Chapter 5

Therapies in focus:

Aromatherapy, Bach flower remedies, reflexology, massage therapy, Alexander technique and Bowen therapy

Aromatherapy

What is it?

Aromatherapy is the controlled use of the extracted essential oils from plants in order to maintain and/or improve the health of mind, body and spirit.

For centuries a wide range of cultures have used the healing properties of essential oils. The Egyptians use oils of myrrh, clove and others to embalm bodies. The oils were also used to make perfumes and in religious ceremonies. In ancient China extracts of plants were used for their medicinal purposes and the traditional form of Indian medicine, ayurveda, also uses plant extracts. Biblical references to essential oils illustrate the history of essential oils within religion.

It was however during the 1920s when chemist Gattefosse used lavender oil to ease the pain of a chemical burn that interest in the medicinal properties of oils began to increase. The term aromatherapy was introduced to Britain from Europe in the 1950s by Marguerite Maury and since this time its use has grown rapidly.

The general public have become accustomed to essential oils in pharmaceutical products, and hair care and home cleaning products. Essential oils are available in supermarkets and chemists across the UK.

An essential oil is an aromatic, non-greasy plant extract composed only of the volatile molecules from the plant concerned. The essential oil may be extracted from the flowers, leaves, bark or resin. Methods of extraction vary as does the quality of the oil. Essential oils are diluted for use with a 'carrier' which may be an oil, a lotion or alcohol. The choice of carrier will depend on the method of application.

The most common methods of application are:

- Massage with a carrier oil/lotion.
- Compress.

Table 5.1: Main uses of commonly used essential oils			
Essential oil	Main uses	Warnings	Application
Lavender	Soothing and relaxing, refreshing, burns, boils, nervous tension, insomnia rheumatism	None	Massage, inhalation, baths, compress
Tea tree	Antiseptic, anti-viral, cold sores, verrucae, athletes foot, colds and flu, head lice	None	Massage
Geranium	Balancing, depression, anxiety, dry eczema, skin care, hormonal balance	None	Massage, baths
Neroli	Nervous tension, insomnia	None	Massage, baths
Chamomile	Calming, menopause, arthritis and rheumatism, anxiety, inflamed skin	None	Massage, compress
Rosemary	Diuretic, headache, arthritis, colds and flu, mental stimulation	Epilepsy, pregnancy	Massage, inhalation, baths
Sandalwood	Soothing/skin care, bronchitis, cough, catarrh, dry eczema	None	Massage, inhalation, baths
Peppermint	Cooling, digestion, headaches, nausea, travel sickness	Skin sensitivity	Inhalation, compress/ massage after skin test
Ylang-ylang	Psychological, panic, irrationality, shyness aphrodisiac	None	Massage, baths

- Inhalation/vaporization.
- Bath.

It is suggested that the essential oils affect the individual on both a physical and psychological level. The chemical components of the essential oils are absorbed by the body through the skin when applied in a carrier. This has been compared to the action of products like hormone replacement patches. The essential oils may also be absorbed via inhalation whereby the chemical components are absorbed via the lungs. The olfactory nerves also carry messages from the receptors in the nose to the hypothalamus and the limbic system controlling emotional aspects of behaviour. Psychologically it has been suggested that aroma plays an important role in memory and it is also suggested that the chemical components of the essential oils are known to cause a relaxation response. A well-known example of this is the use of lavender oil to induce sleep. An aromatherapist will treat a client taking into account physical and psychological symptoms holistically and choose oils to benefit the client.

Table 5.1 identifies commonly used oils with some of their main properties and contraindications. It is important to bear in mind though that all essential oils can cause skin sensitivity in some individuals so all essential oils must be diluted before use on the skin.

Safety and contraindications

Most essential oils are generally safe if used in a dilution of under 4%. However, oils should be used with caution and under the advice of a qualified aromatherapist in pregnant women and in those with epilepsy, high blood pressure or diabetes.

Essential oils should never be taken internally. Some essential oils can be irritants. In general, essential oils should never be used undiluted on the skin, although there is evidence to demonstrate the safe use of undiluted lavender oil for burns. However, even when diluted some individuals may be sensitive to some oils.

It is important to recognize the safety aspects of using essential oils. Many patients may use them within their own homes but within the health care environment essential oils should always be used under the guidance of a qualified aromatherapist.

Training, education and regulation

Training as an aromatherapist is available in a number of universities, colleges and private sector organizations. However, there is currently no specific

requirement by law to complete a specific course or register with a specific organization. The Aromatherapy Consortium provides an umbrella organization with the aim of developing a single register for voluntary registration and common standards for training.

Uses within health care

A number of studies have identified the use of aromatherapy with specific client groups. These studies include the use of lavender essential oil with foot massage in cardiac patients in intensive care (Woolfson and Hewitt, 1994). This study suggested that the use of essential oils with massage led to a lowering of blood pressure, heart rate and respiratory rate. Within the area of palliative care aromatherapy is a popular therapy with a number of studies supporting its use in a range of situations including symptom control in cancer patients (Kohn, 2000).

Within the field of mental health the studies are more limited but a number highlight the potential of aromatherapy to aid relaxation, enhance mood and reduce anxiety in specific clients (Borotoft, 1996; Jelinek and Novakora, 2001; Field et al, 1993; Edge, 2003). Certain essential oils have been associated with the relief of some symptoms of dementia (Burns et al, 2002). Aromatherapy has been used extensively by nurses caring for individuals with profound and multiple learning disabilities. Studies have identified the therapeutic effects of essential oils and massage. Midwifery has used aromatherapy in a range of areas and studies highlight the uses of essential oils pre- and post-natally.

