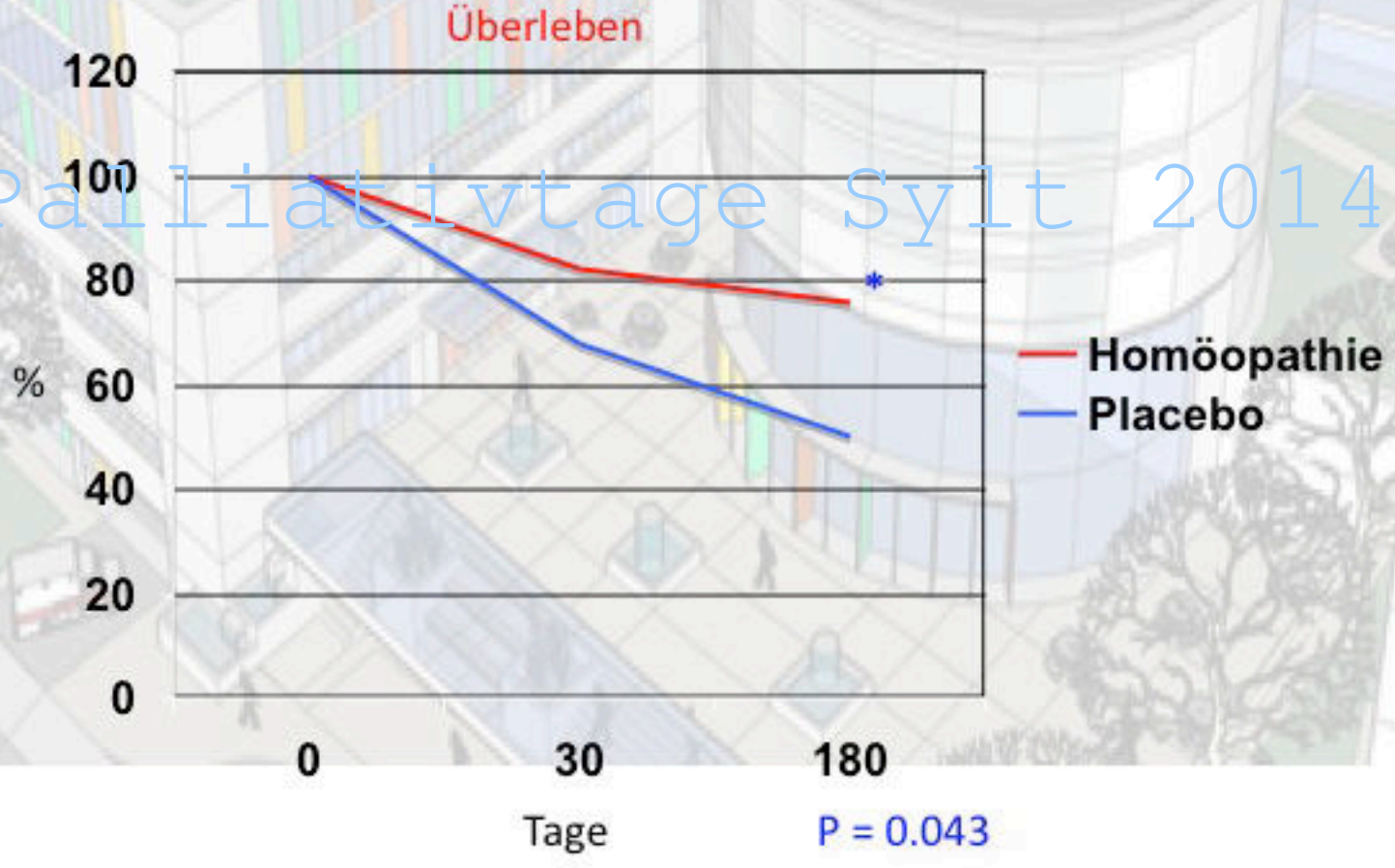


Homeopathic medicines for adverse effects of cancer treatments (Review)

Kassab S, Cummings M, Berkovitz S, van Haselen R, Fisher P

THE COCHRANE COLLABORATION®

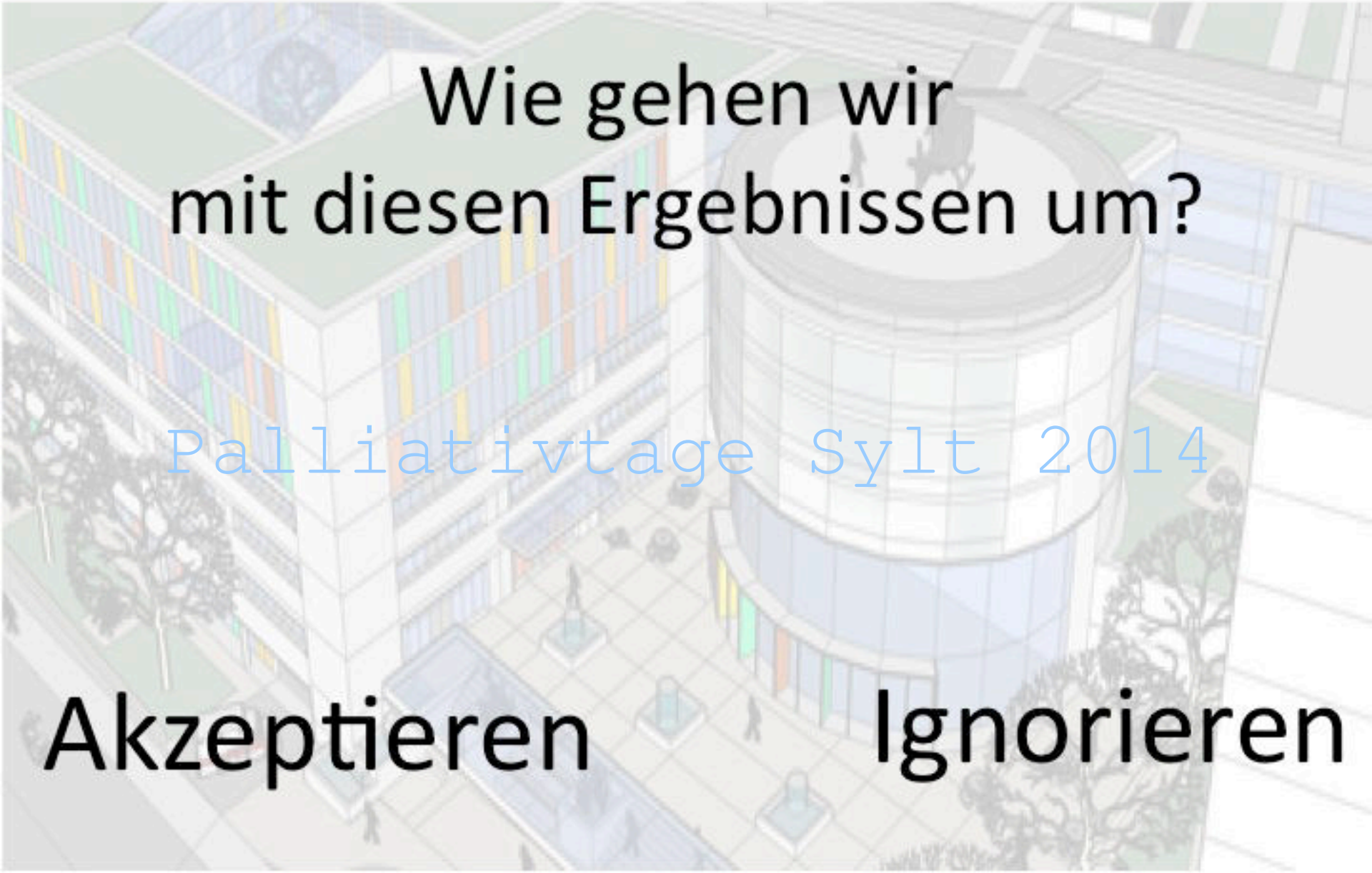
Randomised controlled trials (RCTs) of homeopathic medicines in participants with a clinical or histological diagnosis of cancer where the intervention was aimed at preventing or treating symptoms associated with cancer treatments. All age groups, and all stages of disease were included.

Main results

Eight controlled trials (seven placebo controlled and one trial against an active treatment) with a total of 664 participants met the inclusion criteria. Three studied adverse effects of radiotherapy, three studied adverse effects of chemotherapy and two studied menopausal symptoms associated with breast cancer treatment.

Two studies with low risk of bias demonstrated benefit: one with 254 participants demonstrated superiority of topical calendula over trolamine (a topical agent not containing corticosteroids) for prevention of radiotherapy-induced dermatitis, and another with 32 participants demonstrated superiority of Traumeel S (a proprietary complex homeopathic medicine) over placebo as a mouthwash for chemotherapy-induced stomatitis. Two other studies reported positive results, although the risk of bias was unclear, and four further studies reported negative results.

This review found preliminary data in support of the efficacy of topical calendula for prophylaxis of acute dermatitis during radiotherapy and Traumeel S mouthwash in the treatment of chemotherapy-induced stomatitis. These trials need replicating. There is no convincing evidence for the efficacy of homeopathic medicines for other adverse effects of cancer treatments. Further research is required.


Wie gehen wir
mit diesen Ergebnissen um?
Palliativtage Sylt 2014
Akzeptieren
Ignorieren


Scharlatanerie
Homöopathie?
Palliativtage Sylt 2014
Schulmedizin

Alternativmedizin

Viele Patienten mit weit fortgeschrittenen unheilbaren Erkrankungen setzen verständlicherweise viel Hoffnung in unkonventionelle Methoden und greifen damit nach dem sprichwörtlichen „letzten Strohhalm". Nicht wenige sind bereit, für fragwürdige Heilsversprechungen weite Fahrten auf sich zu nehmen und viel Geld auszugeben.

Diese „alternativen Therapie- und Diagnoseverfahren" haben ganz unterschiedliche Namen, wie z.B. „alternative Heilmethoden", „Ethnomedizin", „sanfte" oder „grüne Medizin", „Komplementärmedizin", „Allopathie", „Naturheilverfahren", „naturgemäße Heilweisen", „unkonventionelle Untersuchungs- und Behandlungsmethoden" „Ganzheitsmedizin" oder „holistische Medizin", „Erfahrungsmedizin", „Volksmedizin", „traditionelle Medizin" und ähnliche. Abwertende Bezeichnungen sind „Paramedizin", „Scharlatanerie" oder „Quacksalberei." Allen gemeinsam ist, dass ihre Wirksamkeit nicht eindeutig mit wissenschaftlichen (schulmedizinischen) Kriterien nachweisbar ist.


Habichtswald-Klinik Kassel - Bad Wilhelmshöhe
Fachklinik für Psychosomatik, Onkologie und Innere Medizin
Palliativtage Sylt 2014

Aulbert ▪ Nauck ▪ Radbruch

3. Auflage

Palliativtage Sylt 2014

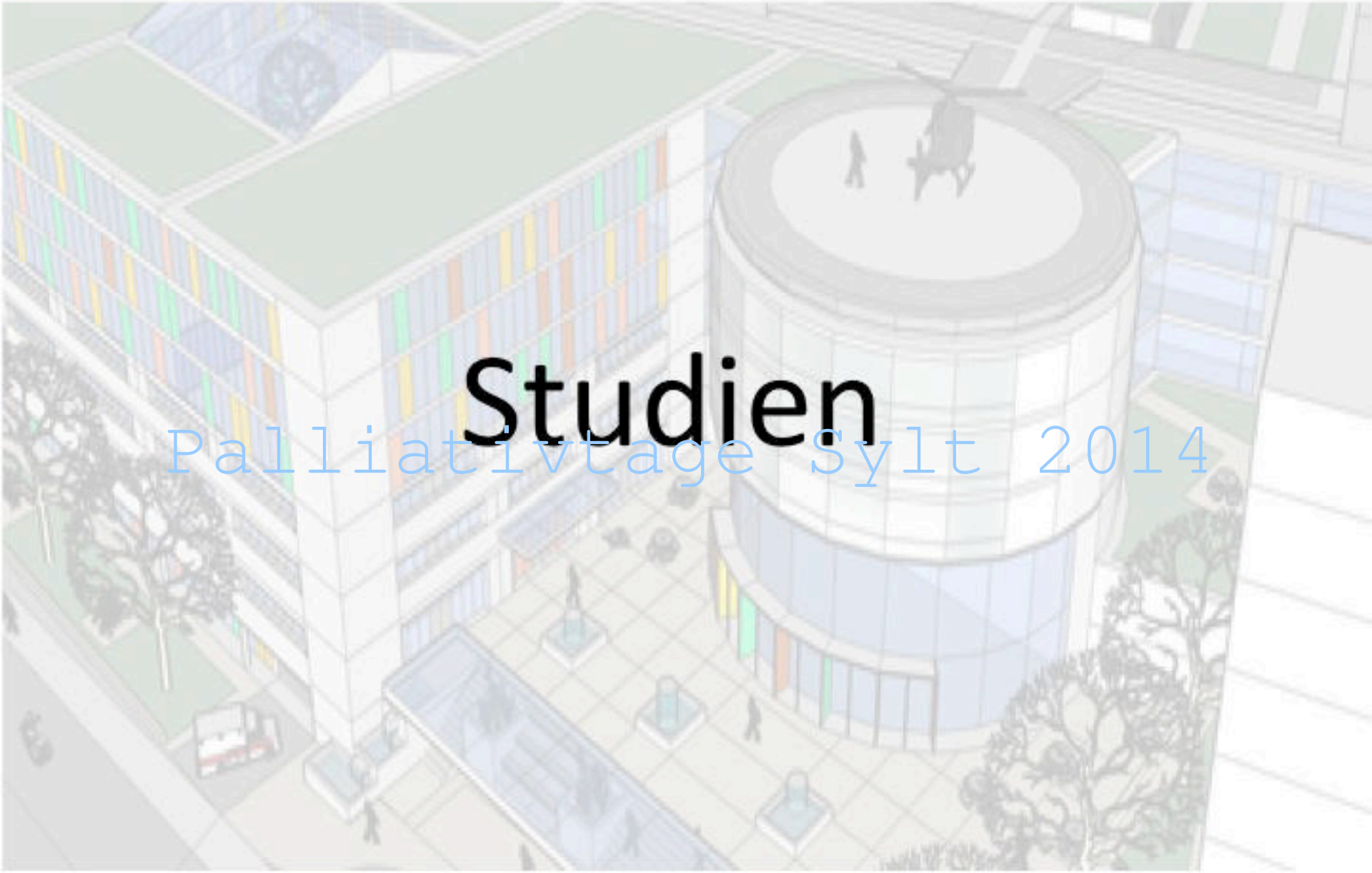
Alternative Methoden

Auch alternative Methoden sollten im Einzelfall erwogen werden. So kann bei therapierefraktärer Übelkeit eine Akupressur oder Akupunktur am Punkt »Neiguan« des Perikardmeridians (P6) wirksam sein, die Stimulation des N. phrenicus hinter der Clavicula kann einen lästigen Singultus durchbrechen.

Qigong

Qigong ist zwar keine psychologische Interventionsform, sondern eine rund 5000 Jahre alte Meditationsweise mit bewegten und stillen Übungen aus China, entfaltet aber messbare Wirkung auf Körper, Geist und Seele und kann nachhaltig zur Besserung der Lebensqualität von Gesunden und Kranken beitragen [35]. Gerade auch palliative Patienten berichten von mehr innerer Ruhe und weniger Schmerzen, wie u. a. in einer Untersuchung am Stanford Center for Integrative Medicine at Stanford University Hospital and Clinics in Kalifornien unlängst bestätigt wurde.

Von 334 Krebspatienten, die Qigong im Rahmen dieser Untersuchung beurteilten, gaben 78% eine Stressverminderung an, 74% eine Verbesserung ihres Wohlergehens, 58% einen Anstieg ihres Energie-Levels und 22% der Teilnehmer berichteten eine Schmerzreduktion [26, 29].



Studien

Palliativtage Sylt 2014

Spannungskopfschmerz

Pfefferminzöl ist anderen Analgetika ebenbürtig

Bis heute gibt es kein spezielles Medikament, das für die häufigste Kopfschmerzform überhaupt, den Spannungskopfschmerz, entwickelt wurde. An der Kieler Universitätsklinik für Neurologie wurde nun erstmals systematisch die Anwendung von Pfefferminzöl untersucht. Die Pfefferminze ist als Heilpflanze seit dem Altertum bekannt. Plinius der Ältere empfahl, bei Kopfschmerzen frische Pfefferminzblätter auf die Schläfen aufzulegen. Die genaue Wirkungsweise wurde aber nie wissenschaftlich geklärt. Bislang lagen auch keine wissenschaftlichen Untersuchungen zur Wirksamkeit vor.

