

## A nonpharmacologic adjunct for pain management

By Beverly Pierce, RN, CHTP, MLS, MA

Over time, pain can have pervasive negative effects on activities of daily living, sleep, work, relationships, and enjoyment of life. According to the 1999-2002 National Health and Nutrition Examination Survey, 26% of Americans 20 years of age or older reported experiencing pain that lasted longer than 24 hours during the month prior to receiving the survey. Among these, 68% reported duration of pain as longer than 1 month, and 42% reported duration of pain as longer than 1 year.<sup>1</sup>

A 2002 survey released by the National Center for Complementary and Alternative Medicine (NCCAM) showed that among the top nine conditions for which people most commonly use complementary medicine, six are related to pain: back pain, neck pain, joint pain, arthritis, headache,

### ■ Energy therapies in brief

Qigong (pronounced che-gong) is an energy healing practice that developed in many forms over several thousands of years as part of Traditional Chinese Medicine. It has both external and internal forms. With external Qigong therapy (EQT), a healer emits energy from the hands for the purpose of healing another. Internal Qigong is more akin to Tai Chi, with the practitioner coordinating breath and physical movement for well-being and self-healing.

Reiki, of Japanese origin, was conceived and taught by Buddhist monk Mikao Usui, beginning in 1914. The practice was brought to the United States via Hawaii in the 1970s.

Therapeutic Touch (TT) originated in the 1970s as a collaboration between New York University nursing professor Dolores Krieger, and energy

range of energy healing practices that she and others had used in their work.

While differences exist among these four energy therapies, they hold certain assumptions in common:

- The human body has a subtle energy system that interpenetrates the physical body and extends outward beyond it, as a field.
- Subtle energy may be understood as universal energy, flowing through and available to all beings.
- The normal self-healing capacity of the body is supported by the free, balanced flow of this energy through the subtle energy system.
- Disease or disorder may be felt in the energy system and affected therapeutically by the action and conscious healing intent of the practitioner.<sup>3</sup>

### Qigong

Several recent clinical trials of EQT address its application to pain. Thirty-six women with symptoms of premenstrual syndrome, including pain, were randomized to receive four sessions of either EQT or a placebo form of EQT before each of two menstrual cycles. Measured at baseline and within a week prior to the beginning of each cycle, pain was significantly decreased in the true EQT group only.<sup>4</sup>

In a pilot study relating to fibromyalgia, 10 patients received five to seven EQT sessions over 3 weeks, with 1-month follow-up, three monthly maintenance sessions, and a 3-month follow-up. At follow-up

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and other recurring types of pain.<sup>2</sup> Complementary modalities used to treat pain include acupuncture, biofeedback, chiropractic care, massage, and mind-body skills such as self-hypnosis, relaxation training, and yoga. A further complementary approach to pain management is the use of “energy therapies,” a group of cross-cultural practices that appear to be ancient in origin.

healer Dora Kunz. Krieger reasoned that if the practice of energy healing could be formulated as a standard nursing procedure, including pre- and postassessment, then it would be more easily adopted in conventional nursing care.

In the 1980s, Healing Touch, a five-level curriculum leading to certification, was developed by registered nurse, Janet Mentgen, drawing on a

assessments, two pain measures yielded different results. A visual analog scale (VAS) did not show meaningful change, while the McGill Pain Questionnaire (MPQ) showed a statistically significant decrease in pain.<sup>5</sup>

In a study of chronic pain in the elderly, 43 individuals with osteoarthritis (76%) or neuralgia (24%) were randomized to receive either eight sessions of EQT over 4 weeks, or standard care. Baseline and weekly VAS ratings showed a

types of pain. In a fibromyalgia study, 15 patients were randomized either to receive TT or to listen quietly to audiotapes about complementary therapies for six sessions over 6 weeks. Changes in pain level were measured by VAS and the Short Form MPQ (SF-MPQ). According to VAS, there were no significant differences between TT and control groups. Measured by SF-MPQ, pain was significantly decreased with each TT treatment. In the TT group, pain scores decreased progressively

over 8 weeks and completed pre- and postseries testing related to Rogerian concepts of spirituality and power.