Case study: Aromatherapy

by Nicky Genders

Mary is a 51-year-old who came for an aromatherapy treatment after her GP had suggested massage as a form of relaxation. While taking a detailed medical history and asking about her physical state, Mary identified that she felt her anxiety stemmed from her role as a carer for her disabled mother. Her main symptoms included difficulty in sleeping, general tension-type headaches and very dry skin. Mary was also menopausal and this was causing a range of symptoms including mood swings and feelings of 'panic'. Due to a previous medical condition Mary was not able to use hormone replacement therapy. Mary suggested her diet was fairly healthy and she regularly took vitamin and mineral supplements.

Using the detailed history and considering Mary's current symptoms I mixed a blend of the following essential oils to support both her physical and psychological symptoms.

1. *Lavender*: Useful for insomnia, tension headaches, irritability, mood swings, worry and panic attacks.
2. *Geranium*: Useful for hormonal imbalance, dry skin, mood swings.
3. *Chamomile Roman*: Useful for gentle soothing of a restless mind.

Mary liked the aroma so this blend was diluted into sweet almond oil to use for massage. In addition to the massage oil Mary also took the blend home in a base for use in the bath and a small amount of the blend for inhalation, particularly useful for the feelings of panic.

Mary had a fortnightly back massage for around four months and currently has a monthly back massage. She reported using the bath base twice weekly and the blend for inhalation whenever she felt a 'bit panicky'. During this time she has reported that she slept better, particularly after using the blend in the bath. She also reported that she found it easier to cope with her menopausal symptoms, and the mood swings seemed to have evened out. She had no feelings of panic after the first month of treatment. In addition her headaches had all but disappeared. Mary's skin had improved in texture and much of the dryness had gone.

It is clear, in Mary's case, that the combination of massage and essential oils reduced her psychological problems.

Bach flower remedies

In addition to aromatherapy other complementary therapies exist which use extracted essences of plant materials. Two of the best known are Australian bush essences and, more commonly used in the UK, Bach flower essences.

Dr Edward Bach, using his knowledge of homeopathy, developed a series of remedies using extracted flower essences in the 1930s with the philosophy that the remedies work by stimulating the body's own healing response. Using a link between a healthy mind and a healthy body Dr Bach devised a system of emotional groups in order to classify people. These seven emotional groups included fear, uncertainty, and oversensitivity. Within each of these categories a further 38 negative feelings were identified with a corresponding remedy for each. The remedies are generally diluted in water and taken as needed. Up to seven different remedies can be taken at one time. The most common remedy combination is a pre-mixed combination called Rescue Remedy. This mixture of rock rose, *impatiens*, clematis, star of Bethlehem and cherry plum is used by many to deal with pre-exam or test nerves, general shock and to provide focus for a current difficult task. *Table 5.2* lists all 38 remedies and their uses.

Table 5.2: Bach remedies and their uses

Category	Negative feeling	Bach flower remedy
Fear	Terror	Rock rose
	Fear of unknown	Mimulus
	Fear of mind giving way	Cherry plum
	Fears/worries of unknown origin	Aspen
	Fear/over-concern for others	Red chestnut
Loneliness	Pride/aloofness	Water violet
	Impatience	*Impatiens*
	Self-centredness/self-concern	Heather
Insufficient interest in present circumstances	Dreaminess/lack of interest in present	Clematis
	Lives in the past	Honeysuckle
	Resignation/apathy	Wild rose
	Lack of energy	Olive
	Unwanted thoughts/mental arguments	White chestnut
	Deep gloom with no apparent origin	Mustard
	Failure to learn from past mistakes	Chestnut bud
Despondency or despair	Lack of confidence	Larch
	Self-reproach/guilt	Pine
	Overwhelmed by responsibility	Elm
	Extreme mental anguish	Sweet chestnut
	After-effects of shock	Star of Bethlehem
	Resentment	Willow
	Exhausted but struggles on	Oak
	Self-hatred/sense of uncleanliness	Crab apple
Uncertainty	Seeks advice and confirmation from others	*Cerato*
	Indecision	*Scleranthus*
	Discouragement/despondency	Gentian
	Hopelessness and despair	Gorse
	'Monday morning' feeling	Hornbeam
	Uncertainty about life path	Wild oat

Oversensitivity to influences and ideas	Mental torment but putting on a brave face Subservient and weak willed Protection from change and outside influences Jealousy/hatred/envy	*Agrimony* Centaury Walnut Holly
Over-concern for the welfare of others	Selfish possessiveness Over-enthusiasm Domineering/inflexible Intolerance Self-repression/self-denial	Chicory Vervain Vine Beech Rock water

Case study: Bach flower remedy
by Beth Tyers

A baby boy was delivered by Ventouse intervention after a long and traumatic labour. His mother had some assistance with homeopathy, administered by her husband. Sleep had been impossible for all of the baby's 15 or 16 days of life. He had a large haematoma to the back and one side of his head. Feeding was difficult, stressful for both mother and baby, as the baby could not relax enough to latch on successfully.

Homeopathic remedies were given and successfully reduced the haematoma but the baby still could not rest and was agitated, twitching, stretching and straining and spending very little time still. He seemed to respond normally to his father's and mother's voices, and all of his reflexes were assessed as normal. He became distressed if his head was touched. He passed normal quantities of urine and stools, but was not gaining weight at the rate expected.

Remedies given in sequence were *Arnica*, *Nat. sulph*, *Stramonium*, *Helleborus, Cicuta, Chamomilla,* and *Colocynth*, without noticeable effect on his general state.

His mother rang in the third week after birth, in tears of desperation, at about 10.30 p.m. one evening. The baby had been screaming uncontrollably, unable to feed or sleep. There was no possibility of getting any remedies to her quickly (other than those she had in her first aid and birth kits, and those already tried). My advice at this point was for the mother and baby to get into a warm bath with a large squirt of Rescue Remedy in the water, and to massage Rescue Remedy into baby's hands and feet. I asked her to call me the next day, when I would have more time to discuss the next step.

