

Massage for Cancer Pain: Therapeutic Effect or Treatment Option

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Abstract

Cancer pain is a huge burden both for the individuals and their caregivers, and for the society and country globally. This short communication was focused on explaining the role of massage in treatment of people with cancer pain. The evidence presented in this paper included studies on uses, influence of psychosocial factors, patient attitudes and gender, foot massage, reflexology & swedish massage, and touch therapy, evidence, and implications for collaborative research on massage in cancer pain.

Keywords: Cancer Rehabilitation; Palliative Care; Pain Management; Complementary/Alternative Therapies.

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Uses of Massage Therapy

Calendaet al [1] explained the uses and effects of massage therapy as follows: patients receiving massage have less procedural pain, nausea, and anxiety and report improved quality of life. Massage had a positive effect on biochemistry, increasing levels of dopamine, lymphocytes, and natural killer cells.

Psychosocial Factors

Ferrell-Torry and Glick [2] examined the effects of therapeutic massage (consisting of effleurage, petrissage, and myofascial trigger point therapy) on

pain perception, anxiety, and relaxation levels in nine male patients. Massage therapy was found to reduce the subjects' level of pain perception by 60% and anxiety by 24% while enhancing their feelings of relaxation by an average of 58% which was evidenced by decreased heart rate, respiratory rate, and blood pressure.

Patient Attitudes

Fernández-Lao et al [3] evaluated the influence of patient's attitudes toward massage on pressure pain sensitivity and immune responses in 20 breast cancer survivors (BCS).

The massage therapy included myofascial release technique and control intervention given was special attention. Experimental group had improvements in salivary flow rate, but not α -amylase, IgA, and cortisol. Attitudes towards massage (ATOM) scores influenced IgA levels and BCS with positive attitude had a significant increase in IgA.

Influence of Gender

Weinrich and Weinrich [4] tested the effectiveness of massage as an intervention for 28 patients with cancer pain who were randomly assigned to a back massage for 10-min or control group (10-min visit). There was a significant decrease in pain level immediately after the massage in males but not in females.

Foot Massage

Grealish et al [5] described the use of foot massage as a nursing intervention in 87 patients hospitalized with cancer who were given a 10-minute foot massage

(5 minutes per foot). Improvements on the perceptions of pain, nausea, and relaxation were observed following the intervention.

Reflexology Versus Swedish Massage

Hodgson and Lafferty [6] investigated the effects of reflexology and Swedish massage therapy on physiologic stress, pain, and mood in older cancer survivors. The interventions were 20 minutes of Swedish Massage Therapy to the lower extremities, versus 20 minute Reflexology, using highly specified protocols. Both Reflexology and Swedish Massage were associated with declines in salivary cortisol and pain and improvements in mood.

Versus Simple Touch

Kutner et al⁷ evaluated the efficacy of massage for decreasing pain and symptom distress and improving quality of life among 380 adults with advanced cancer who were randomly given six 30-minute massage or simple-touch sessions over 2 weeks. Both treatment groups demonstrated immediate improvement in pain and mood. Massage was superior for both immediate pain and mood.

Evidence

Liu and Fawcett [9] investigated current evidence and documented the safety and effectiveness of using massage to help treating cancer patients with pain.

Collaborative Research

Gorman et al [9] described an ongoing study conducted as a partnership between the University of Illinois at Chicago and a large metropolitan hospice organization. The study was focused on engaging patients and their caregivers in a study measuring the effects of massage on cancer pain.

The evidence presented in this paper included studies on uses, influence of psychosocial factors,

patient attitudes and gender, foot massage, reflexology and Swedish massage, and touch therapy, evidence, and implications for collaborative research on massage in cancer pain.

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