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### Massage and HIV/AIDS – a personal perspective

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By Calvin Finn, MIGHT

There has been much debate about the value of complementary and alternative medicines (CAM) in the treatment of people living with HIV and AIDS, as indeed there has been about its value in the treatment of many conditions and its acceptance within the NHS clinical setting. In my own field of massage, we have experienced lows and highs as one study after another has identified either positive effects of massage or none. Despite such confusion, Sussex Beacon a renowned day and residential centre in Brighton for people living with HIV and Aids has recognised the potential benefits of massage to the quality of life of their clients, and they should be commended.

Although the use of CAM continues to grow, organisations that are willing to incorporate us closely into their clinical treatment regime like Sussex Beacon are still very few! Why are there so few organisations? There are many factors but essentially it comes down to clinical evidence, research funding and attitudes (see appendix).

### Can massage work for people living with HIV and AIDS?

Despite this lack of research funding, studies exist that support the beneficial effects of massage (see table of studies):

- ✦ Stress levels can be lowered by reducing cortisol levels (a hormone that affects immune function among other things) and other stress related hormones, which in turn increase white blood cells, lymphocytes and CD4/CD8 numbers and improves the general function of the immune system.
- ✦ Pain levels and the perception of pain can be reduced for those with musculoskeletal problems, migraine, tension, spasms and cramps, and in peripheral neuropathy (PN), fibromyalgia and other chronic pain conditions.
- ✦ Depression and anxiety is reduced and, therefore, HIV related somatic conditions (loss of appetite, disturbed sleep etc)
- ✦ Blood pressure is reduced
- ✦ Nausea and fatigue are reduced

More generally massage improves blood and lymph flow, thereby assisting in the removal of toxins and waste and delivery of oxygen and nutrients, and reduces oedema and inflammation.

### Undervaluing quality of life

The role of massage to improve quality of life should also not be overlooked. Isolation, stigmatism, discrimination and loneliness are unfortunately all too often experienced by people living with HIV and Aids. I believe that whether placebo induced or not the effects of massage on factors that are perceived by the individual to influence their overall wellbeing are as essential as those that have a direct physical effect. A good therapist will listen, empathise, be responsive and compassionate, return balance, stillness and connectivity, and improve self image that may have been lost along the way. Despite these intangible and apparently immeasurable benefits, studies show massage improves quality of life.

### Treatment Priorities

Understanding your clients' needs underpins the success of any treatment, and for those living with HIV or Aids this is no exception. Appraisal of their medical files and discussion with clinical staff is essential. Often symptom control of common complaints directly or indirectly associated with HIV or Aids and the remediation of drug side effects is the priority. I have found that clients who are able to receive frequent, one hour or more full body massages have the potential for greater benefits (to immune system function, reduced stress levels, improved sense of wellbeing and general QOL mentioned above). I frequently utilise deeper massage strokes, deep tissue, trigger point, acupuncture and light stretching techniques, having regard for the client's wishes, personal physiology and presenting symptoms.

Care is needed when applying deeper strokes to someone with wasting or fat reduction, who may have lost fat on the face, legs and gluteals, not only because they have less to cushion them but because the fat surrounding their nerves may also be implicated, causing compression discomfort. Similarly, the occurrence of inflamed lymph nodes is much greater, requiring care to avoid direct compression and, therefore, pain. PN, pressure sores, lesions and inflammation of the kidneys or liver may also restrict the location and depth of your massage treatment.

Whilst the presence of hypersensitive or tender points in taut muscle fibres, some of which refer pain (trigger points) and others that do not, are not noticeably higher in number in atrophied or wasted muscle, those living with HIV and Aids seem to experience an increased occurrence and distribution. This may come as no surprise to many of us who treat HIV and Aids clients on a regular basis, as secondary presenting conditions cause or may be caused by such localised dysfunction. For example, in cases of PN, nutritional deficiency, cancers, long term tension and stress or other soft tissue damage.