She did phone next morning, in tears again, this time with relief, saying that they had all slept through the night for the first time since the birth. The effect had been

immediate – the baby had relaxed considerably in the bath, fed well and then slept. He had fed well again that morning and was sleeping again. She asked me what she should do next. My advice was to repeat the massage twice daily into the hands and feet and repeat the shared Rescue Remedy bath each evening.

Clearly the Rescue Remedy had broken the vicious cycle of tension that was contributing to the baby's condition. As mother was becoming more and more desperate each day, she, too, needing calming. I feel, however, that the flower essence affected the baby's energy on a very deep level indeed, relieving the immense shock of the traumatic delivery and enabling rest, digestion, and the proper assimilation of later homeopathic remedies, all of which worked effectively, and continue to do so. He is now a happy, healthy 3-year-old.

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Reflexology

What is it

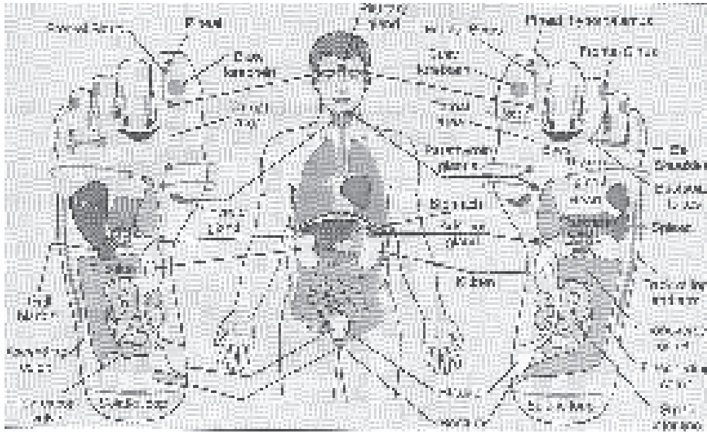
First practised by the Chinese, Indians and Egyptians the ancient art of reflexology is described as a gentle holistic balancing treatment that will help to increase energy levels, ease aches and pains, reduce levels of stress, relax the body and calm the mind

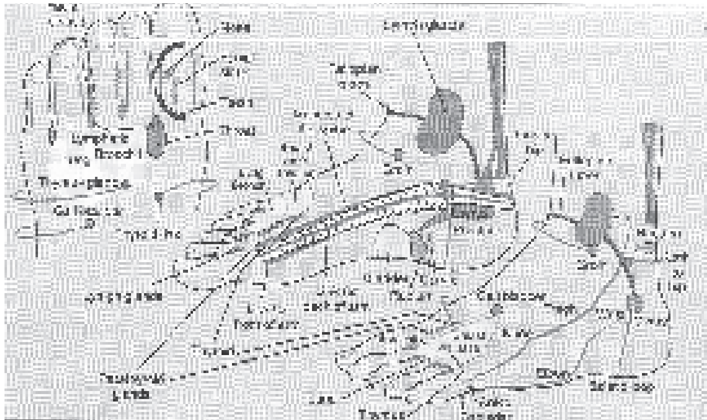
Reflexology is based on the view that the body is made up of 10 energy zones. It is suggested that within the feet, hands and ears there are reflex points corresponding to all organs, glands and parts of the body, i.e. the feet are mirrors reflecting the condition of the body. Due to injury, stress, or illness the body can end up in a state of imbalance and vital energy pathways can be blocked which can prevent the body from functioning properly.

This division of the body into energy zones or meridians is similar to the mapping used within acupuncture and acupressure. The reflexologist works with the understanding that when a meridian point is blocked then the energy flow becomes abnormal and congestion may occur at that point. The view is that reflexology can be used to remove these blockages and correct the balance.

Reflex points have been mapped on both the hands and feet and these correspond to areas and organs of the body (see *Figure 5.1*).

By using specific finger and thumb pressure reflexology stimulates and frees energy by helping to release blockages within the body, enabling the body to heal itself. When working, the reflexologist may find areas at the reflex points that feel grainy or tense. Applying pressure to the areas will then 'unblock' energy and assist the body's own healing mechanism.





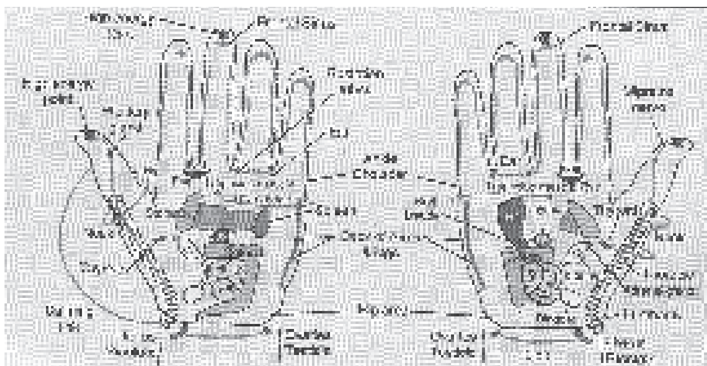


Figure 5.1: Top: reflex areas of the feet, with the body parts to which they correspond.. Middle: Reflex areas of the feet showing their symmetry. Bottom: Reflex areas of the hand.

It is suggested that almost everyone can benefit from reflexology as it treats the entire body rather than just the symptoms of disease and can be used to bring relief to a wide range of acute as well as chronic problems including:

- Joint and muscle pain.
- Gastrointestinal problems.
- Skin problems.
- Menstrual problems.

Training, education and regulation

A number of training courses exist within higher and further education to train as a reflexologist. However, it is not a requirement by law to undertake any of these courses. There are a number of associations working together under the umbrella organization, the Reflexology Forum, which accredit courses and keep registers of members.

Uses in health care

There has been a rising popularity among patients for reflexology treatments and a growing evidence base supporting its use for a variety of conditions, including:

- Pre-menstrual syndrome (Peters et al, 2002).
- Multiple sclerosis (Joyce and Richardson, 1997).
- Palliative care (Wright et al, 2002).
- Midwifery practice (Tiran, 1996).