Pre-to-post each treatment, decreases in pain levels were consistently reported and reached significance in five of the eight treatments. Of note, recipients reported lower pretreatment pain levels each week, consistent with TT, achieving a cumulative effect.<sup>12</sup>

### Healing touch

Recent peer-reviewed studies of HT include two focused on pain. In a nonrandomized pilot study on chronic neuropathic pain, 12 veterans with spinal cord injuries received six weekly sessions of either HT or guided progressive relaxation. Results generally showed a nonsignificant trend toward greater pain relief with HT.<sup>13</sup> Another study used a randomized crossover design to examine the effects of HT and therapeutic massage on 230 cancer patients in chemotherapy. The largest published energy therapy trial to date, the study concluded that therapeutic massage and HT were significantly more effective in reducing short-term pain than the control condition (the attentive, but inactive presence of a therapist) and standard care.<sup>14</sup>

This study by Post-White et al.<sup>14</sup> stands out for its strong design and large size. It is especially useful in a field in which trials have typically been small, with findings that may be statistically weak or may not generalize reliably to other populations.

While results of some of these studies are intriguing, even “encouraging,”<sup>17</sup> the evidence base for energy therapies is not strongly developed. Further, mechanisms of action are hard to discuss in Western medical terms. In this regard, an important review is James L. Oschman’s *Energy Medicine: The*

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statistically significant decrease in pain for the EQT group only.<sup>6</sup> Finally, a 2007 literature review on the use of EQT for pain concluded that evidence for effectiveness is encouraging.<sup>7</sup>

### Reiki

Two recent Reiki trials focused on its application to cancer. One study randomized 24 advanced cancer patients with pain to receive either two Reiki sessions or two rest periods during 7 days. Self-rating by VAS showed significant decrease in pain for the Reiki group only, though without significant differences in opioid use between groups.<sup>8</sup>

A second study recruited 16 postchemotherapy patients experiencing fatigue for a pilot crossover trial of the effects of Reiki versus rest on fatigue, pain, and anxiety. Pain scores decreased significantly during the Reiki period of the crossover, but not during the rest condition.<sup>9</sup>

### Therapeutic touch

Recent trials of TT have examined effects on fibromyalgia and other

throughout the study, but did not show a significant cumulative effect of the treatments.<sup>10</sup>

Smith published two studies on TT that included individuals with pain of varied etiology. In a controlled trial, 12 patients with chronic pain were randomized to receive either TT plus relaxation training or relaxation training only as a 3-week adjunct to a cognitive behavioral program for chronic pain. Pre-to-post program, the difference between groups was nonsignificant. However, specifically during the 3 weeks in which patients received the TT or relaxation training intervention, pain levels in the TT-relaxation training group decreased, while pain increased in the relaxation training-only group.<sup>11</sup>

Smith also published an uncontrolled descriptive study using concepts from nurse theorist Martha Rogers to examine the effects of TT on four practitioners and 20 recipients. Among recipients, five cited pain as the reason for volunteering to take part in the study. Volunteers received five to eight TT treatments

*Scientific Basis.*<sup>15</sup> Effective integration of energy therapies into standard care will be facilitated by an acceptable, conventional understanding of “subtle energy.”

Energy therapies are gentle, well-tolerated, low-risk modalities with documented potential for benefit. Cumulative evidence from these trials suggests there is reason to support the use of energy therapies as adjunctive care for individuals experiencing pain. **NP**

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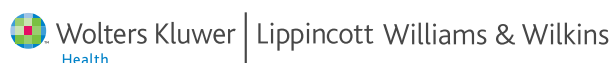
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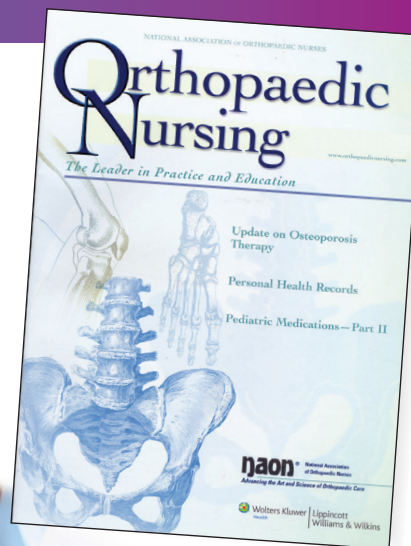
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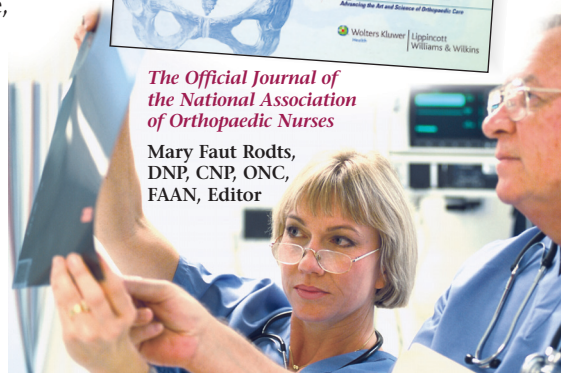
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