Hauptbestandteile (50 bis 86 Prozent) des Öls der Pflanze Mentha piperita sind Menthol und Menthon. Bei lokaler Anwendung von Pfefferminzöl auf der Haut werden selbst in geringen Mengen Kälte- und Druckrezeptoren erregt, in hohen Konzentrationen auch Wärme- und Schmerzrezeptoren stimuliert. Menthol bewirkt eine Änderung der Zellmembran mit einer vermehrten elektrischen Aktivität. Hohe Konzentrationen von Menthol entfalten eine lokal anästhesierende Wirkung. Pfefferminzöl kann außerdem die Wirkungen der Schmerz-Nerven-Botenstoffe Serotonin und Substanz P hemmen. Beide Substanzen spielen bei der Entstehung von Kopfschmerzen eine entscheidende Rolle. In den Untersuchungsreihen zeigte zehnprozentiges Pfefferminzöl in alkoholischer Lösung die ausgeprägtesten Wirkungen.

Erstmals liegen nun auch, wie Dr. Hartmut Göbel (Universität Kiel) auf einer Pressekonferenz der Deutschen Migräne- und Kopfschmerzgesellschaft in Bonn berichtete, neue Ergebnisse zur Wirksamkeit von Pfefferminzöl aus einer streng kontrollierten klinischen Studie vor. Die Untersuchung wurde mit Mitteln des Bundesforschungsministeriums gefördert.

Die Prüfung erfolgte bei 164 einzelnen Kopfschmerzepisoden gegen das Schmerzmittel Paracetamol sowie gegen Placebo. Die Anwendung des Öls erfolgte großflächig auf Stirn und Schläfen, und zwar zweimal nach 15 und 30 Minuten.

Signifikante Reduktion

Im Vergleich zu Placebo konnte mit Pfefferminzöl bereits nach 15 Minuten eine signifikante Reduktion der Kopfschmerzen erzielt werden. Die Schmerzintensität reduziert sich im Verlauf einer Stunde weiter. Auch Paracetamol erwies sich als signifikant wirksam gegenüber Placebo.

Zwischen der Wirksamkeit von 1 g Paracetamol und zehnprozentigem Pfefferminzöl bestand kein Unterschied.

Kopfschmerzen vom Spannungstyp sind mit Abstand die häufigste Kopfschmerzform und zählen zu den häufigsten Erkrankungen überhaupt. Nach neuen Studien leiden 54 Prozent unter Kopfschmerzen vom Spannungstyp, 38 Prozent unter Migräne, und nur acht Prozent der Kopfschmerzen haben andere Ursachen. Der Spannungskopfschmerz, der oft nach längerem Sitzen am Computer oder Autofahrten auftritt, kann 30 Minuten bis zu sieben Tage andauern.

Episodisch auftretend ist dieser „Kopfschmerz pur" häufig ohne Krankheitswert, seine chronische Form kann jedoch derartig gravierend für die Betroffenen sein, daß sie zur Aufgabe des Berufes und zu einer drastischen Einschränkung der allgemeinen Tätigkeit führt. „Diese Kopfschmerzform kann das berufliche und soziale Leben komplett zerstören", so Göbel. Dr. med. Cornelia Haberbosch

„Fit for fun" durch Selbstmedikation

Viele Patienten versuchen, die Kopfschmerzen durch häufige Einnahme von Schmerzmitteln zu mindern. Damit wächst die Gefahr, daß durch Medikamente ausgelöste Dauerkopfschmerzen das primäre Kopfschmerzproblem zusätzlich verschlechtern.

Analgetika und die meistverkauften Arzneimittel in Deutschland. Bei den Apotheken führten 1995 mit knapp 194 Millionen verkauften Packungen die Analgetika mit weitem Abstand vor den Husten- und Erkältungsmitteln mit 140 Millionen Packungen. Insgesamt werden 75 Prozent aller Schmerzmittelpackungen ohne Rezept in der Apotheke verkauft. Schmerztherapie ist eine Therapie der Selbstmedikation, nach dem Motto „fit for fun".

Arzneimittel werden gern genommen, um Probleme hinwegzuschlucken, und reihen sich damit mit Alkohol und Nikotin in die chemisch gebundenen Bewältigungsstrategien ein. Kopfschmerzen können auch ein wesentlicher Grund für die Entstehung von Suchtverhalten sein. Eine Untersuchung des Instituts für Suchtprävention und angewandte Psychologie in Schleswig-Holstein ergab, daß je nach Schultyp schon 20 bis 40 Prozent der Schüler Kopfschmerzen als ihr wichtigstes und hartnäckigstes Gesundheitsproblem angeben.

80 Prozent der Kopfschmerzpatienten gehen nicht zum Arzt. Ihr Informationsdefizit ist besonders gravierend: Fast die Hälfte der Betroffenen hat keine speziellen Informationen. Das Thema ist allerdings auch an der wissenschaftlichen Medizin vorbeigegangen, denn dieser Kopfschmerztyp liegt laut Dr. Hartmut Göbel (Universität Kiel) in einem unklar definierten interdisziplinären Niemandsland. CH

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Aromatherapy as a Safe and Effective Treatment for the Management of Agitation in Severe Dementia: The Results of a Double-Blind, Placebo-Controlled Trial

Clive G. Ballard, John T. O'Brien, Katharina Reichelt, and Elaine K. Perry

J Clin Psychiatry 2002;63:553-558

Placebo: Sonnenblumenöl N = 36
Verum: Melissenöl N = 36

2 x tgl. Gesicht und Arme über 4 Wochen

Parameter: Agitation (Cohen-Mansfield Agitation Inventary)
QoL (Dementia Care Mapping)

71 Patienten haben die Studie beendet.
Keine Nebenwirkungen beobachtet.

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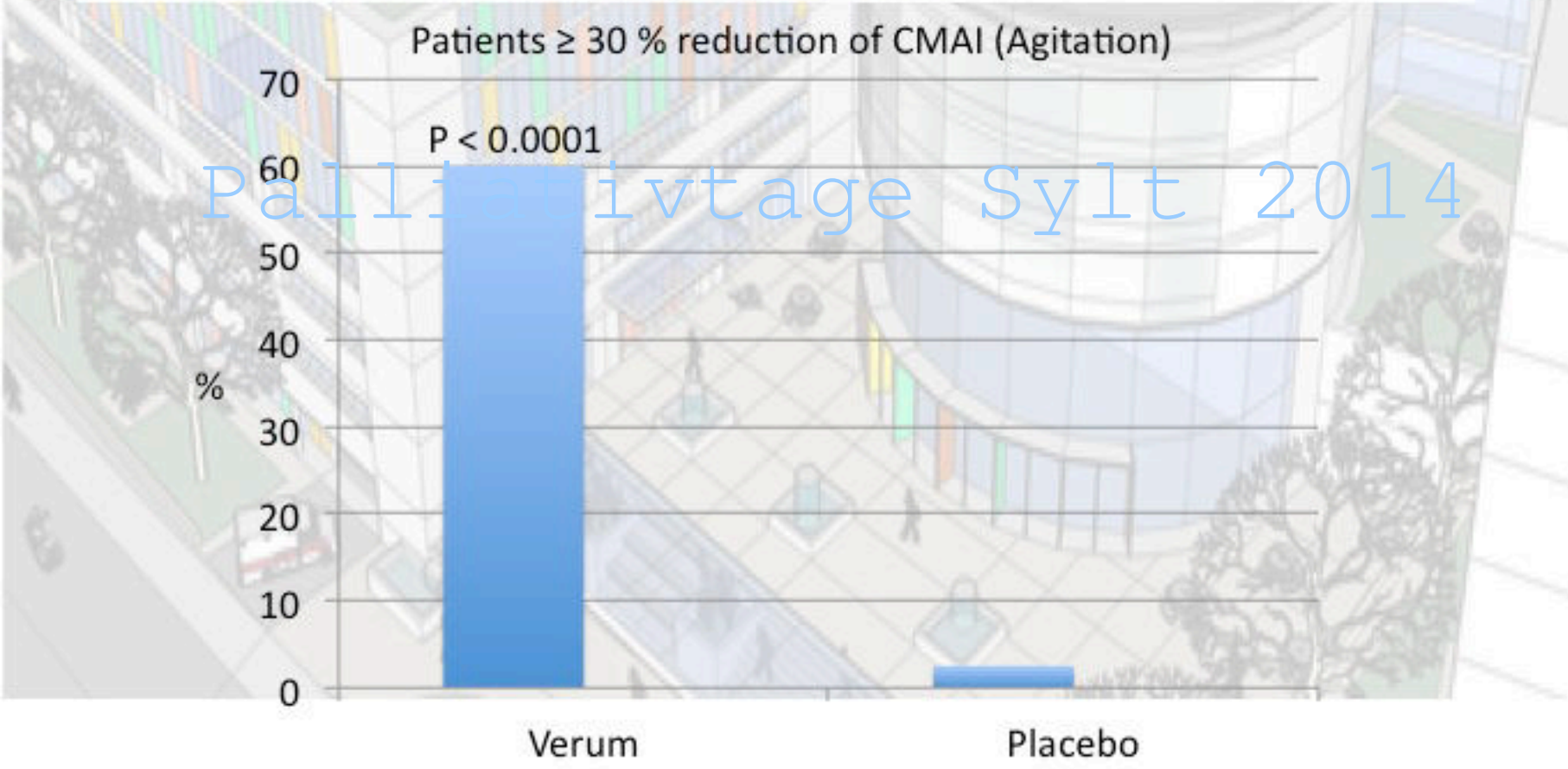

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Hochsignifikante Verbesserung in Quality of Life

Soziale Einsamkeit (p = 0,005)

Konstruktive Aktivitäten (p = 0.001)

INTERNATIONAL JOURNAL OF GERIATRIC PSYCHIATRY
Int J Geriatr Psychiatry 2007; **22**: 405–410.
Published online 7 March 2007 in Wiley InterScience
(www.interscience.wiley.com) **DOI**: 10.1002/gps.1688

Efficacy of aromatherapy (Lavandula angustifolia) as an intervention for agitated behaviours in Chinese older persons with dementia: a cross-over randomized trial

Pamela Wan-ki Lin[1], Wai-chi Chan[2], Bacon Fung-leung Ng[1] and Linda Chiu-wa Lam[3]*

[1]*Department of Occupational Therapy, Castle Peak Hospital, Hong Kong*
[2]*Psychogeriatric Department, Castle Peak Hospital, Hong Kong*
[3]*Department of Psychiatry, Chinese University of Hong Kong*

Objectives This study investigates the effectiveness of lavandula angustifolia (lavender) in treating agitated behaviours of demented people in Hong Kong.

Methods It was a cross-over randomized trial. Seventy Chinese older adults with dementia were recruited; half were randomly assigned to the active group (lavender inhalation) for three weeks and then switched to control group (sunflower inhalation) for another three weeks; the other half did the opposite. Clinical response was evaluated using the Chinese versions of Cohen-Mansfield Agitation Inventory (CCMAI) and Neuropsychiatric Inventory (CNPI).

INTERNATIONAL JOURNAL OF GERIATRIC PSYCHIATRY
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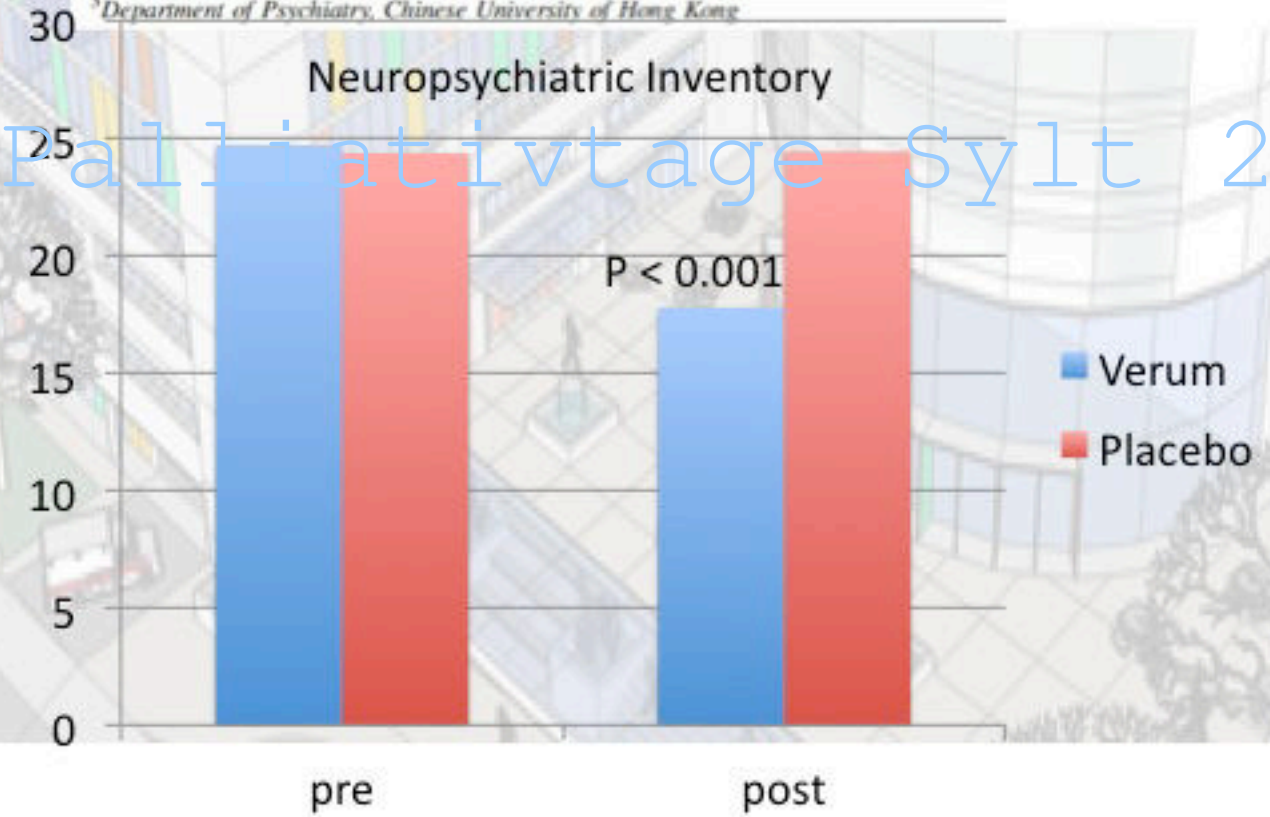

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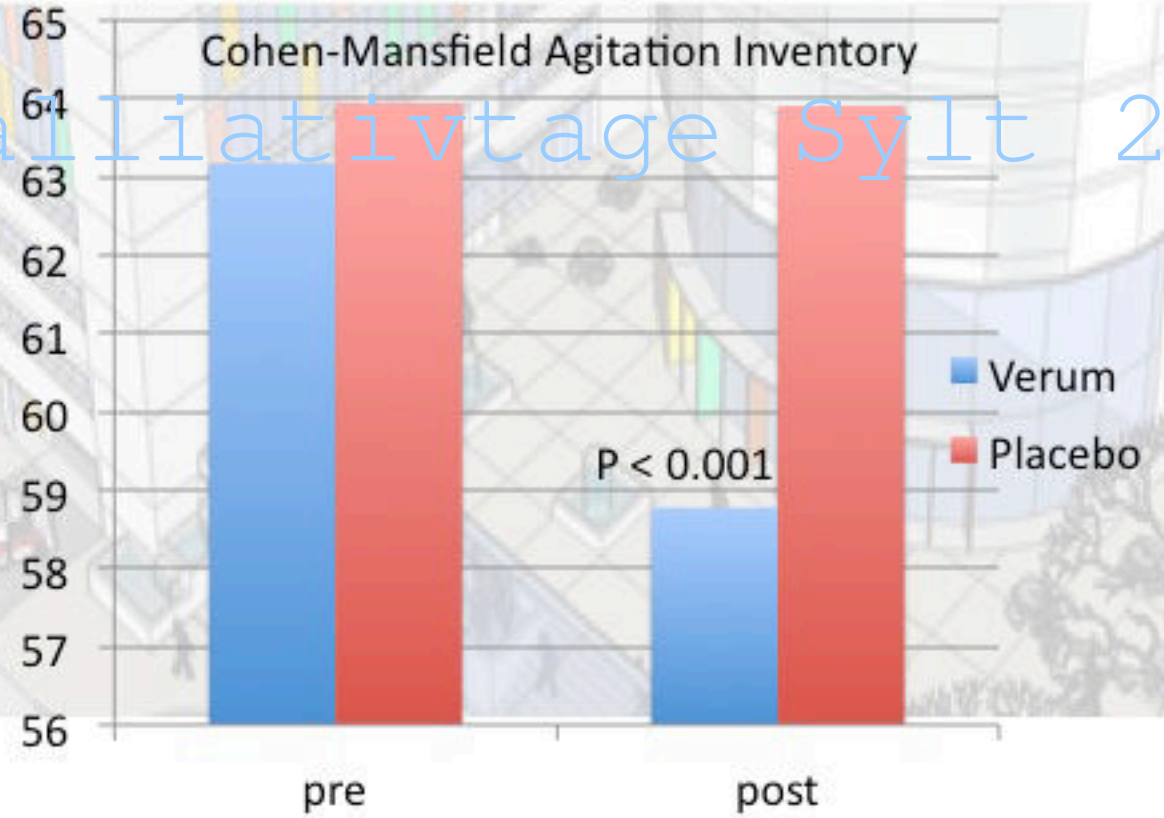
[2]*Psychogeriatric Department, Castle Peak Hospital, Hong Kong*
[3]*Department of Psychiatry, Chinese University of Hong Kong*



THE JOURNAL OF ALTERNATIVE AND COMPLEMENTARY MEDICINE
Volume 13, Number 2, 2007, pp. 247–251

DOI: 10.1089/acm.2006.6189

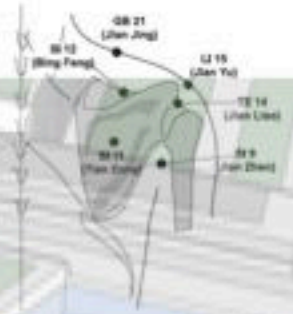


FIG. 1. Acupressure points used in this study

Effects of Aromatherapy Acupressure on Hemiplegic Shoulder Pain and Motor Power in Stroke Patients: A Pilot Study

BYUNG-CHEUL SHIN, O.M.D., Ph.D.[1] and MYEONG SOO LEE, Ph.D.[2,3]

Objectives: The aim of this study was to determine if aromatherapy acupressure, compared to acupressure alone, was effective in reducing hemiplegic shoulder pain and improving motor power in stroke patients.