Reflexology is being offered in some pain clinics and hospices as part of care packages. However, health professionals do need to be aware that there are contraindications for reflexology treatment including diabetes, circulatory problems and epilepsy. A trained reflexologist will be able to advise on appropriate treatment.

Case study: Reflexology

by Maggie Brooks

Eleanor agreed to act as a case study. She felt she was fine with no real problems; she could unwind as necessary and slept well. Her husband had given her a gift voucher and suggested that she try reflexology as he felt she would benefit, having experienced it himself. Indeed, his chronic sinusitis had eased after one session and was no longer a problem after another two sessions.

Eleanor, aged 47, is a staff nurse in an intensive care unit which, although stressful at times, she enjoys. She also works three evenings a week at a private hospital for extra money. This she found less stressful but her workload is considerable. Her husband works part-time due to some health problems which had meant retraining. He hopes to return to full-time work by the end of the year. It has been a difficult few years and this had taken its toll, but Eleanor feels she is coping and that the bad days are truly over. Her son, James (age 20) is studying medicine and lives in a flat while daughter Jan (age 18) is living at home and is a hairdresser. Eleanor's family live in the south of Scotland and both her parents are well.

Primary complaint

In the first instance, Eleanor felt she did not have any complaints, certainly not that anything could be done about. The first consultation in reflexology includes detailed questioning, which is necessary if we are to embark on truly holistic care of a client. Eleanor felt her only problem was constant back pain that she did not feel anything could be done about. She had real problems with her right hip but had seen no point in getting any kind of treatment as nothing would work.

It later came out that she also suffered from severe irritable bowel syndrome (IBS). She admitted her diet was not good and she had put on 2 stone over the last couple of years. The problem was carry-out fish suppers and ice cream on her late shifts. She smoked about 20–25 cigarettes a day. There was no time for any social life, and she preferred to go to bed early.

At her consultation, I recorded no past medical history apart from some reconstructive surgery to her nose 15 years ago. Eleanor is still menstruating normally.

Goals of treatment

I felt I had to 'go extremely canny' with Eleanor. Too many suggestions all at once would frighten her away. I hoped that we could improve her back, and at the same time her IBS. As she had not had any other treatment, I was also very interested to see what reflexology could do for back pain when used on its own without massage or osteopathy. She had resisted any suggestions in regard to those treatments. She looked tired but was cheery and ready to be looked after.

First treatment

I always inspect the client's feet on the first appointment. Eleanor's feet were a little callused on the right but otherwise, apart from being pale, were all right. As usual I began by working on her toes (after the warm up). She found this fascinating and was surprised at how the different reflexes elicited different sensations.

The head areas on the right foot were more tender than on the left. The lumbar areas were exquisitely tender on both feet; L5 more on the left, L4 more on the right. The

knee area and the hip (even more so) on the right side were also tender. I could see that she had a pelvic tilt when she walked and a lesion at L5. Indeed, the whole spine was tender on both feet. C7/T1 was exquisitely tender on the left; T8–T10 very tender on the right. Her feet were very stiff and unyielding. The pituitary and pineal were more tender on the left; thyroid was more sensitive on the right. The adrenal glands were exquisitely tender. The uterus was more tender on the right and the ovary more tender on the left. The lung areas felt slightly congested, more so on the right, and the liver reflex was tender. The whole bowel area was tender; the ileum on the left was very tender and the colon on the right with the ileo-caecal valve exquisitely tender. The dorsal areas – right elbow, left shoulder – were also very tender. She then told me she often felt her shoulders were tired, tight and sore.

We discussed all this and I showed her the reflexology chart, which she found very interesting. She talked about how busy she was with no time for herself. Her job in intensive care was very hectic. She felt in control and that she rarely got involved with or affected by patients. She felt she could relax easily, and in particular had no problem sleeping. She was however looking forward to a week's holiday.

Eleanor enjoyed her first treatment and was eager for the second. She drank a glass of water after treatment and I suggested she start a new habit. She thought this was strange but agreed to try it. We agreed to meet again in one week's time to allow her body to adjust to what we had done. I warned her that she might show signs and symptoms of toxicity, such as headache and/or fatigue and just to treat it with rest and drinking water.

Second treatment - one week later

Eleanor returned saying she had been looking forward to her next treatment. She had felt well, been sleeping better and was impressed. What had amazed Eleanor most was that she felt that she was less stiff, although she would have expected to be more so, as she was on holiday and had been stripping paper off the bathroom walls.

We discussed diet. Eleanor said she did not have time to make a packed lunch or dinner as she felt she already had more than enough to do. Rice Krispies were the one thing that eased her IBS. Eleanor did not want to discuss personal issues and I respected this.

We used the session to relax. The right hip area was still exquisitely tender, but the thoracic area had improved as had the cervical area. The elbow and shoulder areas had also improved. and I was surprised and delighted.

We discussed drinking less caffeine and more water and taking a short walk every day. We agreed to meet in one week's time.

Third treatment - one week later
Eleanor was moving more easily and was feeling better in herself. She admitted that she had not realized how stressed she had got. Her husband had commented that she was looking younger. (Indeed he had told me how pleased he was that she was finally taking some time for herself.)

We continued the session, working the spinal and musculoskeletal areas as before. I increased the mobilizations of her feet as she could now tolerate more. The bowel area had improved quite dramatically from the first visit. She reported that her colic had eased so much she was able to forget about it at times. Eleanor's feet were now more flexible and looked better in regard to texture and colour.

We discussed home treatment but she felt she wouldn't have time and preferred to come to see me. Some clients like to work on hand reflexes to complement what is happening at the treatment. We agreed to meet in two weeks' time.