In some cases localised hypersensitivity restricts some or any form of touch. For example, this can be caused by the side effects of medication, by someone's immune response or physical trauma, including peripheral neuropathy, post shingle nerve damage, swelling and inflammation, alcohol and drug abuse, diabetes and cancer and their treatments. Obviously these areas should be avoided, although where tolerated massage can reduce the effects of PN but only with the consulting Doctor's consent.

Frequently tension resides within the stomach as a result of muscle spasms or cramping due to constipation or diarrhoea, organ inflammation and restriction of the viscera but also perhaps as a result of core body tension. Secondary tension is often referred in any number of combinations to the chest, diaphragm, low back, gluteals and upper legs. Whilst the usual contraindications to stomach massage apply, treatment to the stomach is often useful in relaxing the abdominal fascia and muscles, promoting peristalsis (although no studies exist to my knowledge that substantiate this link many of us find that clockwise stomach massage encourages

contraction post treatment) and as a focus for reducing core tension. Thumb compressions around the diaphragm (behind the rib cage) and stripping of the quadratus lumborum eases secondary symptoms of tightness in the chest and lumbar region. Where stomach massage is contraindicated a simple gesture of resting both of your palms onto the stomach without depth and allowing your hands to rise and fall with the client's breath produces some reduction in core tension.

The clients' general energy levels are also an important consideration, recognising that those suffering from fatigue will be less able or willing to undergo a more energetic treatment. The benefits of a touch based therapy like massage given with sensitivity and compassion is that it can also help to reduce the feelings of low self esteem, body image problems and depression, sometimes resulting in emotional release.

Unless there is good clinical reason, gloves should be avoided by the massage therapist. There is no evidence to suggest that therapists are at any greater risk than other care professionals. The client is at a much greater risk of contracting germs from you, the therapist, so good hygiene practice is paramount, including a good hand and arm washing routine and use of antibacterial hand gel (all before and after a treatment), and clean clothes and equipment. Avoid giving treatments if you are unwell in anyway.

Feedback to the clinical team and a succinct record of your treatment and findings is essential, as they highlight any new presenting symptoms to be followed up later by doctors and nursing staff, as a formal record of the massage treatment held on the client's medical file, and as a resource for retrospective analysis, time, funding and approvals permitting. I also complete my own confidential record for insurance purposes.

### The future

Very slowly evidence is emerging that either supports or rejects the use of CAM as new treatment modalities. However, research investment into the physiological and psychological effects of CAM on many conditions and diseases remains hopelessly inadequate. As our profession moves towards national voluntary registration, our industry continues to evolve, and as existing and new collaborations between the many stakeholders emerge, it is hoped that attitudes to CAM will change and research funding for well designed studies will increase.

Meanwhile, there are many organisations working in HIV and Aids that believe complementary therapies have an important role in the treatment and wellbeing of asymptomatic and symptomatic people living with HIV and Aids. I share this belief and I gain much from my continued work with Sussex Beacon.

### Sussex Beacon

The Sussex Beacon is a continuing care unit in Brighton for men and women with HIV/AIDS who require convalescence care, monitoring and maintenance of health, treatment support, palliative/terminal care, rehabilitation and a range of respite care. They focus on the holistic needs of the client; medical and nursing care, social, educational, emotional, psychological, spiritual and cultural. A large part of the daily (non medical) services they offer is funded by charitable donations. If you would like to know more about the work of Sussex Beacon please access their website at [www.sussexbeacon.org.uk](http://www.sussexbeacon.org.uk) .

### The Author

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Lymphatic Massage. For further information please go to [www.massage-holistic.co.uk](http://www.massage-holistic.co.uk) or e.mail: [finjcal@aol.com](mailto:finjcal@aol.com). The views expressed in this article are not necessarily those of Sussex Beacon.