Design: This work was a randomized, controlled trial.

Subjects: Thirty (30) stroke patients with hemiplegic shoulder pain participated in this study.

Intervention: Subjects were randomly assigned to either an aromatherapy acupressure group ($N = 15$) or an acupressure group ($N = 15$), with aromatherapy acupressure using lavender, rosemary, and peppermint given only to the former group. Each acupressure session lasted 20 minutes and was performed twice-daily for 2 weeks.

Outcomes Measures: Shoulder pain and motor power were the outcome measures used in this study.

THE JOURNAL OF ALTERNATIVE AND COMPLEMENTARY MEDICINE
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DOI: 10.1089/acm.2006.6139

Effects of Aromatherapy Acupressure on Hemiplegic Shoulder Pain and Motor Power in Stroke Patients: A Pilot Study

BYUNG-CHEUL SHIN, O.M.D., Ph.D.[1] and MYEONG SOO LEE, Ph.D.[2,3]

TABLE 2. CHANGES IN HEMIPLEGIC SHOULDER PAIN AND MOTOR POWER BY AROMA ACUPRESSURE

Variables	*Score*		
	Pretreatment		*Post-treatment*
Shoulder pain			
Aroma acupressure (N = 15)	6.0 (6.0–6.0)	-4	2.0 (1.0–2.0)*,***
Acupressure (N = 15)	6.0 (5.0–6.0)	-2	4.0 (3–5.0)***
Motor power			
Aroma acupressure (N = 15)	2.0 (1.0–3.0)		4.0 (2.0–4.0)***
Acupressure (N = 15)	2.0 (1.0–4.0)		4.0 (2.3–4.0)**

*p = 0.001 by Mann-Whitney U-test between aroma acupressure and acupressure group; **p = 0.005; ***p = 0.001 by the Wilcoxon signed rank test, compared to pretreatment.

The effects of lavender aromatherapy on pain following needle insertion into a fistula in hemodialysis patients

Masoumeh Bagheri-Nesami [a], Fatemeh Espahbodi [b], Attieh Nikkhah [c,*], Seyed Afshin Shorofi [a,d,e], Jamshid Yazdani Charati [f]

Complementary Therapies in Clinical Practice 20 (2014) 1–4

Objective: This study sought to determine the effects of lavender aromatherapy on pain following needle insertion into a fistula in patients undergoing hemodialysis.

Method: This is a randomized controlled clinical trial in which 92 patients undergoing hemodialysis with arteriovenous fistulas were randomly divided into two groups. The experimental-group patients inhaled lavender essence with a concentration of 10% for 5 min during 3 hemodialysis sessions, while the control-group patients received aromatherapy free of lavender essence.

The effects of lavender aromatherapy on pain following needle insertion into a fistula in hemodialysis patients

Masoumeh Bagheri-Nesami [a], Fatemeh Espahbodi [b], Attieh Nikkhah [c,*], Seyed Afshin Shorofi [a,d,e], Jamshid Yazdani Charati [f]

Complementary Therapies in Clinical Practice 20 (2014) 1–4

Pain measurements before and after intervention in experimental and control groups.

Group	Experimental group ($N = 46$)	Control group ($N = 46$)	Independent t-test
Pain	Mean ± standard error	Mean ± standard error	
Before intervention	3.78 ± 0.24	4.16 ± 0.32	$p = 0.35$
After three interventions (8 days)	2.36 ± 0.25	3.43 ± 0.31	$p = 0.009$
Paired t-test	$t = 10.47$ $p = 0.0001$	$t = 5.94$ $p = 0.0001$	

Evaluating the effectiveness of aromatherapy in reducing levels of anxiety in palliative care patients: Results of a pilot study

Gaye Kyle

Thames Valley University, Slough, SL1 1YG, UK

Complementary Therapies in Clinical Practice (2006) 12, 148–155

The aims of the pilot study were to evaluate the effectiveness of aromatherapy in reducing anxiety in patients receiving palliative care in four counties. The primary end points of the research were to report a statistically significant difference in anxiety scores between experimental group (B) and comparison groups (A and C) and to influence the integration of aromatherapy into all aspects of palliative care. The

Evaluating the effectiveness of aromatherapy in reducing levels of anxiety in palliative care patients: Results of a pilot study

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Complementary Therapies in Clinical Practice (2006) **12**, 148–155

GROUP A	= Massage with essential oil.
GROUP B	= Massage with carrier oil only.
GROUP C	= Aromastone with essential oil

Angst

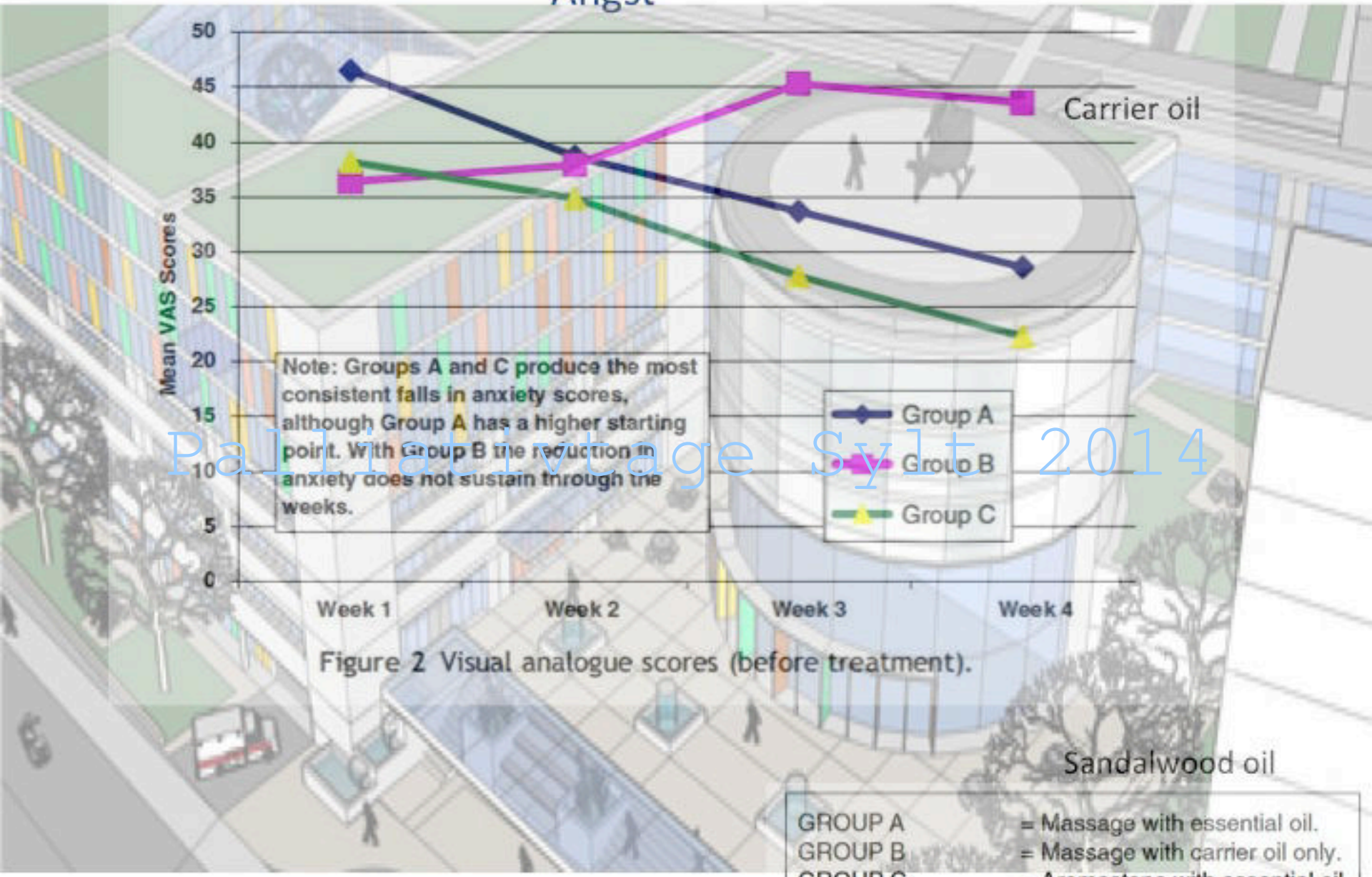

Figure 2 Visual analogue scores (before treatment).

Sandalwood oil

GROUP A	= Massage with essential oil.
GROUP B	= Massage with carrier oil only.
GROUP C	= Aromastone with essential oil

Complementary Therapies in Clinical Practice (2006) 12, 148–155

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Available online at www.sciencedirect.com

Individual Differences in the Effects of Music Engagement on Responses to Painful Stimulation

David H. Bradshaw, Gary W. Donaldson, Robert C. Jacobson, Yoshio Nakamura, and C. Richard Chapman

Pain Research Center, Department of Anesthesiology, University of Utah, Salt Lake City, Utah.

pain. Using a music-listening task varying in task demand, we collected stimulus-evoked potentials, pupil dilation, and skin conductance responses to noxious electrocutaneous stimulations as indicators of central and peripheral arousal, respectively. Trait anxiety (Spielberger State-Trait Anxiety Inventory) and absorption (Tellegen Absorption Scale) provided indicators of individual differences. One hundred and fifty-three healthy, normal volunteers participated in a test session in which they received 3 stimulus intensity levels while listening to background tones (No Task) or performing a music-listening task. Linear slopes indicating net engagement (change in stimulus arousal relative to

Perspective: *Engaging in music listening can reduce responses to pain, depending on the person: people who are anxious and can become absorbed in activities easily may find music listening especially effective for relieving pain. Clinicians should consider patients' personality characteristics when recommending behavioral interventions like music listening for pain relief.*

Music as a Therapeutic Intervention for Anxiety in Patients Receiving Radiation Therapy

ONF – VOL 28, NO 5, 2001

Maureen Smith, MSN, ARNP, CS, Linda Casey, MS, ARNP, AOCN®, Darlene Johnson, MBA, CCRA, Clement Gwede, PhD, MPH, RN, and Ona Z. Riggin, EdD, RN

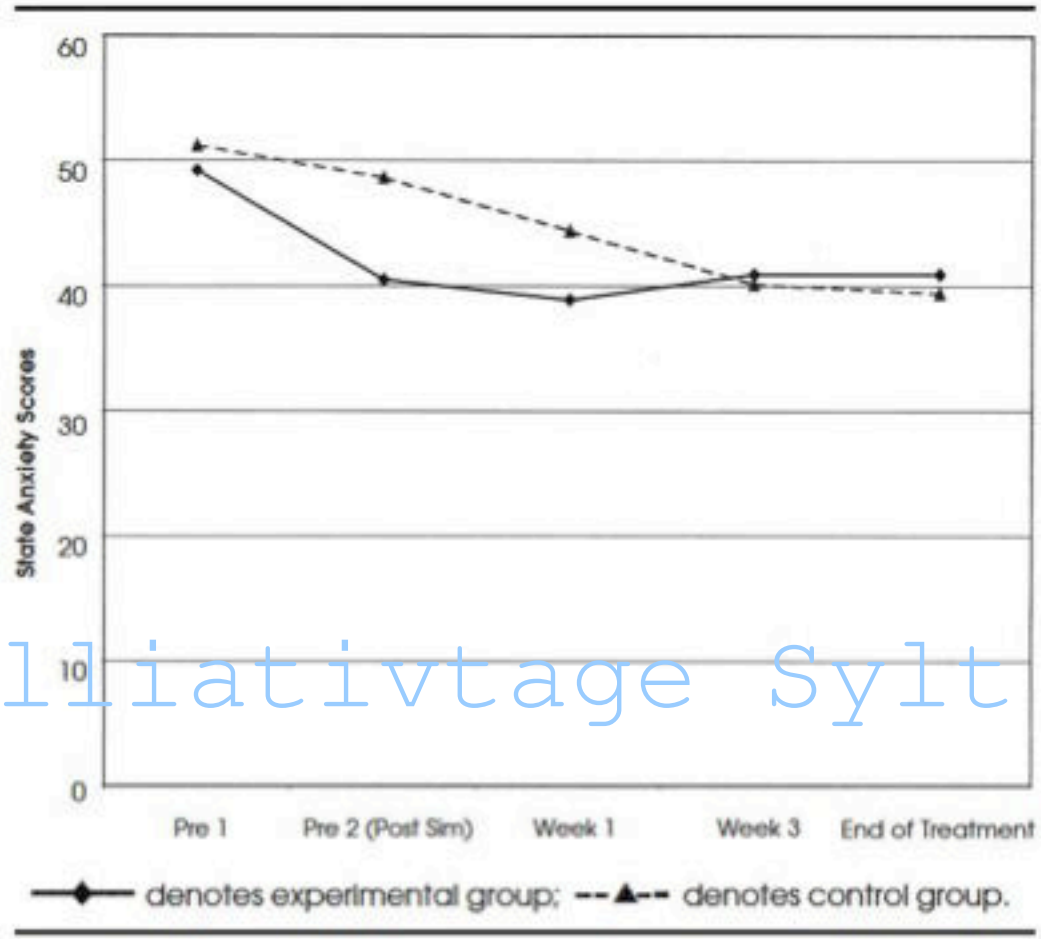

Figure 3. Means of State Anxiety Scores for High Initial State Scores by Treatment Group

Conclusions: Despite a lack of group differences, early intervention with music therapy for patients with high levels of anxiety may be beneficial.