Fourth treatment - two weeks later
Eleanor continued to feel that she had more energy and her mobility was improving. She felt that the pain in her hip was lessening and her lower back was moving much more easily. She agreed that as her pain decreased, she would be more likely to consider going for a walk.

The nervous and endocrine points were tender as follows: cervical on the right, particularly C6 and C7; T1 on the right, T4 on the left, T8 on the right, T12 on the right; L3, L5 and sacrum on the right; pituitary on the right; thymus on the left; adrenal on the right; and ovary on the right. The lung areas seemed more congested this time and when I mentioned it she said she had found that after the previous treatments, she had been smoking less but her smoking had been on the increase again over the previous three days. However, it had reduced overall. The stomach was more tender than on the previous visit and I felt this was related to the lung congestion. The bowel areas were again very tender, particularly on the left over the hepatic flexure and transverse colon.

We included some breathing techniques, which she enjoyed. The session was mainly relaxation. Eleanor obviously enjoyed just being herself and not 'on call' for this hour. She volunteered that she planned on cutting down on smoking and told me that her overall diet had improved slightly. We agreed to meet again in three weeks time.

Fifth treatment - three weeks later
Eleanor felt there was a definite improvement in her hip and lower back, so much so that she was enjoying going for a short walk each day. This was a dramatic change, particularly as Eleanor did feel constantly under time constraints. She had cut down

on smoking, which she was proud of and delighted about. She was feeling tired and was looking forward to being re-energized again.

The right hip and spinal areas were the most tender, more the lumbar and lower thoracics. C7/T1 was still tender (about 4 out of 5) on the right. This junction is a vulnerable area for everyone. Eleanor's feet relaxed more easily than at her previous treatments suggesting an overall improvement in her ability to relax. She reported that her bowel was fine now and that she really had no other problems. We agreed to meet in six weeks.

Sixth treatment - six weeks later
Eleanor was well. The pelvic tilt I spotted at the first visit was still apparent, but not as much. She remained delighted with her improved musculoskeletal system. She had also surprised herself with her continued progress and now looked forward to another session. We worked as before and I noted the overall improvement in all the points. Hip and lumbar spine were still tender (about 3–4 out of 5). She opened up a little about the hard times she had had and then said she felt she had handled all she needed to handle. I absolutely respect the client's right to privacy, and, in this case, I was aware too, that starting to talk might well open up a lot of issues that would require specialized counselling and, at the same time, might also prevent her from working. As the major breadwinner, this was something that she could choose to do in her own time. I mentioned to her how past events and issues can affect health quite dramatically and she agreed.

We concluded the reflexology treatment with some breathing and lymphatic pump techniques. Eleanor stated how glad she was that she had come for treatment as she had benefited so much. She also had decided to continue with reflexology on a regular basis for as long as she needed it.

Seventh treatment - eight weeks later
Eight weeks had passed since her last treatment, and Eleanor had found that her hip was at last easing a bit to the point where it was not painful all the time. She was smoking less, still drinking more water and had lost 2 kg in weight. She was also feeling more like her 'old self' and she and her husband had gone out several times, once with friends.

The treatment went well. Eleanor was tired and happy to relax as work had been very busy. The adrenal areas were more sensitive than they had been on the last visit. The spinal areas were still tender but now she scored 2 out of 5 and occasionally 3. The hip still scored higher than the rest.

She promised to attend in a couple of months for another treatment. She hoped to be able to tell me that she had lost more weight.

Conclusion
Eleanor had really only come for reflexology to please her husband. She had expected it to be a nice experience and was astounded at the effects. Her back pain along with her hip pain had gone. Her irritable bowel syndrome was no longer a problem. She did not feel as stressed and lacking in energy. Indeed, the increased awareness she had developed in response to her reflexology treatments had let her realize how low she had got. Eleanor continues with a very busy schedule and manages to come for reflexology about once or twice a year. As an osteopath, I was amazed at the effects that reflexology could have on back pain. Originally, I had advised Eleanor to have osteopathy but she had declined.

Massage

What is it?

Touch has its roots in earliest history as a means of healing and comfort. It is mentioned in Greek mythology, and civilizations from ancient Egypt to native Indians all identify touch as a means to heal.

Massage as a therapy has existed for centuries, across many cultures. In the West massage as a therapy was particularly popular in the late 19th and early 20th century. In 1884 a group of British women formed the Society of Trained Masseuses and this group later became the Chartered Society of Physiotherapists (Horrigan cited in Rankin Box, 2001).

Both World Wars saw nurses using therapeutic massage but, as technology increased, the use of massage (and other forms of therapeutic touch) declined. Massage has in recent decades increased in popularity and its use within health care is well documented.

Massage involves the use of soft tissue manipulation for the benefit of the whole person. It is seen to improve circulation, relax muscles and increase lymphatic drainage (Maxwell Hudson, 1996). Massage may be included within an aromatherapy treatment or may focus on particular areas of the body, for example, Indian head massage. There are many forms of massage and most forms used in the West incorporate some elements of Swedish body massage. A range of movements are incorporated within therapeutic massage and these include:

- *Effleurage*: relaxing and stretching the superficial muscles of the body.
- *Petrissage*: kneading and squeezing of superficial and deeper muscles and soft tissue.
- *Friction*: movements that break down the adhesions between tissues and relax muscle fibres.
- *Tapotement*: percussive strokes aimed at increasing blood flow.

Generally one massage treatment will include some or all of these movements. A trained massage therapist will chose appropriate movements dependent upon the client's needs and health condition.

There has been much debate about the contraindications for massage but many of these can be overcome by professionally trained therapists who are able to adapt technique.

Uses within health care

There are many documented studies demonstrating the use of massage within health care. These studies acknowledge the physiological and psychological benefits of massage (Rankin Box, 2001). Within nursing, one key area is that of palliative care, with studies outlining the use of massage for relaxation, enjoyment, relief from constipation, and analgesia (Ferrell-Torry and Glick, 1993; Flemming, 1997; Gray, 2000; Preece, 2002).