## Annex

### Clinical evidence

The most highly regarded clinical assessment is randomized blinded placebo-controlled clinical trials, which are costly and, when assessing the value of massage or indeed most complementary therapies against conventional medical standards, problematic. A few examples:

- ✘ Clinical trials should be performed so that neither the treatment nor the control group realise who is receiving the therapy and who is not (the placebo). Some argue that it is impossible to use a placebo massage without inadvertently producing some form of effect, and therefore, influencing the trial results. The alternative is to omit the placebo or to use a placebo control that in no way relates to the treatment being assessed (for example a sugar pill or a proven treatment for a specific condition). The latter changes the nature of the trial, which seeks to compare the efficacy of a proven treatment against one that is not (a parallel design).
- ✘ The selection of test subjects is completely random but as soon as one begins defining inclusion or exclusion criteria the number of test subjects needs to rise, increasing the costs of the trial substantially.
- ✘ Standardising treatment in order to show consistency in the treatment being evaluated may also cause difficulty since massage and its depth of application is tailored to each individual. Some therapists may also argue that one therapist's touch is not the same as another (although we have all attained a standard of expertise, we all prefer different techniques, pressures and, dare I say, routines and we have all grown into our therapies based on our experiences and our mix of specialisms).
- ✘ Terminology to describe the many different massage techniques, western and eastern, which are founded on quite different principals, may cause confusion in designing trials and reporting massage interventions. Recent work on the development of a taxonomy may be helpful.
- ✘ The measurement of outcomes is also complex when applied to many complementary therapies, and many of us argue that it is impossible to use conventional measurements, which do not capture the subtleties of our treatments. However, clinical trials use increasingly more sophisticated measurement tools. For example, quality of life is now rightly considered an important measurement in treatment assessment.
- ✘ Ethical considerations throughout the clinical trial process are paramount, including the rights, safety and wellbeing of the participants, the need for research against any potential risks involved (the social value), informed consent and privacy and confidentiality.

It might appear that the above are insurmountable. Not true. The designers of trials for 'conventional' treatments are routinely faced with similar problems.

### Research Funding

It is not surprising that the effects of CAM are so little understood when you take a moment to consider how little research funding is allocated to it, despite the apparently large investment of the National Institutes of Health in the USA. Similarly

depressing was a study conducted in the UK (Wider B and Ernst E) found that UK medical research charities funded 0.31% of their research budgets on CAM. Much of the problem lies with the attitude of the scientific community who assess research applications on the basis of 'sound' and 'important' science. To what extent the UK's research funding agencies have adopted the House of Lords recommendation (6th report on CAM) to set up a database of trained individuals who understand CAM and to call them as members of selection boards/committees or as external referees is unclear to me (our associations may be better informed). It is with considerable optimism that we look to the future: to address the criticisms of poor clinical evidence, to establish a meaningful relationship between our professional associations and Government, Universities, Charities, patient groups and others, to change attitudes in the medical profession where clinical evidence supports the use of CAM, and to bring the benefits of CAM to NHS patients.

### Table of Studies

Some of the more positive studies on the effects of massage in areas of interests to people living with HIV and AIDS are listed below:

Study	Investigators	Date/Country/publication/principal sponsor	Conclusion
<b>A randomized, controlled trial of massage therapy as a treatment for migraine</b>	Lawler SP, Cameron LD.	2006/USA/Annals of Behavioural Medicine/ The University of Auckland and Cancer Prevention Research Centre	<b>Massage decreased symptoms for individuals with migraine.</b>
<b>Changes in blood pressure after various forms of therapeutic massage: a preliminary study</b>	<u>Cambron JA</u> , <u>Dexheimer J</u> , <u>Coe P</u>	2006/USA/Journal of Alternative Complementary Medicine/ National University of Health Sciences, Lombard, IL	<b>Swedish massage reduced BP</b>
<b>Use of a mechanical massage technique in the treatment of fibromyalgia: a preliminary study</b>	Gordon C, Emiliozzi C, Zartarian M	2006/USA/Archives of Physical Medicine and Rehabilitation/ Memorial Hospital of Union County, Marysville	<b>Significant improvement in perceived pain intensity, physical function and number of tender points.</b>
<b>A randomized controlled trial of meditation and massage effects on quality of life in people with late-stage disease: a pilot study.</b>	Williams AL, Selwyn PA, Liberti L, Molde S, Njike VY, McCorkle R, Zelterman D, Katz DL.	2005/USA/Journal of Palliative Care/Yale Prevention Research Centre.	<b>The combination of meditation and massage has a significantly favorable influence on overall and spiritual QOL in late-stage disease relative to standard care, or either intervention</b>