Effects of Music in Patients Who Had Chronic Cancer Pain

Lani Zimmerman, Bunny Pozehl, Kathleen Duncan and Rita Schmitz

West J Nurs Res 1989 11: 298

Potential subjects were approached by the researcher and asked if they were currently having pain. If they said yes, subjects were randomly assigned to an experimental or a control group (20 in each). The purpose of the study was explained, and informed written consent was obtained.

were administered, the lights in the room were dimmed. Subjects in the experimental group then received 30 minutes of their preferred type of relaxing music via headphones. Before subjects listened to the music, the researchers suggested that it would help them to relax and reduce their pain. Ten different types of instrumental tapes were provided for selection by subjects. Subjects were asked to select a tape that represented a type of music that normally relaxed them. If subjects did not have a preference, a Halpern antifrantic tape was used. Antifrantic music is designed for relaxation, self-healing, and pure listening pleasure (Halpern, 1978). Patients controlled the intensity level of the music. After 30 minutes, the MPQ and the VAS were readministered. The control subjects received the same procedure (i.e.,

Effects of Music in Patients Who Had Chronic Cancer Pain

Lani Zimmerman, Bunny Pozehl, Kathleen Duncan and Rita Schmitz

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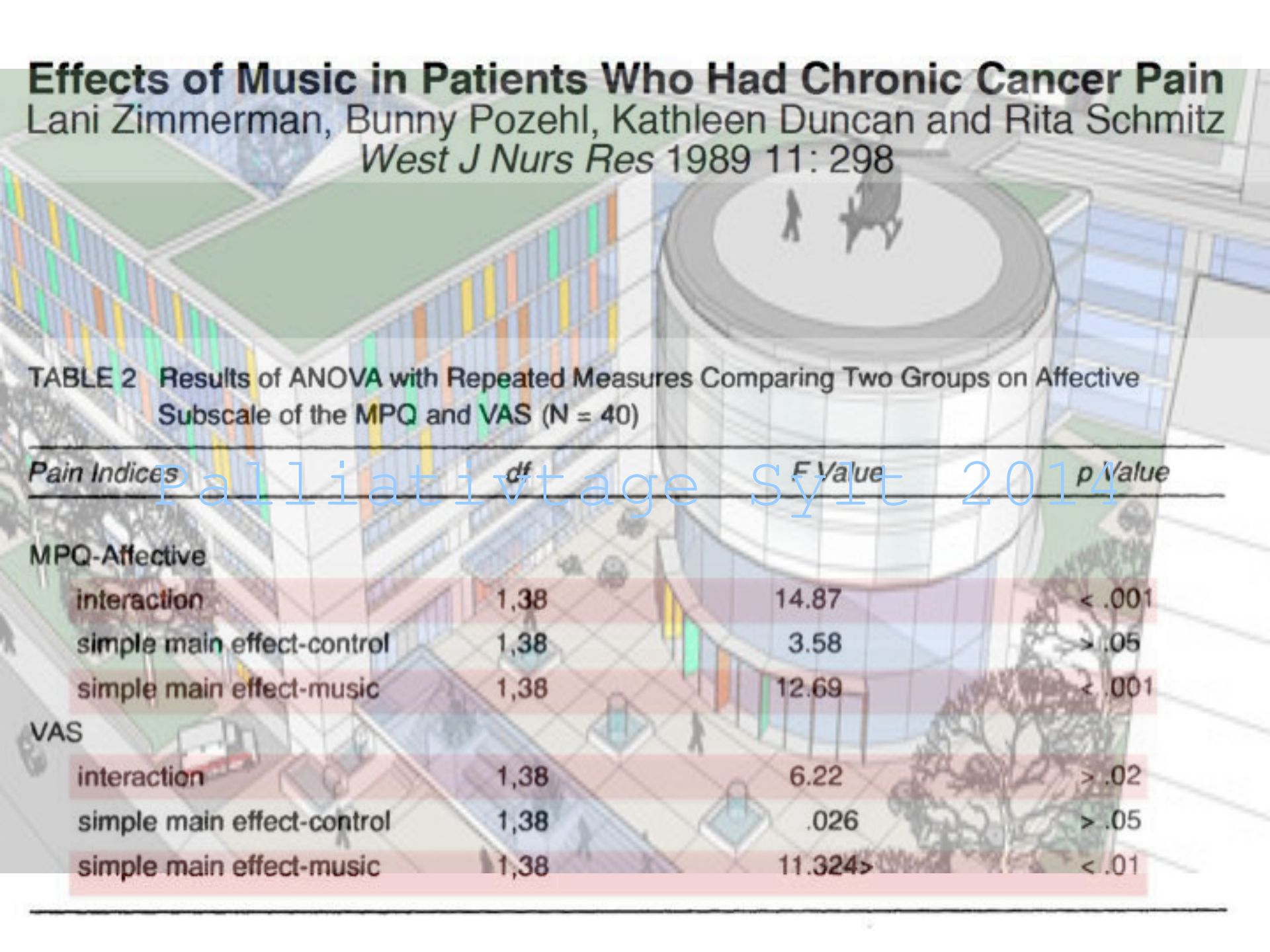

TABLE 2 Results of ANOVA with Repeated Measures Comparing Two Groups on Affective Subscale of the MPQ and VAS (N = 40)

Pain Indices	*df*	*F Value*	*p Value*
MPQ-Affective			
interaction	1,38	14.87	< .001
simple main effect-control	1,38	3.58	> .05
simple main effect-music	1,38	12.69	< .001
VAS			
interaction	1,38	6.22	> .02
simple main effect-control	1,38	.026	> .05
simple main effect-music	1,38	11.324	< .01

Effects of Music in Patients Who Had Chronic Cancer Pain

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West J Nurs Res 1989 11: 298

While it is difficult to generalize beyond the subjects in this study, results do indicate that music, over a 30-minute interval, is effective in the reduction of cancer pain. Additionally, it is important to remember that these subjects were also on a scheduled pain medication, and music should not be considered a substitute for scheduled pain analgesics. The literature indicates scheduled pain medications are more effective than P.R.N. medications for pain control. Therefore, music alone should not be considered a panacea, but rather an adjunctive therapy.

Music Therapy Reduces Pain in Palliative Care Patients: A Randomized Controlled Trial

Kathy Jo Gutgsell, RN, MT-BC, Mark Schluchter, PhD, Seunghee Margevicius, MA, MSN, Peter A. DeGolia, MD, Beth McLaughlin, MD, Mariel Harris, MD, JD, Janice Mecklenburg, CNP, CHPN, and Clareen Wiencek, PhD, CNP, CHPN

Objectives. To determine the efficacy of a single music therapy session to reduce pain in palliative care patients.

Methods. Two hundred inpatients at University Hospitals Case Medical Center were enrolled in the study from 2009 to 2011. Patients were randomly assigned to one of two groups: standard care alone (medical and nursing care that included scheduled analgesics) or standard care with music therapy. A clinical nurse specialist administered pre- and post-tests to assess the level of pain using a numeric rating scale as the primary outcome, and the Face, Legs, Activity, Cry, Consolability Scale and the Functional Pain Scale as secondary outcomes. The intervention incorporated music therapist-guided autogenic relaxation and live music.

Music Therapy Reduces Pain in Palliative Care Patients: A Randomized Controlled Trial

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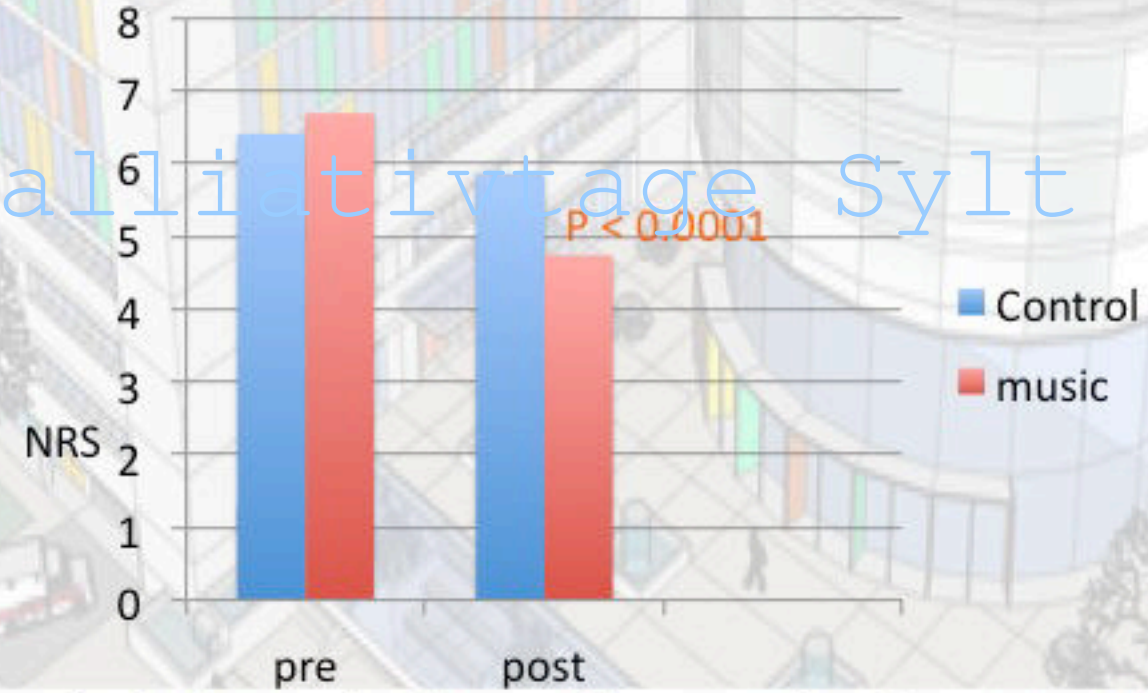

Conclusion. A single music therapy intervention incorporating therapist-guided autogenic relaxation and live music was effective in lowering pain in palliative care patients. J Pain Symptom Manage 2013;45:822–831. © *2013 U.S. Cancer Pain*

Analgesic Effect of Auricular Acupuncture for Cancer Pain: A Randomized, Blinded, Controlled Trial

By David Alimi, Carole Rubino, Evelyne Pichard-Léandri, Sabine Fermand-Brulé, Marie-Laure Dubreuil-Lemaire, and Catherine Hill

Journal of Clinical Oncology, Vol 21, No 22 (November 15), 2003: pp 4120-4126

Patients and Methods: Ninety patients were randomly divided in three groups; one group received two courses of auricular acupuncture at points where an electrodermal signal had been detected, and two placebo groups received auricular acupuncture at points with no electrodermal signal (placebo points) and one with auricular seeds fixed at placebo points. Patients had to be in pain, attaining a visual analog score (VAS) of 30 mm or more after having received analgesic treatment adapted to both intensity and type of pain, for at least 1 month of therapy. Treatment efficacy was based on the absolute decrease in pain intensity measured 2 months after randomization using the VAS.

Analgesic Effect of Auricular Acupuncture for Cancer Pain: A Randomized, Blinded, Controlled Trial

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Table 3. Mean Pain Intensity on VAS and Average Electrical Potential Difference at Auricular Points at Baseline, at D30, and at D60 According to the Treatment Group

Outcome	Treatment Group: Acupuncture (n = 29) Mean	Acupuncture (n = 29) Range	Acupuncture at Placebo Points (n = 28) Mean	Acupuncture at Placebo Points (n = 28) Range	Seeds Fixed at Placebo Points (n = 30) Mean	Seeds Fixed at Placebo Points (n = 30) Range
Pain intensity on VAS						
Baseline	58	32-100	58	32-94	57	32-98
D30	44	0-75	54	9-100	56	5-89
D60	- 21 37	0-92	- 3 55	9-98	+ 1 58	14-100
Average electrical potential difference at auricular points						
Baseline	5.7	3.6-7.8	5.6	3.6-7.2	5.4	3.7-7.2
D30	4.7	1.5-6.1	5.2	0-8.1	5.4	3.0-6.8
D60	3.9	1.7-7.0	5.5*	2.8-7.4	5.4	2.8-7.2

Conclusion: **The observed reduction in pain intensity measured on the VAS represents a clear benefit from auricular acupuncture for these cancer patients who are in pain, despite stable analgesic treatment.**

Electroacupuncture for Control of Myeloablative Chemotherapy–Induced Emesis

A Randomized Controlled Trial

JAMA. 2000;284:2755-2761

Joannie Shen, MD, MPH
Neil Wenger, MD, MPH
John Glaspy, MD, MPH
Ron D. Hays, PhD
Paul S. Albert, PhD
Christina Choi, OMD
Paul G. Shekelle, MD, PhD

Objective To compare the effectiveness of electroacupuncture vs minimal needling and mock electrical stimulation or antiemetic medications alone in controlling emesis among patients undergoing a highly emetogenic chemotherapy regimen.

Design Three-arm, parallel-group, randomized controlled trial conducted from March 1996 to December 1997, with a 5-day study period and a 9-day follow-up.

Setting Oncology center at a university medical center.

Patients One hundred four women (mean age, 46 years) with high-risk breast cancer.

Interventions Patients were randomly assigned to receive low-frequency electroacupuncture at classic antiemetic acupuncture points once daily for 5 days (n=37); minimal needling at control points with mock electrostimulation on the same schedule (n=33); or no adjunct needling (n=34). All patients received concurrent triple antiemetic pharmacotherapy and high-dose chemotherapy (cyclophosphamide, cisplatin, and carmustine).

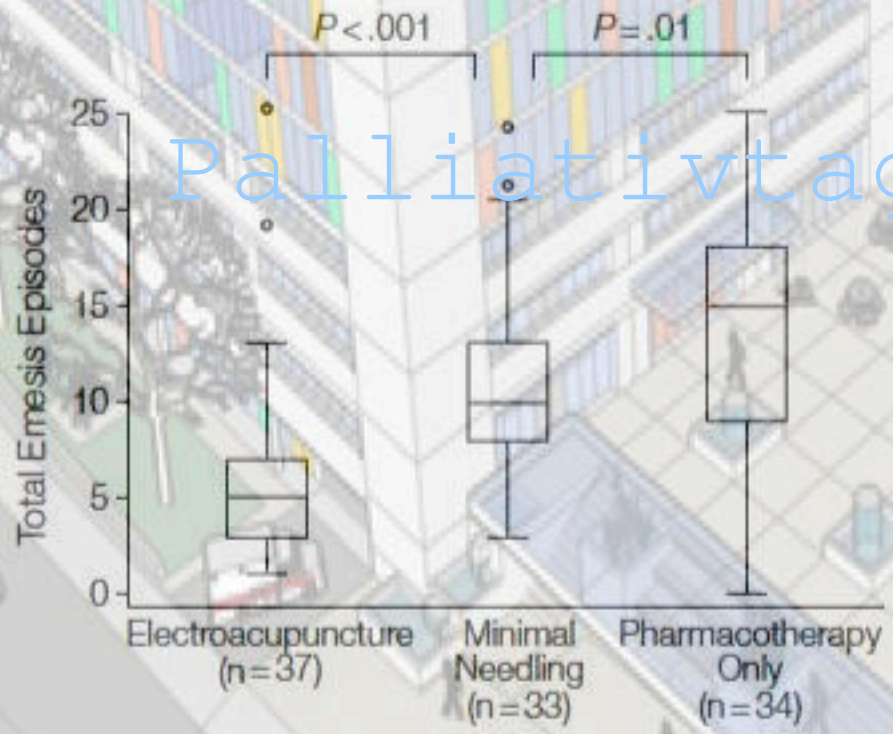
Main Outcome Measures Total number of emesis episodes occurring during the 5-day study period and the proportion of emesis-free days, compared among the 3 groups.

Electroacupuncture for Control of Myeloablative Chemotherapy–Induced Emesis

A Randomized Controlled Trial

JAMA. 2000;284:2755-2761

Figure 2. Distribution of the Total Emesis Episodes Per Person During the 5-Day Study Period by Treatment Groups



The results of this study suggest that the addition of daily electroacupuncture treatment to this antiemetic regimen was superior to the pharmacotherapy therapy alone or minimal needling in preventing chemotherapy–induced emesis.

Rech Soins Infirm. 2012 Sep;(110):78-89.

[Hypnosis as a resource in palliative care. A qualitative study of the contribution of hypnosis to the care of oncology patients].

Teike Luethi F[1], Currat T, Spencer B, Jayet N, Cantin B.

Abstract

Hypnosis is recognised in medicine as an effective complementary therapy. However, few qualitative data are available concerning the benefits it may bring. This qualitative exploratory study aimed to examine the contribution of hypnosis to the care of advanced cancer patients. Results demonstrate that hypnosis is an effective and efficient means of developing the resources of people suffering from serious illness. After an average of four hypnotherapy sessions, patients said they were able to locate previously unexploited resources within themselves and were able to become autonomous in the use of self-hypnosis. The major benefit reported concerned a reduction in anxiety. For patients experiencing anxiety about death, hypnosis allowed them, within a therapeutic environment perceived as safe, to explore different facets of their fears and to develop adaptive strategies. Aside from slight fatigue experienced during the sessions, no adverse side-effects were reported. In conclusion, this study exploring the effects of hypnosis allowed us to identify important benefits for patients suffering from advanced cancer. Consequently, replication on a larger scale is recommended in order to ascertain the extent to which it is possible to generalise from these results and in order better to define the characteristics of patients most likely to benefit from this therapy.