A study by Preece (2002) in the UK demonstrated the efficacy of abdominal massage in a small number of patients in a palliative care setting. Patients in this study reported less discomfort and pain from constipation following a period of regular self-administered abdominal massage.

Within midwifery and health visiting a further area for the use of massage is that of baby massage. A growing body of literature highlights the benefits of this form of massage. Many cultures have a long history of baby massage particularly Malaysia, India and Tibet. It is acknowledged within the literature that baby massage can encourage communication between mother/father and baby, can calm a baby's emotions and aid digestion.

Education, training and regulation

Many courses in both higher and further education exist to train in therapeutic massage, some of these are part of other therapies including aromatherapy.

The General Council for Massage Therapy (GCMT) also has lists of accredited courses. Regulation is currently in the form of self-regulation. Registers exist with the GCMT and other bodies.

Case study: Massage therapy

By Nikki Murray

Introduction

Mrs M is 49 years old and runs her own chiropody business. She is happily married and has two grown up children. In her spare time she enjoys walking, gardening and looking after an array of animals from pheasants and dogs to ferrets.

Presenting problem

For the past few months Mrs M has been suffering from stress. Her chiropody business is very busy, she can sometimes treat up to15 clients a day. Home visits are her most popular request. Her main signs and symptoms of stress have been a feeling of being overwhelmed, of not being able to sleep at night or to switch off when finished for the day, of being 'crabby' with her family, and she has noticed a loss in her appetite. Her menopausal problems have also been a contributing problem, i.e. headaches and hot flushes.

Consultation

During consultation it was established that Mrs M also suffers from back, neck and shoulder pain from bending over to treat her clients. Also if she over-uses her wrists her (mild) arthritis in her hands and fingers flares up, and the muscles in her forearms are also affected. She has an allergic reaction to aspirin and she is not taking any medication.

Treatment plan

The goals of treatment were to:

- Ease any muscle spasm in the areas causing her pain, i.e. back, neck, shoulders and arms.
- Enable Mrs M to relax.
- Allow Mrs M take some time out for herself.
- Reduce the number of headaches she had been getting.
- Allow her to get a good night's sleep.
- Encourage mobility in hands and fingers.

First visit

We agreed that the primary complaint this time was her aching back and neck. I recommended a back, neck and shoulder massage for the first treatment, which is relaxing as well as easing the muscles that were in spasm.

After the first treatment Mrs M remarked how she felt a load had been lifted off her shoulders and she found her range of movement in her neck had improved and her neck felt much easier.

I advised Mrs M to get a regular massage to really benefit. For her to get some relaxation time for herself would be an additional bonus to the reduction of muscle spasm in her back, neck and shoulders. Feeling more aware and relaxed would have knock-on effects.

Other relaxation techniques were advised, e.g. listening to relaxation tapes, and breathing exercises. Also discussed was the importance of her posture when working and warming up her wrists and fingers before starting work. I suggested exercises to

improve general circulation and stretches between clients. I also advised Mrs M to drink at least a litre of water a day when she is busy.

Second visit: one week later
Mrs M had a busy week with her regular clients, so she reported that her back, neck and shoulders had begun to ache again. However, she had felt better, slept better, felt more refreshed but was becoming more agitated again.

Once again her back, neck and shoulders were massaged. There were areas of tight muscles mainly on her right side and also around her scapula. Again her neck muscles on both sides were tight and quite painful. During the treatment I played some relaxing music and suggested Mrs M try to imagine she was in her favourite place. Mrs M enjoyed her massage although she had felt some muscles were sensitive at first upon massaging. She really felt the benefit of the massage, felt re-energized and that a lot of her tension had disappeared.

Third visit: two weeks later
Mrs M commented that her back, neck and shoulders had not been as tense as usual. Her husband had also commented to her that he had found her not so 'crabby' and was more enjoyable to be around.

For this treatment I recommended a full body massage as Mrs M had again been busy and was feeling tense and tired. It also gave me a chance to do some work on her arms, wrists and hands. I found her arms to be very congested and as her arthritis in her hands had flared up, I did some gentle active and resisted exercises.

I advised Mrs M to come back to have some more massage on her arms, as I did not have enough time to work on them during a full body massage. After her massage Mrs M felt pampered, said she had not felt so relaxed in ages and left floating on air.

Fourth visit: one week later
Mrs M commented on a decrease in the number of headaches she had been having and that she had slept very well the night after her last treatment. However, she was still experiencing some pain in her wrists and in her forearms.

I massaged Mrs M's arms for half and hour to get rid of the congestion, to improve drainage and to ease any muscle spasm. It was also beneficial for her hands and fingers too in that it helped improve her joint mobility.

Outcome
Following massage Mrs M found she could cope better with her stress and her workload and had more energy. Her tension and the aching in her muscles

disappeared with regular massage as did her headaches. She now also knew about the benefits of massage therapy and knew that if her signs and symptoms of stress returned all she had to do was to make another appointment. She would also still come once a month for an MOT session. We agreed that this would help all aspects of her life as massage also boosts the immune system.

Additional techniques and therapies

Alexander technique

The Alexander technique is a form of 'body work' therapy. Introduced by Australian, Fredrick Alexander in the late 1800s the technique focuses on posture and body movement as a key to good health and well-being. The premise that we often have poor posture while undertaking routine daily tasks such as sitting, standing, walking, etc., led to the technique's focus on conscious change in posture. An Alexander technique teacher will observe whole movement patterns and advise on aspects of individual patterns that may lead to problems. A range of conditions have been suggested as benefiting from the Alexander technique including back and neck pain and respiratory disorders. This technique teaches the individual how to change movement and posture patterns to reduce pressure on the body.

Case study: The Alexander technique
By Margaret Rakusen

Lisa was 48 years old and came to me for an introductory session in early December 2000. She had decided to try the Alexander technique to see if it would help her ongoing back problem.