			<b>component alone.</b>
<b>Review of a range of studies covering depression, pain syndrome, autoimmune conditions, immunity, and stress reduction.</b>	Tiffany Field, Maria Hernandez-Reif, Miguel Diego, Saul Schanberg and Cynthia Kuhn.	2005/USA/International Journal of Neuroscience/Touch Research Institute.	<b>These studies combined suggest the stress-alleviating effects (decreased cortisol) and the activating effects (increased serotonin and dopamine) of massage therapy on a variety of medical conditions and stressful experiences</b>
<b>To evaluate the effectiveness of massage therapy (MT) by conducting a meta-analysis of studies that used random assignment.</b>	Moyer CA, Rounds J, Hannum J W	2004/USA/Psychological Bulletin., 130(1): 3-18.	<b>Massage reduced trait anxiety and depression, with a course of treatment providing benefits similar in magnitude to those of psychotherapy.</b>
<b>The Trager approach in the treatment of chronic headache: a pilot study.</b>	Foster, K.A., Liskin, J., Cen, S., Abbott, A., Armisen, V., Globe, D., Knox, L., Mitchell, M., Shtir, C., & Azen, S.	2004/USA/Alternative Therapies in Health and Medicine/Touch Research Institute	<b>Significant decrease in the frequency of headaches, improvement in head quality of life and a 44% decrease in medication usage.</b>
<b>Efficacy of massage therapy in chronic pain: a pragmatic randomized trial – pilot study</b>	<u>Walach H,</u> <u>Guthlin C,</u> <u>Konig M</u>	2003/USA/ Journal of Alternative Complementary Medicine/University Hospital Freiburg	<b>Massage is at least as effective as standard medical care in chronic pain syndromes, and tend to last longer and generalise in to psychologic domains.</b>
<b>Breast Cancer</b>	Maria Hernandez-Reif Tiffany	2003/USA/_Journal of Psychosomatic Research. 2005/USA/Interntional Journal of	<b>Massage therapy reduced depression,</b>

	Field, Gail Ironson, Julia Beutler, Yanexy Vera, Judith Hurley, Mary Ann Fletcher, Saul Schanberg, Cynthia Kuhn and Monica Fraser.	Neuroscience. Touch Research Institute et al.	<b>anxiety and anger in women with breast cancer, and increased their levels of dopamine, serotonin, natural killer cells and lymphocytes</b>
<b>Reflexology in the management of encopresis and chronic constipation.</b>	Bishop, E., McKinnon, E., Weir, E., & Brown, D.W.	2003/USA/_Paediatric Nursing/Touch Research Institute	<b>The number of bowel movements increased and the incidence of soiling decreased.</b>
<b>Effects of massage and touch in Cancer Patients</b>	Post-White, J., Kinney, M.E., Savik, K., Gau, J.B., Wilcox, C. and Lerner, I.	2003/USA/Integrative Cancer Therapies/ University of Minneapolis	<b>Reduced pain, improved disturbance and fatigue in patients receiving chemotherapy</b>
<b>Fibromyalgia pain</b>	Field, T., Diego, M., Cullen, C., Hernandez- Reif, M., & Sunshine, W.	2002/USA/Journal of Clinical Rheumatology/Touch Research Institute	<b>Increase sleep hours and a decrease in sleep movements. Decreased pain and tenderpoints.</b>
<b>The effect of massage on immune function in HIV adolescents</b>	Diego, M.A., Hernandez- Reif, M., Field, T., Friedman, L. & Shaw, K.	2001/USA/International Journal of Neuroscience/Touch Research Institute	<b>Adolescents who received massage therapy reported feeling less anxious and depressed and showed enhanced immune function, with increased Natural Killer cell number. In addition, the HIV disease progression markers CD4/CD8 ratio and CD4 number increased.</b>
<b>Massage for</b>	Hernandez-	2001/Interntional Journal of	<b>Massage</b>