The major benefit concerned a reduction in anxiety

Contemporary Hypnosis (2001)
Vol. 18, No. 3, 2001, pp. 145–160

EFFICACY OF CLINICAL HYPNOSIS IN THE ENHANCEMENT OF QUALITY OF LIFE OF TERMINALLY ILL CANCER PATIENTS

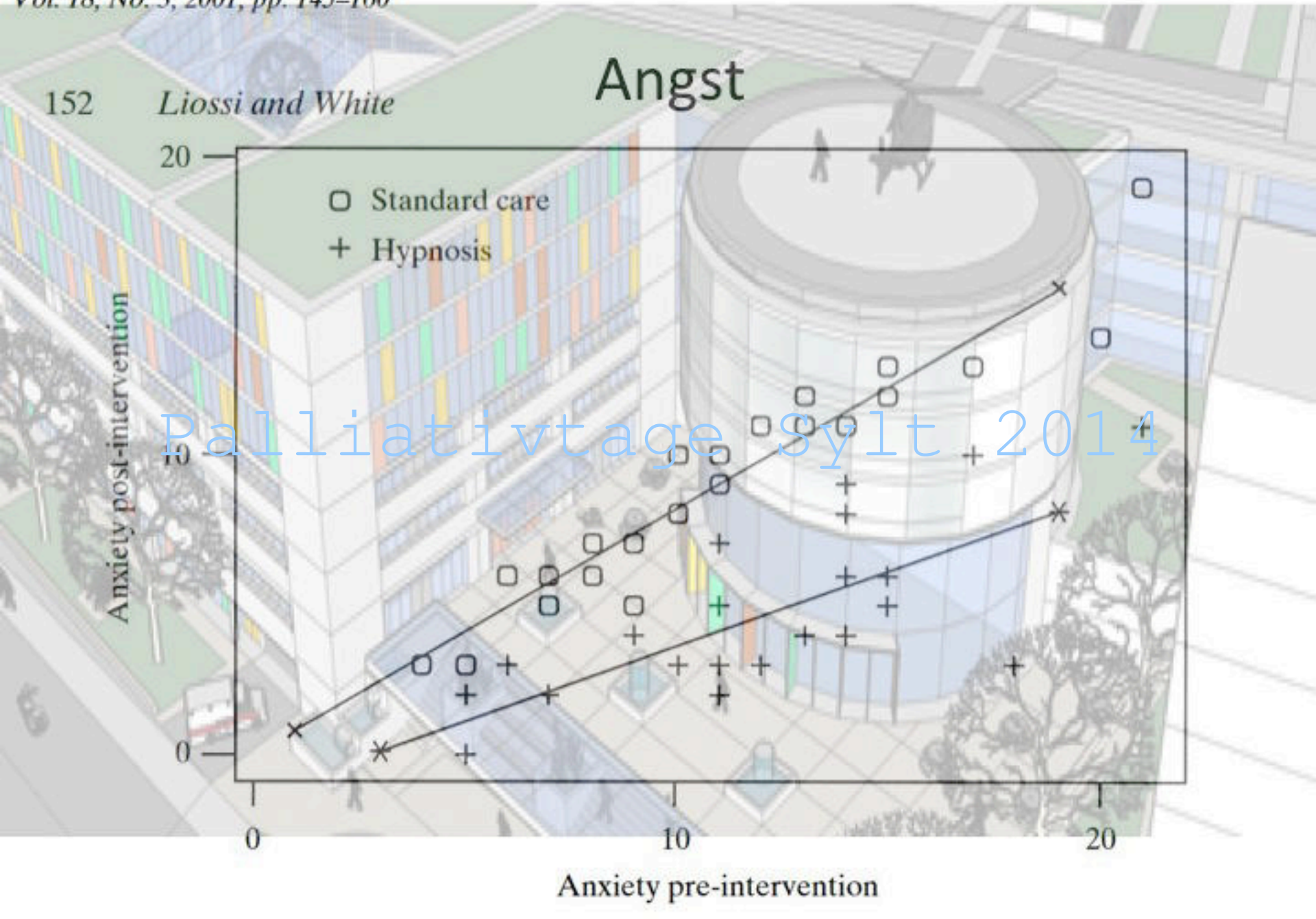
Christina Liossi[1] and Paul White[2]

[1]Department of Psychology, University of Wales Swansea and [2]Faculty of Computer Studies and Mathematics, University of the West of England, UK

cancer. Fifty terminally ill cancer patients were randomly assigned to two groups: standard care and hypnosis. Patients in the standard care group received routine medical and psychological care. Their medical treatment included pharmacological management of pain and other symptoms following the World Health Organization's model of palliative care (WHO, 1990). The psychological support consisted of supportive counselling based on the cognitive existential therapeutic tradition. In addition to the standard care, patients in the hypnosis group received weekly sessions of hypnosis with a therapist for four weeks. Outcome measures included quality of

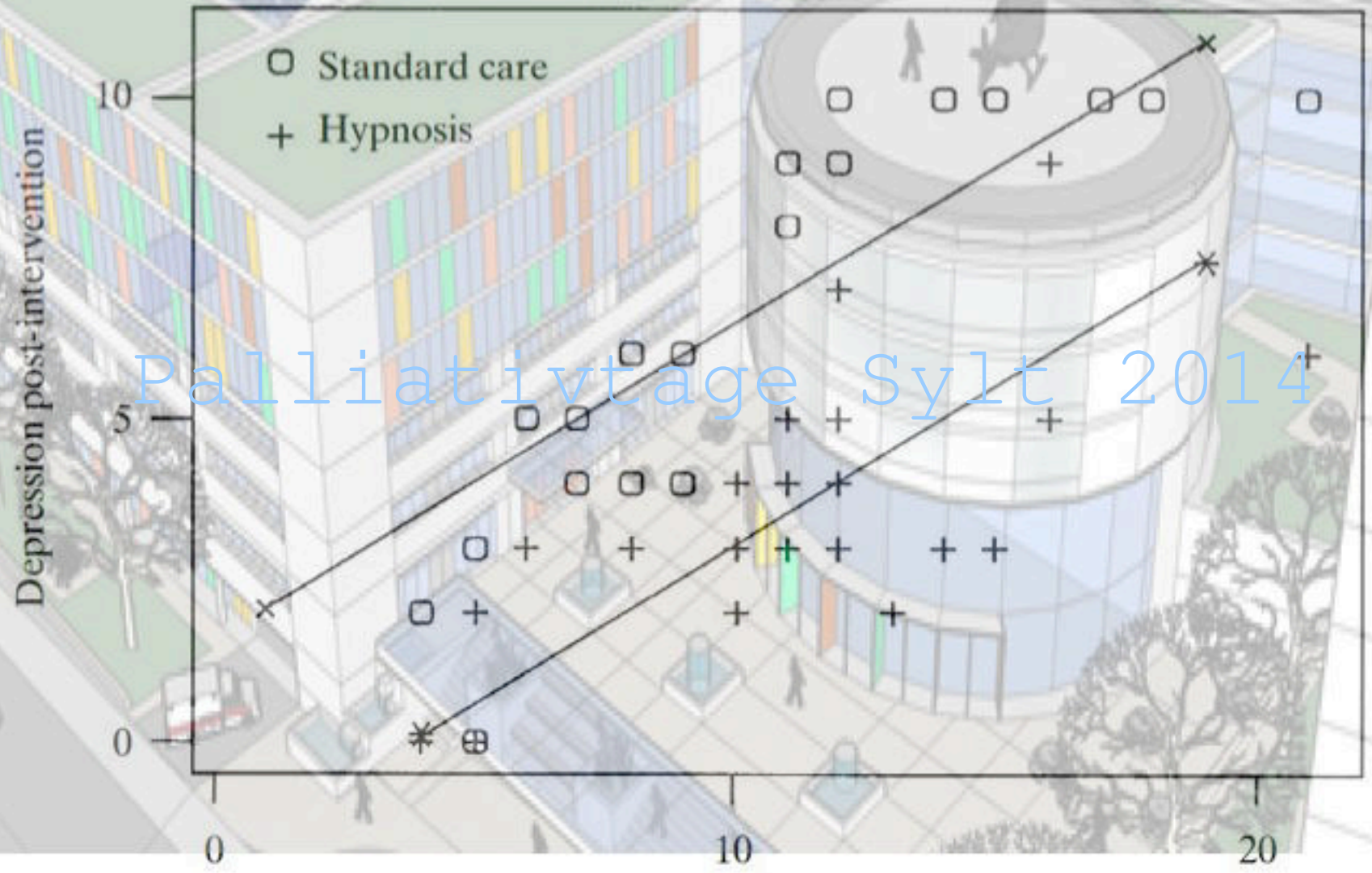
Contemporary Hypnosis (2001)
Vol. 18, No. 3, 2001, pp. 145–160

Angst



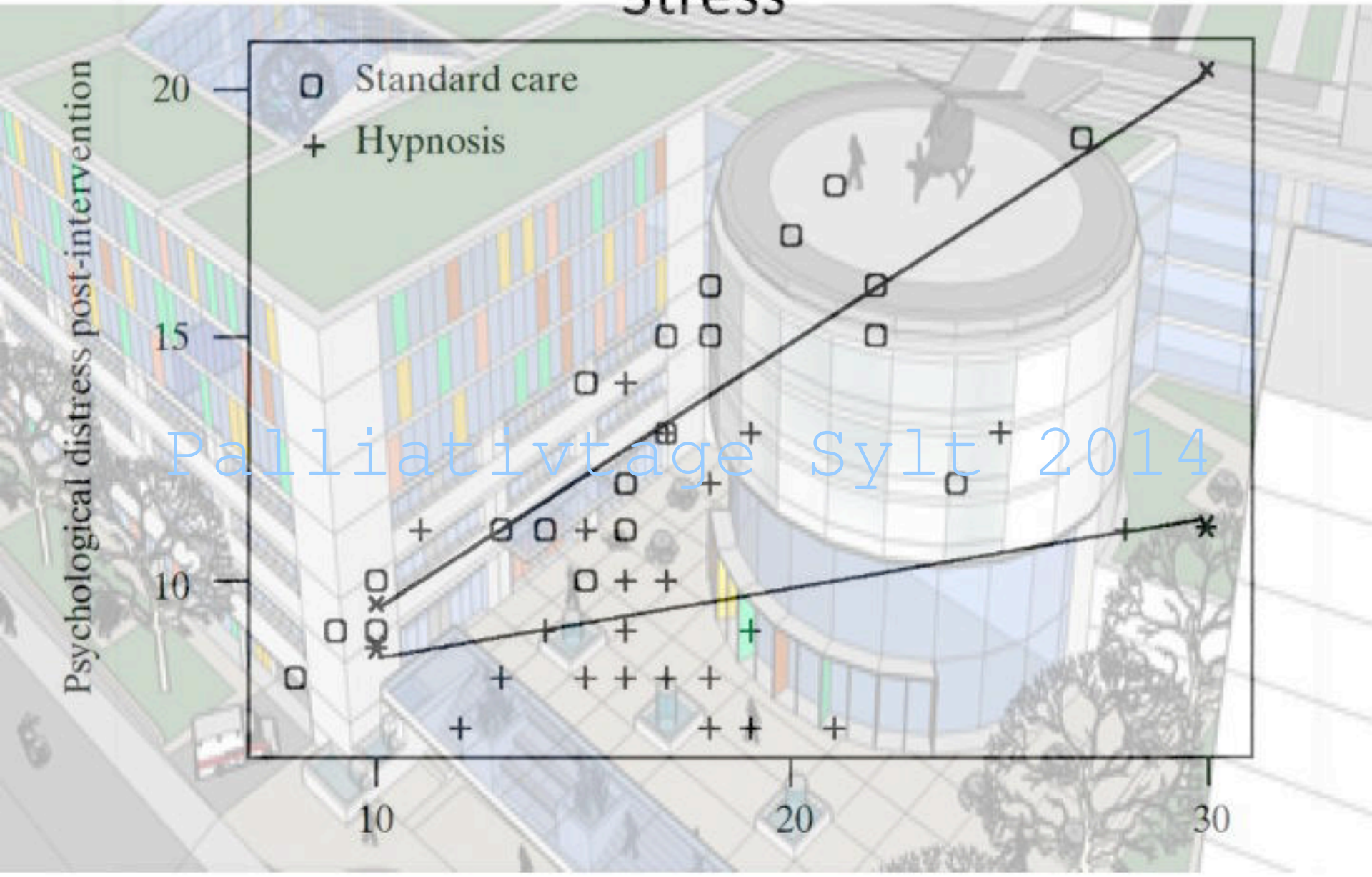
Contemporary Hypnosis (2001)
Vol. 18, No. 3, 2001, pp. 145–160

Depression



Contemporary Hypnosis (2001)

Stress



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EFFICACY OF CLINICAL HYPNOSIS IN THE ENHANCEMENT OF QUALITY OF LIFE OF TERMINALLY ILL CANCER PATIENTS

Christina Liossi[1] and Paul White[2]

[1]Department of Psychology, University of Wales Swansea and [2]Faculty of Computer Studies and Mathematics, University of the West of England, UK

Results demonstrated that at the end of intervention patients in the hypnosis group had significantly better overall quality of life and lower levels of anxiety and depression when compared to the standard care group. It is concluded that hypnosis is effective in the enhancement of quality of life in terminally ill cancer patients.

Foot Massage: A NURSING INTERVENTION TO MODIFY THE DISTRESSING SYMPTOMS OF PAIN AND NAUSEA IN PATIENTS HOSPITALIZED WITH CANCER

Grealish, Laurie R.N., M.N.; Lomasney, Angela R.N., R.M.; Whiteman, Barbara R.N.

Cancer Nursing
Issue: Volume 23(3), June 2000, pp 237-243

Originally, 103 subjects were enrolled in the study, but 7 withdrew because they experienced increased severity of illness making it difficult to continue, or because of early or unexpected discharge. In addition, 9 data sets were incomplete, so the sample was reduced to 87 participants (52 women and 35 men) ranging age from 18 to 88 years (mean, 58.2 years). Primary cancer sites varied, with 32 subjects reporting metastatic disease (Table 1).

tgl. 5 min (pro Fuß)

Group	Night 1	Night 2	Night 3
A	Control	Massage	Massage
B	Massage	Control	Massage
C	Massage	Massage	Control

Foot Massage: A NURSING INTERVENTION TO MODIFY THE DISTRESSING SYMPTOMS OF PAIN AND NAUSEA IN PATIENTS HOSPITALIZED WITH CANCER

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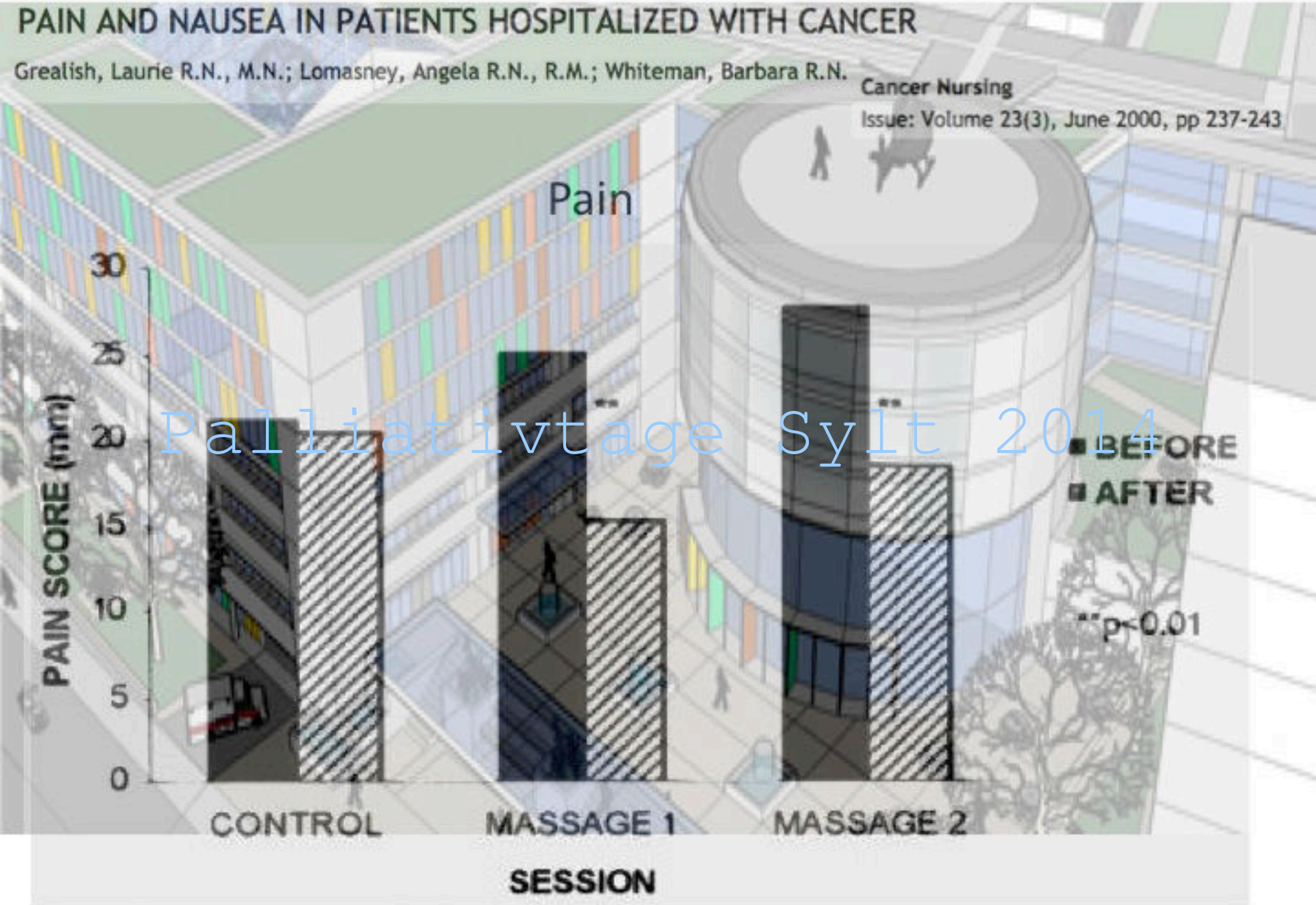