Lisa had been having pain and discomfort in her back for approximately 15 years. Her lower back was very painful. She would get sharp pains from it at night that woke her up, and was in fairly continuous pain during the day. A canoeing accident seven years previously had led to neck problems which she still suffered from, although she had been for physiotherapy at the time which had eased it somewhat. However, the problems returned and her neck was always prone to stiffness.

I explained to her that in the Alexander technique we would be looking at the way in which she was carrying out her daily activities and that I would teach her the best way of doing these, so that she would no longer damage herself. I noticed that she held her head in an attitude that was causing a lot of very harmful pressures on her spine and discs.

Lisa decided to come for a course of 20–30 lessons with seven lessons fairly close together at the beginning so that we could get some improvements fairly quickly. After that she would come for weekly sessions, changing to fortnightly when she was ready to attend less often.

Lisa began her lessons and soon started to improve. In the lessons I showed her a different way of sitting, standing, walking, writing, lying down and how to turn her head without damaging her neck. We also looked at ways of improving her breathing and how to bend and lift without any strain. Lisa applied everything I taught her when she was carrying out her everyday activities and soon built up confidence in her ability to move freely without triggering her back problems. She told me that on occasions when she forgot and her back gave warning twinges she was able to quickly put everything right because she knew what was causing the problem. This has given Lisa confidence in her own ability to look after herself.

Conclusion: two months later
Lisa continued to make steady progress and attended fortnightly. Her neck was much less stiff and her lower back no longer gave her the continuous pain during the day or the sharp pains at night. She had recently completed a 10 mile walk without any painful after-effects.

Bowen therapy

by Catherine Vivian

Nature of Bowen therapy

Bowen therapy is a new and unique holistic therapy. It has been available in the UK since the early 1990s and was developed in Australia in the second half of the 20th century by Tom Bowen who gave it its name. The therapist performs a series of very gentle but specific moves of rolling skin over tissue, which are done at exact points on the body and in a particular sequence. This promotes the body's own healing responses through stimulation of nerve reflexes through muscle tissue and fascia. The whole connective tissue system is stimulated through increased lymphatic activity, and venous and arterial blood flow. As a result, the structural integrity of the body is improved, which in turn promotes overall health.

A number of theories have been put forward as to how this is achieved. Michael Nixon-Livy (1999) who has pioneered another form of Bowen therapy called the neurostructural integration technique known as NST said,

> *'The body is a self-regulating and bioenergetic phenomenon ... Tom Bowen realized that the body would regulate itself and return to balance if the appropriate neurological and neuromuscular context was created.*

A number of varying techniques of Bowen therapy are developing. The most widely known is a 'light touch' therapy called the Bowen technique based on the original work of Tom Bowen. Other types of Bowen therapy have been developed all over the world from the original therapy, or taking their foundation from Bowen's later work. Some of these are: fascial kinetics (International School of Bowen Therapy), myopractic, neural touch, neurofascial massage (NFM) Bowen, SMART Bowen (advocated by Brian Smart, involving the Bowen technique plus NST and vibromuscular harmonization technique).

There exists considerable anecdotal evidence that Bowen therapy has a wide application and has helped people with conditions ranging from musculo-skeletal complaints, sports injuries, chronic pain, asthma, migraine, sleep quality, psychological conditions, cerebral palsy, attention deficit hyperactive disorder (ADHD), autism, etc. Whitaker (1997) has shown that the therapy positively affects heart rate, which is a measure of the functioning of the autonomic nervous system. The first academic study of a Bowen therapy in the UK was peformed by Bernie Carter, Professor of Children's Nursing at the University of Central Lancashire on clients' experiences of frozen shoulder (Carter, 2001).

The Bowen move

The Bowen move is quite specific in its lightness of pressure, slow speed of application, and position on the body where it is applied. Experienced practitioners develop sensitivity to the level of tension in the tissue, which tells them how to apply the move for optimum effect. With experience they can pinpoint the exact spot where it is needed.

In preparation the practitioner stands at one side of the patient who is lying prone. The practitioner locates the muscle that lies immediately to the side of the spine approximately 2.5 cm above the crest of the ileum. The thumb is placed on the belly of the muscle. There should be enough contact pressure to then take up any slack in the skin by drawing it back towards the practitioner, over the tissue until it is taut. At this point the thumb is up against the lateral side of the muscle allowing a light pressure to challenge it and make it stand slightly proud. The move is also done over ligaments and tendons in a similar fashion.

A gentle, slow roll of the skin is performed towards the spine (medially) over the tissue. The thumb maintains contact with the surface skin layer but allows the skin to roll over the tissue below. The pressure is not enough to force a painful stretch of the muscle, but strong enough to exert a change in local tissue tension. According to Wilks (2004) the action of this type of move elicits a powerful effect on the body on a number of levels, not just the musculo-skeletal system.

Changes are now set in motion more widely in the body due to stimulation of the neurovascular bundles in the tissue close to the move. The effects can be

focused in particular areas by a move providing interference in tissue tension which produces an energy block, around which other moves can then be applied. The practitioner allows changes to take effect for a few minutes before applying the next set of moves (known as a procedure). The practitioner may even leave the room during this time to enable the patient to relax more deeply which can help the treatment.

Case studies: Bowen therapy

by Catherine Vivian

Case Study 1

Anna (name changed) is a delightful intelligent little girl aged 6 years who has mild quadriplegic cerebral palsy. Her main problem areas are with co-ordination, low muscle tone, balance, and walking. She has splints on both legs, uses sticks most of the time and a wheelchair for long distances.

Following Bowen therapy Anna's parents felt they saw definite improvements in her co-ordination so helping her overall balance. Her side-stepping and stepping backwards was better and she appeared to be standing up straighter. This had improved her confidence. Anna's hip muscles were tight before the treatment. They did ease up and she found it easier to flex the hip and bend the leg upwards. Her walking is slower, more controlled and with a better heel-to-toe action. She is also able to walk for longer periods. Anna continues to have regular treatments.