<b>low back pain – a randomized controlled trail</b>	Reif M, Field T, Krasnegor J, Theakston H	Neuroscience/Touch Research Institute	<b>reduced pain, depression, anxiety and disturbed sleep, with increased levels of serotonin and dopamine.</b>
<b>Clinical outcomes and patient perceptions of acupuncture and/or massage therapies in HIV-infected individuals.</b>	Henrickson, M	2001/Aids Care/Northeast Valley Health Corporation	<b>Increased CD4 count and positive patient perceptions.</b>
<b>Massage therapy for the treatment of painful peripheral neuropathy in HIV+ individuals.</b>	Acosta AM, Chan RS, Jacobs J.	1998/USA/International Aids Conference/New York Hospital	<b>Massage decreased the intensity of painful peripheral neuropathy in non Diabetic HIV positive clients.</b>
<b>Twenty-nine gay men (20 HIV+, 9 HIV-) received daily massages for one month.</b>	Ironson, G., Field, T., Scafidi, F., Hashimoto, M., Kumar, M., Kumar, A., Price, A., Goncalves, A., Burman, I., Tetenman, C., Patarca, R., & Fletcher, M. A.	1996/USA/ International Journal of Neuroscience/Touch Research Institute	<b>Significant increase in Natural Killer Cells and activity, and CD8. No changes to HIV disease progression markers. A decrease in cortisol, and trends toward decreased catecholamines. Correlation between decreased anxiety and increased relaxation with increased NK cell number.</b>
<b>The effect of massage on neonates born to HIV positive mothers.</b>	Scafidi, F. & Field, T.	1996/USA/Journal of Pediatric Psychology/Touch Research Institute	<b>Massage therapy improves behavior in neonates born to HIV positive mothers.</b>
<b>Determine the effects of massage</b>	Birk TJ, McGrady A, MacArthur	1996/USA/International Aids Conference/ Department of Physical Therapy, College of	<b>Massage does not increase the function of</b>

<p><b>therapy alone and in combination with exercise or stress management-biofeedback treatment in people with HIV</b></p>	<p>RD, Khuder S.</p>	<p>Pharmacy and Allied Health, Wayne State University and Rehabilitation Institute of Michigan, Detroit</p>	<p><b>immune system, but did have an effect on mental /emotional state, and in combination with stress management significantly lessened the use of medical care.</b></p>
<p><b>The effect of massage on anxiety in child and adolescent psychiatric patients.</b></p>	<p>Field, T., Morrow, C., Valdeon, C., Larson, S., Kuhn, C. &amp; Schanberg, S.</p>	<p>1992/ <u>USA</u>/<i>Journal of the American Academy of Child and Adolescent Psychiatry/Touch Research Institute</i></p>	<p><b>Reduced depressed and anxiety, lower saliva cortisol levels, improved sleep, and decreased urinary cortisol and norepinephrine levels.</b></p>
<p><b>Massage and terminally ill Aids patients</b></p>	<p>Ruebottom A, Lee C, Dryden PJ</p>	<p>1989/USA/International Aids Conference/ Casey House Hospice Inc</p>	<p><b>Massage has a valuable role as a useful adjunct in palliative care of AIDS patients by relieving physical symptoms including reduction of pain, swelling, anxiety, insomnia, joint stiffness, muscle spasm, and skin pathologies, and psychological benefits, including a reduction of the feelings of isolation and improved body image/self-esteem.</b></p>