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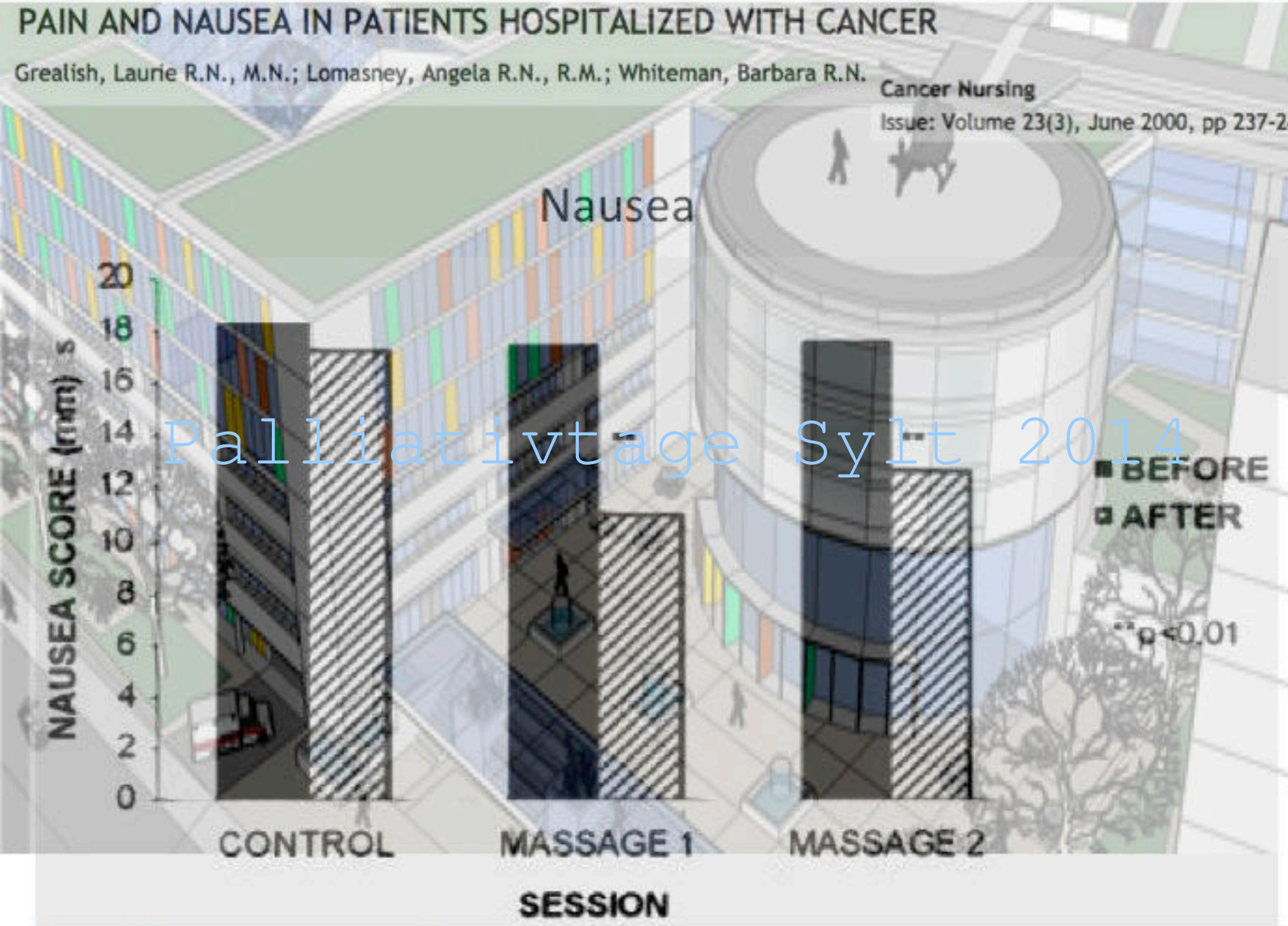

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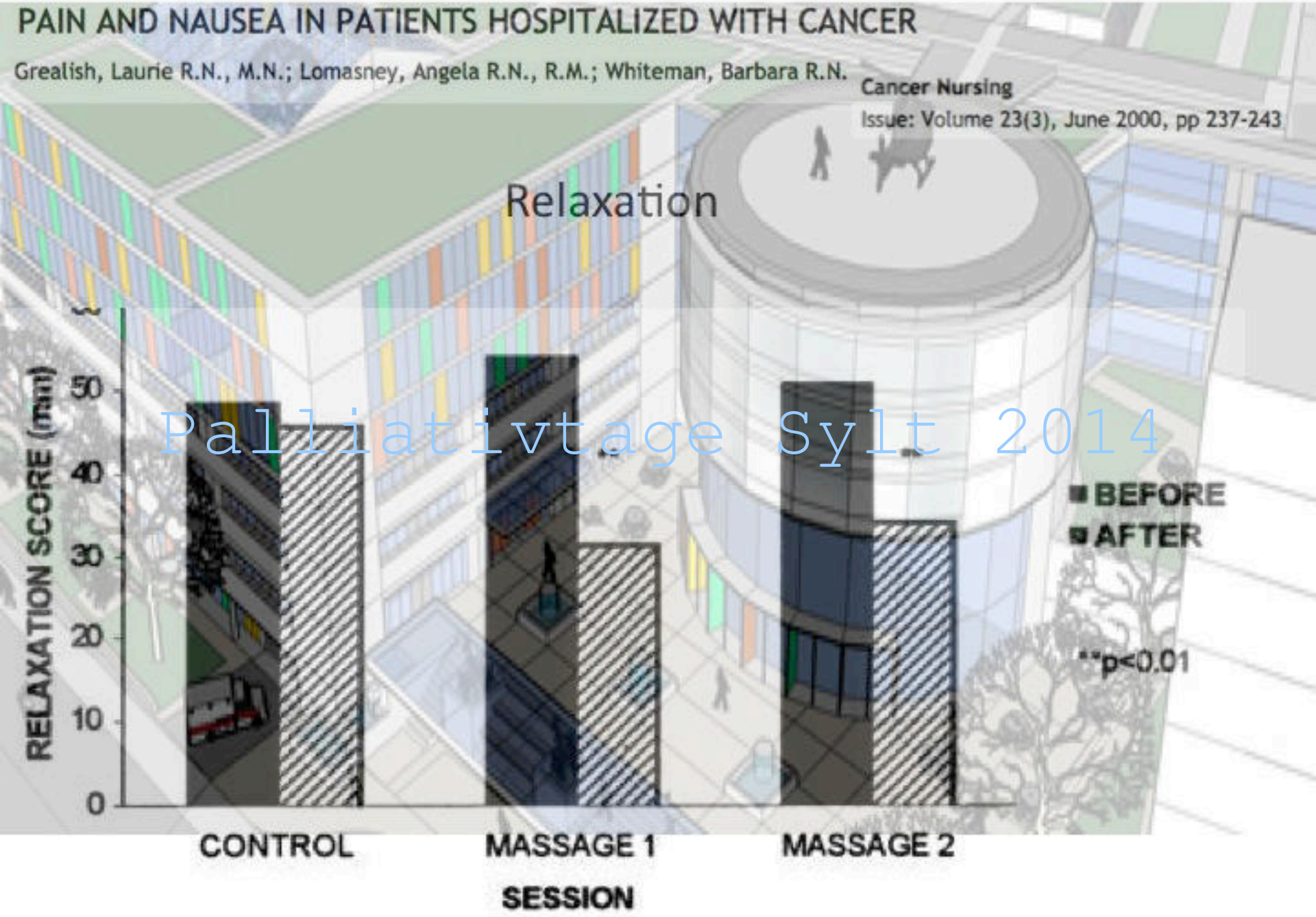

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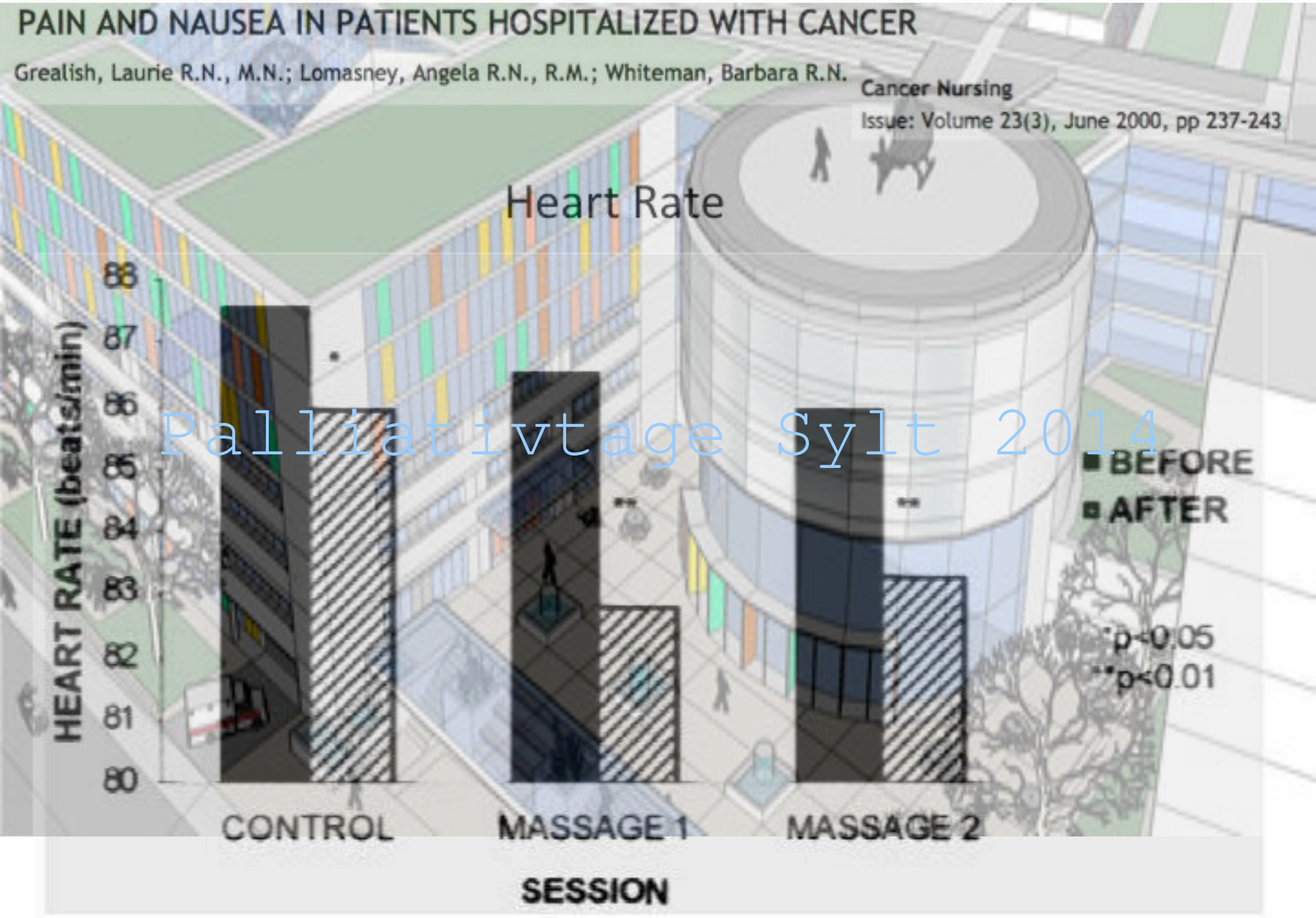

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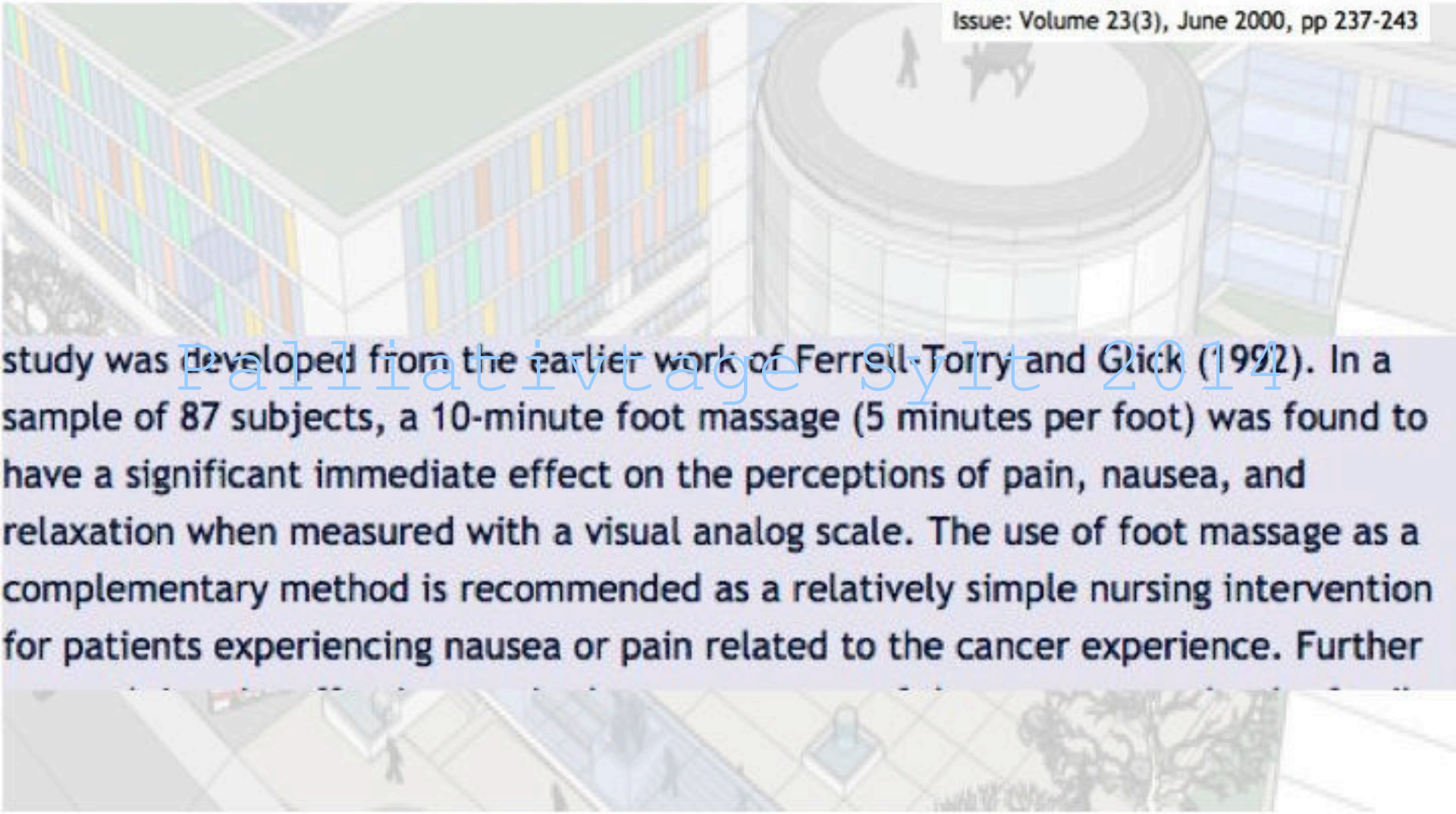

study was developed from the earlier work of Ferrell-Torry and Glick (1992). In a sample of 87 subjects, a 10-minute foot massage (5 minutes per foot) was found to have a significant immediate effect on the perceptions of pain, nausea, and relaxation when measured with a visual analog scale. The use of 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. Further

Reiki and Palliative Care

Easing the Pain of Terminal Illness. An inspiring and integrative journey through hospitals, hospice and heaven.