Case study 2

Charlie (name changed) is a 9-year-old boy with hypotonic cerebral palsy who had a difficult birth. He has problems in many areas, with profound hearing loss and no speech. As a lively little boy, he moves around mostly on his bottom, having difficulty walking, but loves to climb around everything. He is unable to chew and has problems with liquids. Family life is hard as his behaviour is loud, demanding and very physical with a lot of biting and scratching. His tolerance of being handled is low with a fierce temper and he easily becomes agitated. His parents said this had got worse as he became more mobile. His sleeping pattern was never good, he often wakes around 3 a.m. and disturbs the whole house with his noise.

After the first Bowen treatment session Charlie's parents noticed immediate changes. He slept soundly that night from 9 p.m. to 7 a.m., and his Dad carried him downstairs without the usual biting and scratching. The second most marked improvement was in his behaviour, with fewer tantrums and significantly less violence. Tantrums became quicker to overcome as communicating with him was easier. Eye contact improved and he was watching Maketon signing a lot more. His parents felt that his concentration and attention levels had changed for the better. His elder sister also

noticed this when she played games with him. She said his sensitivity to noises had increased, and his concentration when playing with toys was longer. His laughter had changed from a throaty giggle to a deep belly laugh that left him breathless.

Charlie's normal babbling now included some clearly enunciated sounds such as the letter 'r'. Feeding had improved slightly with less choking, and he was spoon-feeding himself more with better control of the spoon. Mobility, co-ordination and balance showed slight improvements. His climbing and shuffling movements were undertaken with more apparent skill. Charlie has continued having Bowen therapy and has since shown even more radical improvements in a number of areas. As a consequence the life of the family has changed significantly for the better.

References

Borotoft J (1996) Massage for mental health *Therapist* **4**(1): 38–44.

Burns A, Byrne J, Ballard C, Holmes C (2002) Sensory stimulation in dementia. *Br Med J* **325**:1312–13.

Carter B (2001) A pilot study to evaluate the effectiveness of Bowen Technique in the management of clients with frozen shoulder. *Complementary Therapies in Nursing* **9**(4): 208.

Edge J (2003) A pilot study addressing the effect of aromatherapy massage on mood, anxiety and relaxation in adult mental health. *Complementary Therapies in Nursing and Midwifery* **9**: 90–7.

Ferrell-Torry A, Glick O (1993) The use of therapeutic massage as a nursing intervention to modify anxiety and the perception of cancer pain. *Cancer Nursing* **16**: 93–101.

Field T, Morrow C, Valedon C, Larson S, Kuhn C, Schanberg S (1993) Massage reduces anxiety in child and adolescent psychiatric patients. *International Journal of Alternative Complementary Medicine* **11**(7): 22–7.

Flemming K (1997) The meaning of hope to palliative care cancer patients. *International Journal of Palliative Nursing* **3**:14–18.

Gray R (2000) The use of massage therapy in palliative care. *Complementary Therapies in Nursing and Midwifery* **6**: 77–82.

Jelinek A, Novakora B (2001) The psychotherapeutic use of essential oils. *International Journal of Aromatherapy* **11**(2): 100–2.

Joyce M, Richardson R (1997) Reflexology can help MS. *International Journal of Alternative and Complementary Medicine* **July**: 10–12.

Kohn M (2000) *Complementary Therapies in Cancer Care*. London: Macmillan Cancer Relief.

Maxwell Hudson C (1996) *The Complete Book of Massage*. London: Dorling Kindersley.

Nixon-Livy M (1999) Neurostructural Integration Technique – Advanced Bowen Therapy. *Positive Health Magazine*, August.

Peters D, Chaitlow L, Harris G, Morrison S (2002) *Integrating Complementary Therapies in Primary Care*. Edinburgh: Churchill Livingstone.

Preece J (2002) Introducing abdominal massage in palliative care for the relief of constipation. *Complementary Therapies in Nursing and Midwifery* **8**: 101–5.

Rankin Box D (ed) (2001) *The Nurses Handbook of Complementary Therapies*. London: Bailliere Tindall.

Tiran D (1996) The use of complementary therapies in midwifery practice a focus on reflexology. *Complementary Therapies in Nursing and Midwifery* **2**(2): 32–7.

Whitaker JA (1997) *The Bowen Technique, a Gentle Hands-on Healing Method that Affects the Autonomic Nervous System, as Measured by Heart Rate Variability and Clinical Assessment*. Paper presented to the American Academy of Environmental Medicine at La Jolla, CA, USA.

Wilks J (2004) *Understanding the Bowen Technique*. Gloucester: First Stone Publishing in association with the Bowen Therapy Academy of Australia and the Bowen Association of the UK.

Woolfson A, Hewitt D (1992) Intensive aromacare. *International Journal of Aromatherapy* **4**(2): 12–13.

Wright S, Courtney U, Donnelly C, Kenny T, Lavin C (2002) Clients' perceptions of the benefits of reflexology on their quality of life. *Complementary Therapies in Nursing and Midwifery* **8**: 69–76.

Further reading and sources of information

Aromatherapy

www.aromatherapy-regulation.org.uk

Bach flower remedies

www.bachcentre.com

Massage

Sayre-Adams J, Wright SG (2001) *Therapeutic Touch*. London: Harcourt.

www.gcmt.org.uk

www.cmhmassage.co.uk

Infant massage

Simpson R (2001) Baby Massage classes and the work of the International Association of Infant Massage. *Complementary Therapies in Nursing and Midwifery* **7**: 25–33.

www.iaim.org.uk

Reflexology

Williamson J (1999) *A Guide to Precision Reflexology*. London: Mark Allen Publishing.

www.reflexologyforum.org

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