BY TERRI A. HEIMAN

Many oncology programs throughout the United States have implemented Reiki therapy to enhance comfort and well-being.

The following is a list (by no means complete!) of hospitals and other health care establishments here in the UK that use Reiki to treat their patients. And in some cases, they also treat the families and carers of their patients.

Southampton University Hospitals NHS, Southampton:

- Reiki treatments offered to palliative care cancer patients (day care)

University College London Hospitals NHS, London:

- Reiki treatments offered to patients with stress and mood disorder
- Reiki treatments offered to complement conventional cancer treatments
- Reiki treatments offered to complement the treatments of endometriosis

Aintree University Hospitals NHS, Liverpool:

Wallace Cancer Care (works with Addenbrooke's Hospital-Cambridge University Hospitals NHS) Cambridge:

Newham University Hospital NHS, London:

- Bishop Auckland Hospital, Co Durham, Pains Clinic
- Great Ormond Street Hospital, London
- South Tees Hospitals NHS, Middlesbrough:
- St Teresa's Hospice, Darlington
- The Haven Breast Cancer Support Centres in Leeds and London
- NHS Hospitals including Maternity Units, Cancer Wards/Clinics /Centres and Support Groups
- Penny Brohn Cancer Care, Bristol
- Hospices
- Carers Associations
- NHS Occupational Health Departments
- Physiotherapy Units
- NHS Medical Centres
- NHS Mental Health Units/Psychotherapy Clinics
- Special Needs – learning & behavioural difficulties and mental health
- Medical & Paramedical (many members of the UK Reiki Federation are also practising doctors)
- Social Services Day Care Centres
- Drug & Alcohol Abuse/Addiction Programmes + Substance Abusers & Families Support Networks
- GP & Dental Practices
- Residential Care and Nursing Homes
- Local Council Health and Harmony Events treating post natal mothers, Asian Elders, and others
- Brain Injury rehabilitation centres
- HIV/AIDS organisations' holistic health and healing centres

EFFECTS OF REIKI ON PAIN AND SELECTED AFFECTIVE AND PERSONALITY VARIABLES OF CHRONICALLY ILL PATIENTS

Subtle Energies & Energy Medicine • Volume 9 • Number 1 • Page 51 1998

Linda J. Dressen & Sangeeta Singg, Ph.D.

This experiment examined the effects of Reiki (a laying-of-on-hands healing modality) on pain, mood, personality, and faith in God. Participants (N = 120) were randomly assigned to one of the four groups (ns = 30). The Reiki Group received ten sessions of Reiki. Progressive Muscle Relaxation Group received ten sessions of relaxation therapy. Control Group received no treatment. Placebo Group received ten sessions of false-Reiki. Statistical analysis led to the

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They signed the Informed Consent Form after the nature and possible consequences of the present study had been explained to their complete satisfaction. Then they were administered the GIQ. If they met the criteria for the study, they were included in the sample and randomly assigned to one of the four experimental groups. They were then asked to complete the SRRS, MPQ, BDI II, STAI, RSES, IE, and BPCS-RS. This phase was completed in spring 1998. Each participant was scheduled for ten biweekly (two times a week) sessions and a session to complete the post-tests and signing the debriefing statement. The post-tests were completed in fall 1998. Because the sessions for Reiki can take anywhere from a few moments up to 90 minutes, while the PMR may take only about 30 minutes, we decided to use a 30-minute time frame for all sessions in each group.

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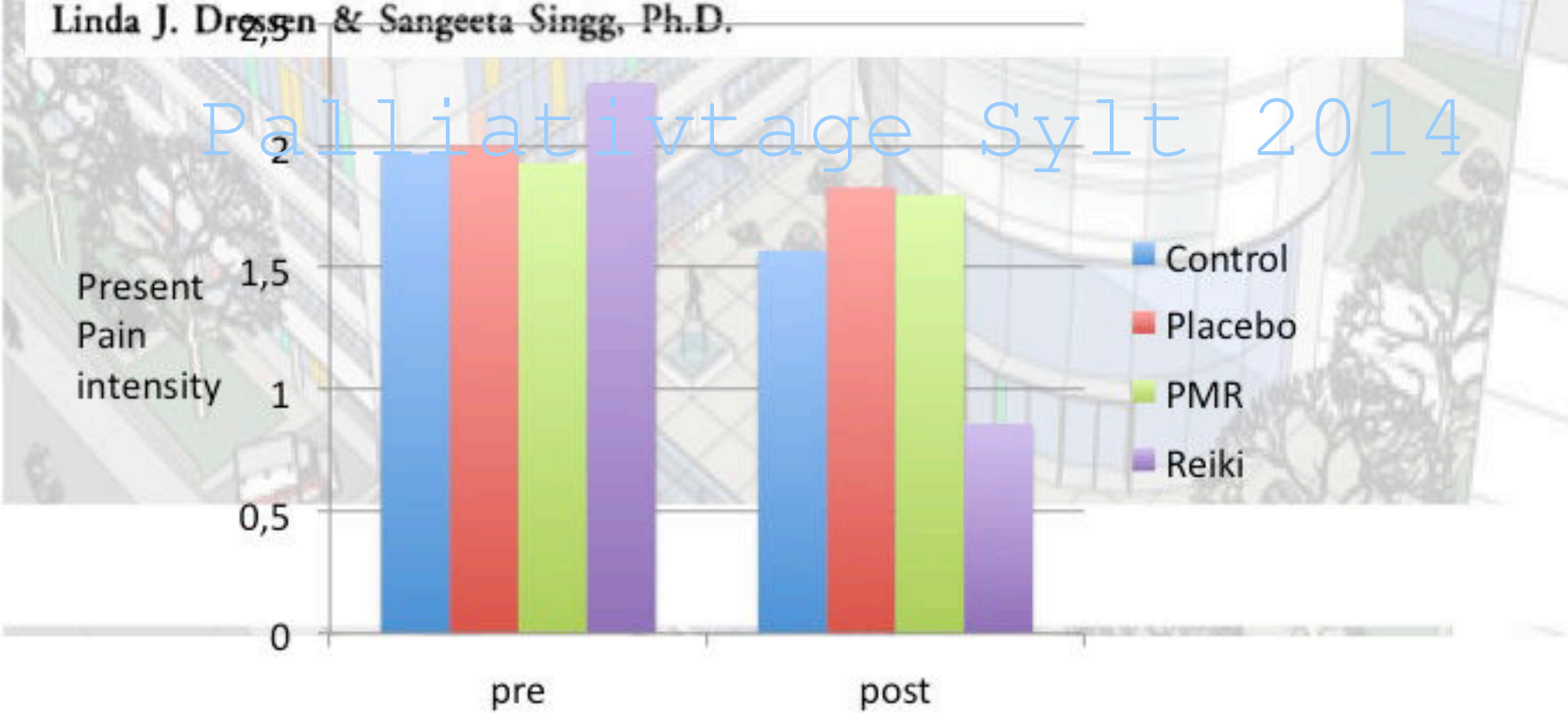

Reiki is an effective modality for reducing pain, depression, and state anxiety. Of those receiving Reiki, men tend to show greater reduction in depression than women after receiving Reiki.

Reiki is effective in enhancing desirable changes in personality. Persons tend to show decreased trait anxiety, self-esteem enhancement, and greater sense of internal locus of control. Further, their belief in their personal control tends to become more realistic.

Reiki enhances one's faith that God is a powerful agent whose help can be enlisted. Women tend to experience this enhancement in faith more than men.

Based on the results of the present study, it appears that attunement is necessary for practice of Reiki. A false-Reiki practice would not be effective in enhancing desirable changes in pain, affective states, personality traits, and spirituality.

The gains made by Reiki tend to persist over longer periods of time. Furthermore, after three-month period, significant reduction tends to occur in sensory and affective qualities of pain and Total Pain Rating Index.

Chronically ill patients experiencing high stress and pain would be receptive to Reiki practice.

Complementary Therapies in Clinical Practice

Reiki training for caregivers of hospitalized pediatric patients: A pilot program☆

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[g] Department of Global Health, University of Washington School of Medicine, Seattle, WA, United States

To explore the feasibility of a Reiki therapy-training program for the caregivers of pediatric medical or oncology inpatients, at a large pediatric hospital, a series of Reiki training classes were offered by a Reiki Master. At completion of the training, an interview was conducted to elicit participant's feedback regarding the effectiveness and feasibility of the training program. Seventeen of the 18 families agreed to participate. Most families (65%) attended three Reiki training sessions, reporting that Reiki benefitted their child by improving their comfort (76%), providing relaxation (88%), and pain relief (41%). All caregivers identified becoming an active participant in their child's care as a major gain from participation in the Reiki training. A hospital-based Reiki training program for caregivers of hospitalized pediatric patients is feasible and can positively impact patients and their families. More rigorous research regarding the benefits of Reiki in the pediatric population is needed.

Table 1. Research Findings on Reiki Effectiveness

Reported Benefit	Study
Adjustment in hemoglobin level	Wetzel, 1989
Improvement in well-being in patients in nursing homes	Thomas, 2005
Improvement in well-being in patients with cancer	Chong, 2006; Kozachik et al., 2006; Olson et al., 2003; Warber, 2004
Improvement in well-being in patients who have experienced strokes	Shifflett et al., 2002
Increase in salivary immune globulin levels	Wardell & Engebretson, 2001
Increased sense of physical well-being	Mansour et al., 1998; Ring, 2009; Wittes & Dundes, 2001
Patient care comfort	Burden et al., 2005
Reduction in anxiety level	Wardell & Engebretson, 2001
Reduction in heart rate	Mackay et al., 2004
Reduction in pain	Olson & Hanson, 1997
Reduction in stress	Shore, 2004
Reduction in systolic blood pressure	Wardell & Engebretson, 2001

EFT Study Wells: Evaluation of Meridian-Based Intervention, EFT for Reducing Specific Phobias of Small Animals
Journal Clinical Psychology, Vol 59 (9), p 43-996 (2003.)

Evaluation of a Meridian-Based Intervention, Emotional Freedom Techniques (EFT), for Reducing Specific Phobias of Small Animals

Steve Wells, Kathryn Polglase and Henry B. Andrews

This study explored whether a meridian-based procedure, Emotional Freedom Techniques (EFT), can reduce specific phobias of small animals under laboratory-controlled conditions. Randomly assigned participants were treated individually for 30 minutes with EFT (n = 18) or a comparison condition, Diaphragmatic Breathing (DB

Parameter

Behavioral Approach Task (BAT). The Behavioral Approach Task was designed to measure the participants' level of avoidance of the feared animal. Participants were assessed on how close they would allow themselves to get to the feared animal. There were 8 measurement points, with a SUDS rating (Wolpe & Lang, 1964) taken at each point: The first two points were: (i) outside the room, door closed, and (ii) outside the room with door open (6 meters from stimulus animal). The next 6 points were inside the room, at the following distances away from the feared animal: (iii) 5 meters; (iv) 4 meters; (v) 3 meters; (vi) 2 meters; (vii) 1 meter; (viii) directly in front. The BAT was scored from 1 to 8 according to the point

Fear Questionnaire. A modified form of the Brief Standard Self-Rating for Phobic Patients (Marks and Matthews, 1979) was used to measure phobic symptoms

Subjective Units of Distress (SUDS) when imaging the animal (SUDS Imagined). This SUDS measure (Wolpe, 1958) consisted of an 11-point scale ranging from 0 = No fear/distress, to 10 = Intense/unbearable fear/distress. Participants were

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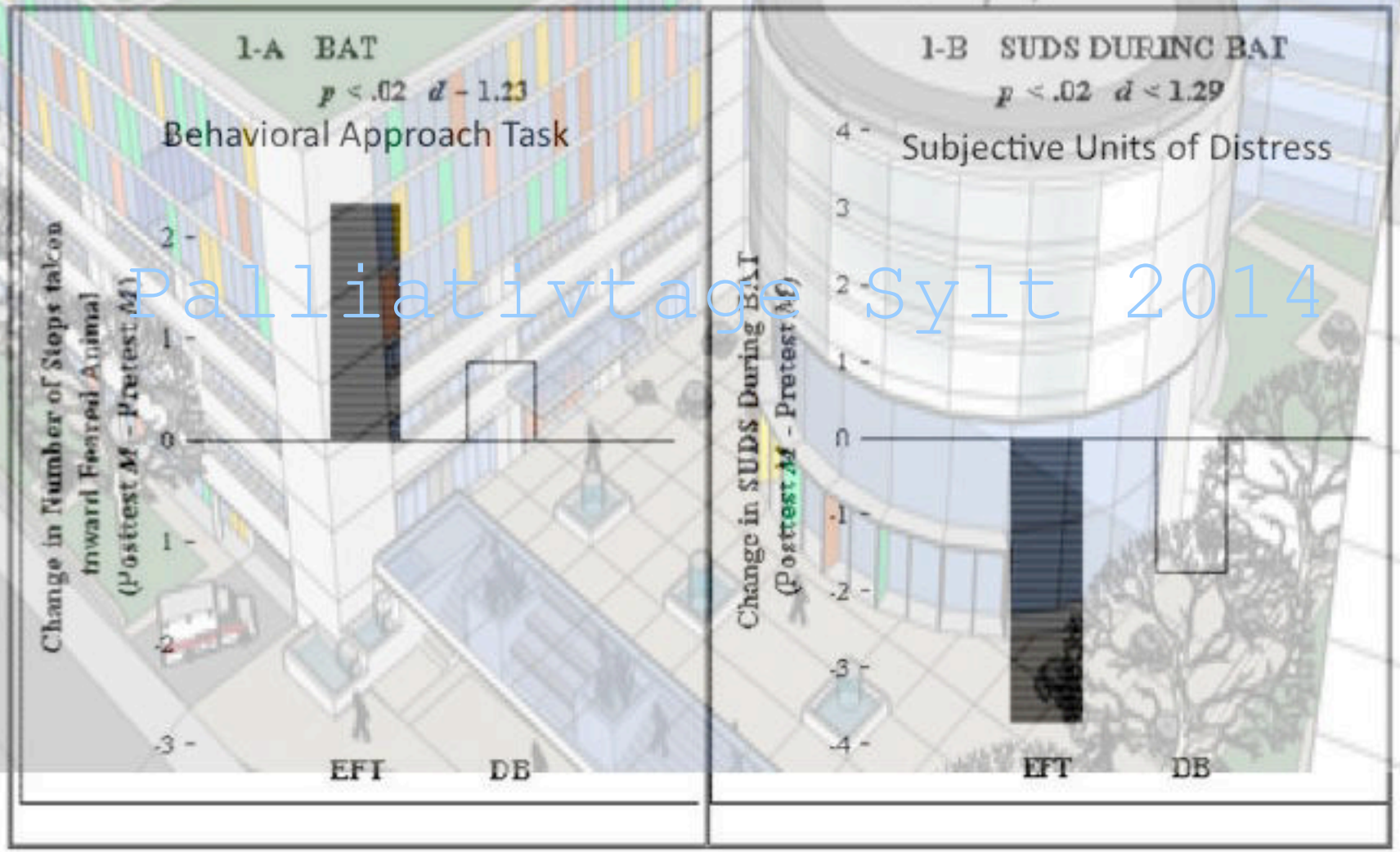
Figure 1. Comparison of the **immediate** effect of EFT vs. DB intervention: Amount of change (posttest minus pretest) on the four dependent measures with significant results.



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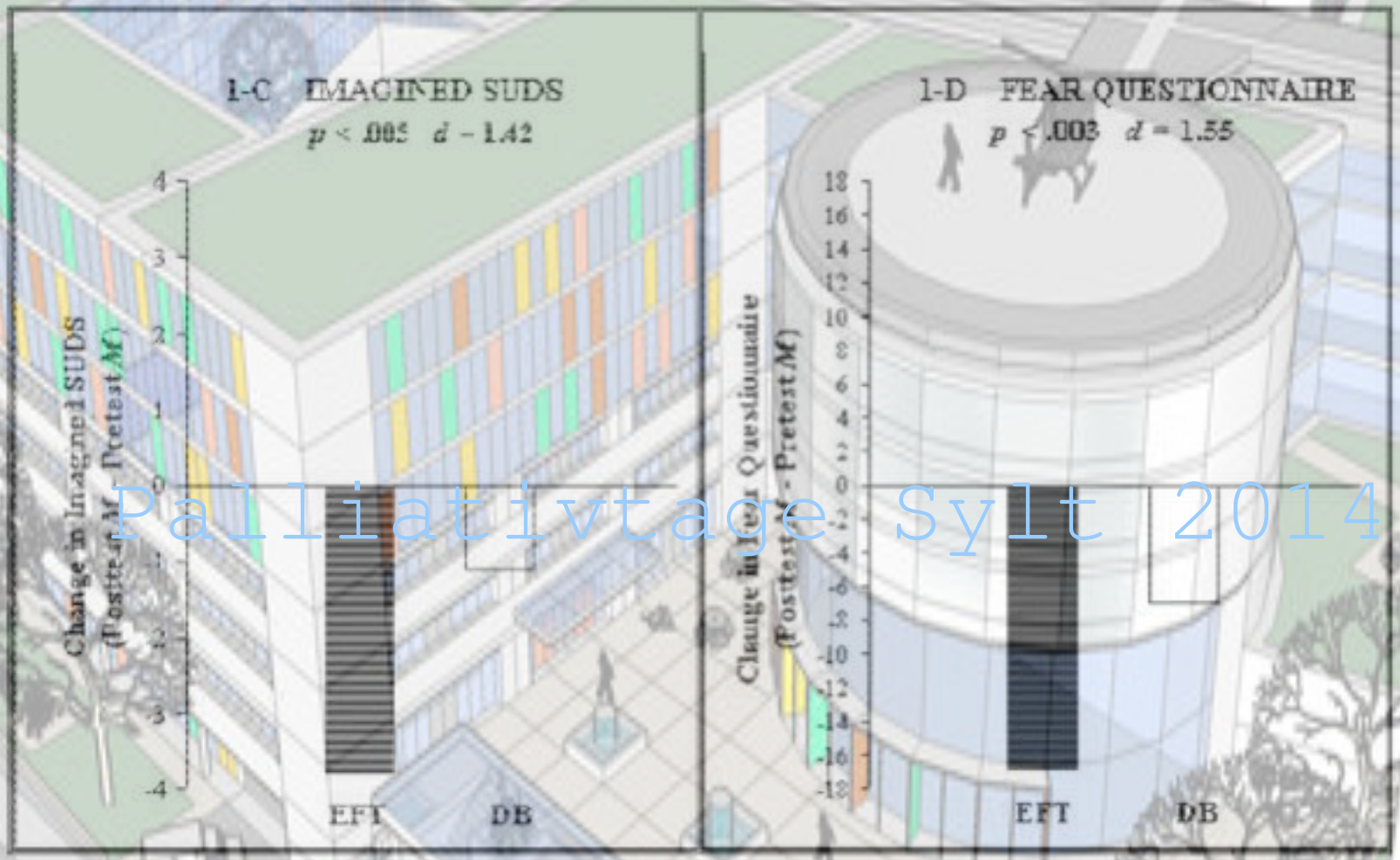

Assessment of Hypothesis: Is There a Long-Term Effect of EFT?

The mean time that elapsed between initial testing and follow-up was 7.58 months (N = 12, range = 6-9 months) for EFT participants, and 8.11 months (N = 9, range = 7-9 months) for DB participants.

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(DB) (n = 17). ANOVAS revealed that EFT produced significantly greater improvement than did DB behaviorally and on three self-report measures, but not on pulse rate. The greater improvement for EFT was maintained, and possibly enhanced, at 6 - 9 months follow-up on the behavioral measure. These findings suggest that a single treatment session using EFT to reduce specific phobias can produce valid behavioral and subjective effects.

Counseling and Clinical Psychology Journal, *2*(3), 104-110.
2005

The Effects of EFT on Long-Term Psychological Symptoms

Jack E. Rowe
Texas A&M University - Kingsville

Participants were recruited from a list of registrants for an advanced EFT workshop (Borrowing Benefits) conducted by Gary Craig in Flagstaff, AZ, in May 2003. There were five testing periods: one month before the workshop (Pre 1 Month), at the beginning of the workshop (Pretest), at the end of the workshop (Posttest), one month after the workshop (Post 1 Month), and six months after the workshop (Post 6 Months). Table 1 shows the number of participants at each testing stage and their characteristics.

Table 1 Sample Demographics

	Testing Period					
	Pre 1 Month	Pretest	Posttest	Post 1 Month	Post 6 Months	All 5 Periods
No. of Participants	144	259	247	206	177	102
Male	38	66	65	52	45	26
Female	106	193	182	154	132	76
Mean Age	53.04	54.61	54.9	54.1	53.8	53.9
Age Std Dev	9.0	8.8	8.9	8.7	9.2	8.8
Age Range	28 - 73	28 - 78	28 – 78	32 - 78	28 - 78	32 - 73

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Demographic data were collected via an ad hoc form. Psychological symptoms were measured with the Symptom Assessment-45 (SA-45). The SA-45, a 45 item self-report inventory, is a short form of the Symptom Checklist-90-Revised (SCL-90-R; Derogatis, 1993). The SA-45 measures a person's psychological distress over the past week. Each item is rated by the participant on a 5 point Likert-type scale ranging "from not at all" (0), to "extremely" (4). The SA-45 has two global scales, Global Severity Index (GSI) and Positive Symptom Total (PST) and nine primary symptom dimensions ranging from anxiety to psychoticism. The Table 2 defines the scales.

Counseling and Clinical Psychology Journal, *2*(3), 104-110.
2005

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Jack E. Rowe
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Table 5 Pretest vs. Post 6 Months t-tests

Scale	Mean Pretest	Mean Post 6 Months	Change in Mean	t	Sig. (2-tailed)
ANX	58.40	54.46	-3.94	7.49	.000
DEP	56.46	54.11	-2.34	4.84	.000
OC	59.49	55.38	-4.11	8.28	.000
SOM	58.46	55.33	-3.13	6.31	.000
PHO	60.99	59.80	-1.19	4.07	.000
HOS	57.91	55.41	-2.50	6.76	.000
INT	58.83	53.75	-5.08	11.34	.000
PAR	55.54	51.69	-3.85	9.01	.000
PSY	61.06	59.65	-1.41	5.32	.000
GSI	57.28	51.67	-5.61	12.89	.000
PST	58.18	52.74	-5.44	11.85	.000

This study examined the long-term effects of group EFT at a workshop on psychological symptoms as measured by the SA-45. All constructs measured by the SA-45 showed highly significant reductions from the baseline period before the workshop to the end of the workshop. While these reductions subsided somewhat after 6 months, they remained highly significant suggesting long-term beneficial effects of group EFT treatments.

Touch therapies for pain relief in adults

Pui Shan So[1,*], Johnny Y Jiang[2], Ying Qin[3] Da

THE COCHRANE COLLABORATION®

Selection criteria

Randomized Controlled Trials (RCTs) or Controlled Clinical Trials (CCTs) evaluating the effect of touch on any type of pain were included. Similarly, only studies using a sham placebo or a 'no treatment' control was included.

Main results

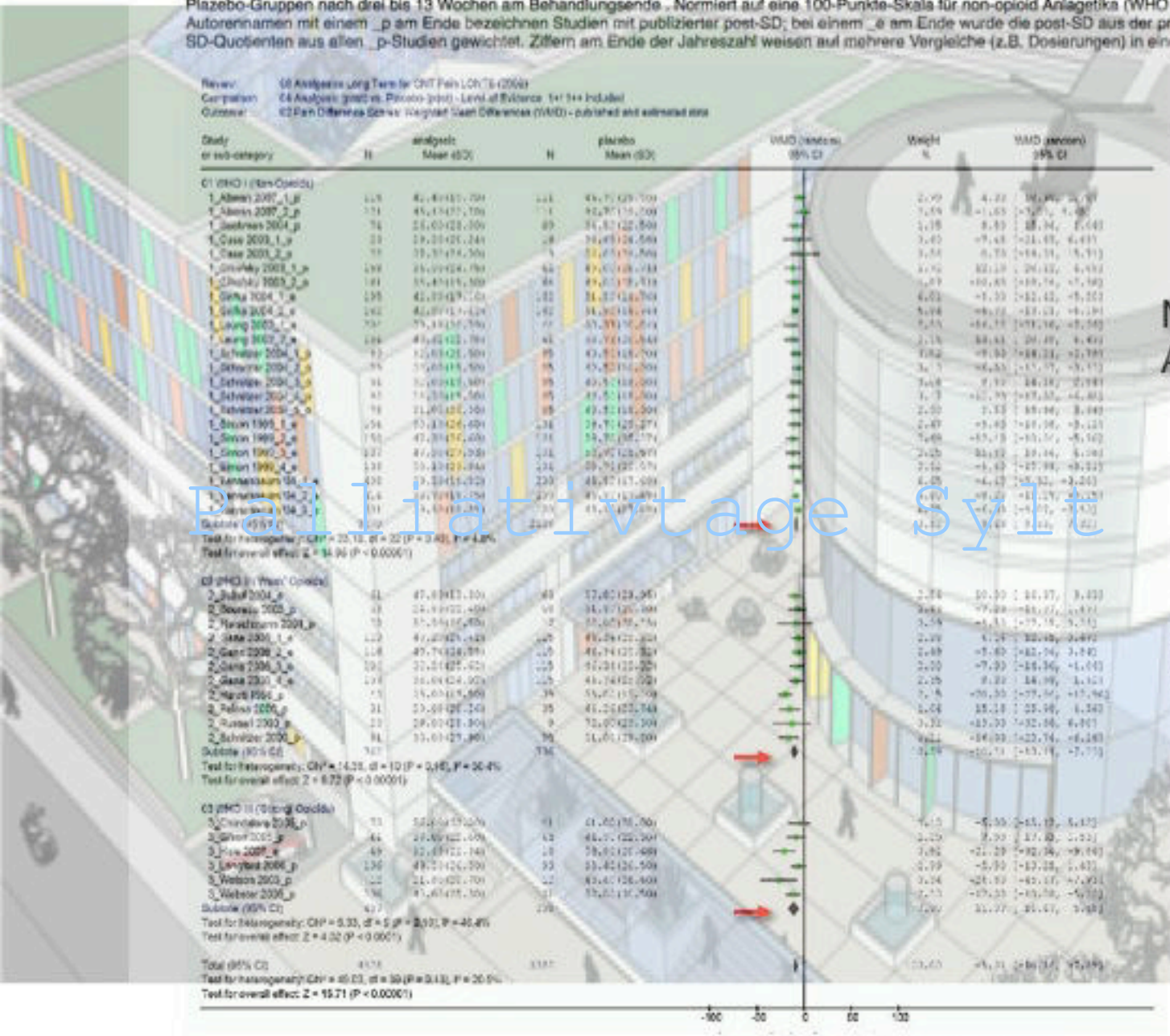
Twenty four studies involving 1153 participants met the inclusion criteria. There were five, sixteen and three studies on HT, TT and Reiki respectively. Participants exposed to touch had on average of 0.83 units (on a 0 to ten scale) lower pain intensity than unexposed participants (95% Confidence Interval: -1.16 to -0.50). Results of trials conducted by more experienced practitioners appeared to yield greater effects in pain reduction. It is also apparent that these trials yielding greater effects were from the Reiki studies. Whether more experienced practitioners or certain types of touch therapy brought better pain reduction should be further investigated. Two of the five studies evaluating analgesic usage supported the claim that touch therapies minimized analgesic usage. The placebo effect was also explored. No statistically significant (P = 0.29) placebo effect was identified.

Authors' conclusions

Touch therapies may have a modest effect in pain relief. More studies on HT and Reiki in relieving pain are needed. More studies including children are also required to evaluate the effect of touch on children.

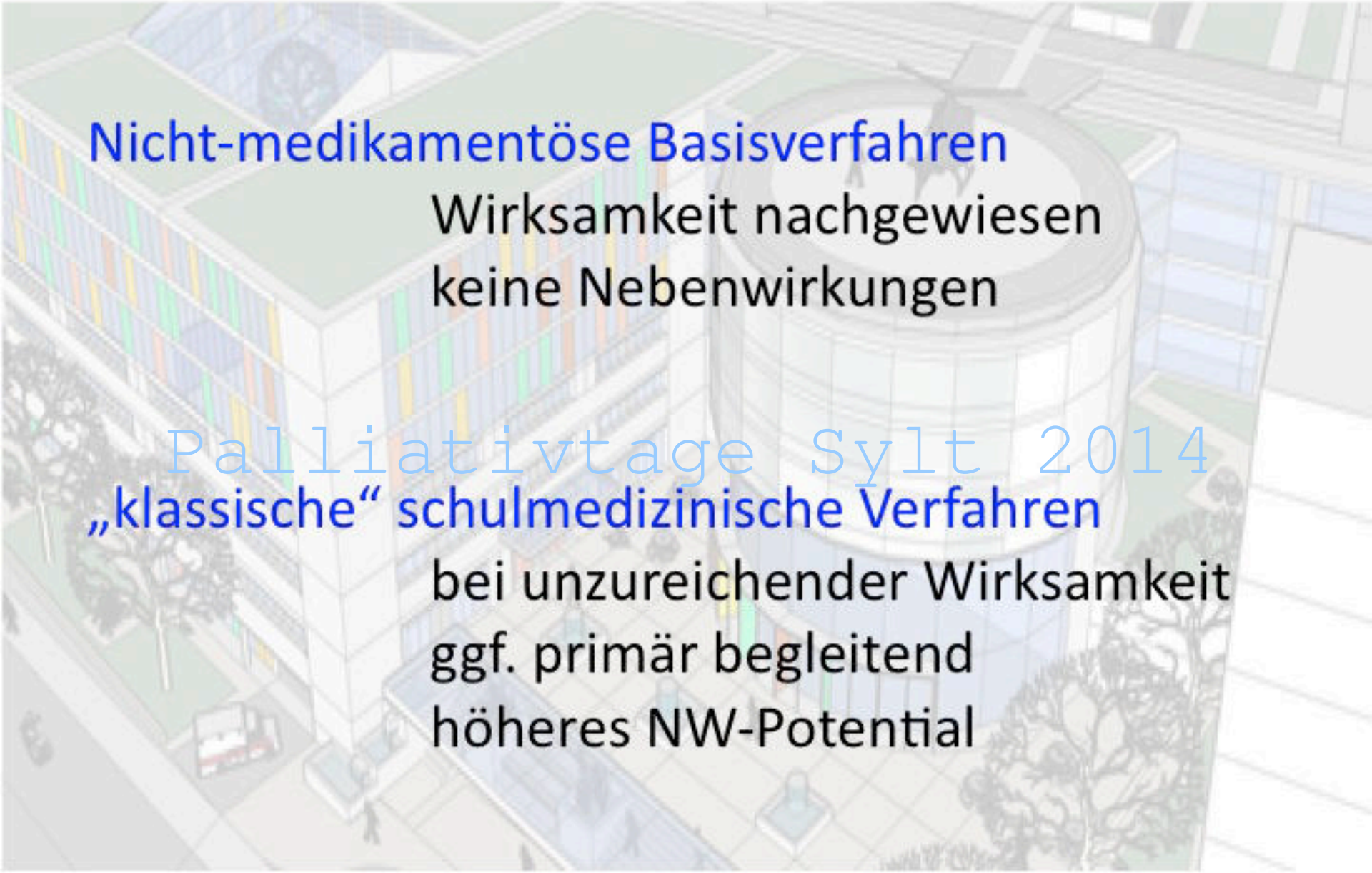
6.2 Schmerzdifferenzen nach 3-13 Wochen("Evidenz"stufe 1+/1++)

Tab. BP2 Nur RCT-Studien mit einem "Level of Evidence" von 1+ (gut) bis 1++ (sehr gut). Unterschiede in der Schmerzerleben (Spalte rechts neben "Weight %") zwischen Verum- und Plazebo-Gruppen nach drei bis 13 Wochen am Behandlungsende . Normiert auf eine 100-Punkte-Skala für non-opioid Analgetika (WHO I) und opioidhaltige Analgetika (WHO II, WHO III). Autorennamen mit einem _p am Ende bezeichnen Studien mit publizierter post-SD; bei einem _e am Ende wurde die post-SD aus der pre-SD mit dem durchschnittlichen pre/post SD-Quotienten aus allen _p-Studien gewichtet. Ziffern am Ende der Jahreszahl weisen auf mehrere Vergleiche (z.B. Dosierungen) in einer Studie hin.



- Aroma-Therapie
- Musik
- (Elektro-) (Aurikulo-)Akupunktur
- Hypnose
- Massage
- Reiki

Wirksamkeit	+++
Nebenwirkungen	0



Nicht-medikamentöse Basisverfahren

Wirksamkeit nachgewiesen

keine Nebenwirkungen

„klassische“ schulmedizinische Verfahren

bei unzureichender Wirksamkeit

ggf. primär begleitend

höheres NW-Potential