

Calvin Finn believes that people living with HIV can be helped greatly by massage

Positive benefits

Over the years there has been much debate about the value of complementary and alternative medicine (CAM) in the treatment of people living with HIV, and about CAM's acceptance within the NHS/clinical setting.

In my own field of massage, we have experienced many highs and lows as one study after another has identified either the positive effects of massage or found none at all. Despite such contradicting research, Sussex Beacon – a renowned day and residential centre in Brighton for people living with HIV – has recognised the potential benefits of massage in improving the quality of life of its clients. I work there as part of a team of therapists.

Although the use of CAM continues to grow, organisations that are willing to incorporate therapists closely into their clinical treatment regime are still few and far between. There are various reasons, but essentially it comes down to clinical evidence, research funding and attitudes towards CAM.

Can massage work for people living with HIV?

Despite a lack of research funding, studies exist that support the beneficial effects of massage:

- Stress can be eased by reducing levels of cortisol and other stress-related hormones. This increases 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, as well as peripheral neuropathy (PN), fibromyalgia and other chronic pain conditions.
- Depression and anxiety is reduced and, subsequently, HIV-related somatic conditions such as loss of appetite, disturbed sleep and similar.

- Blood pressure, nausea and fatigue are also reduced.

More generally, massage can improve blood and lymph flow, thereby assisting in the removal of toxins and waste and the delivery of oxygen and nutrients throughout the body. Massage can also help to reduce oedema and inflammation.

Quality of life

The role of massage in improving quality of life should also not be under-estimated. Isolation, stigmatisation, discrimination and loneliness are too often experienced by people living with HIV. I believe that whether placebo-induced or not, the effects of massage on factors that are perceived by the individual to influence their overall well-being are as essential as those that have a direct physical outcome.

A good therapist will listen, empathise, be responsive and compassionate, restore balance, stillness and connectivity and improve self-image that may have been damaged along the way.

Treatment priorities

Understanding your client's needs underpins the success of any treatment and those living with HIV are 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, and the remediation of drug side effects, is the priority. I have found that clients who are able to receive frequent, one hour, full body massages have the potential for greater benefits.

I frequently use deeper massage strokes, deep tissue and trigger point work, acupressure and light stretching techniques, having regard for the client's wishes, personal physiology and the presenting symptoms.

However, care is needed when applying deeper strokes to someone with wasting

muscle or fat reduction. These individuals may have lost fat on the face, legs and gluteals, which means they not only have less to cushion them, but 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.

Peripheral neuropathy (PN), pressure sores, lesions and inflammation of the kidneys or liver may also restrict the location and depth of the massage treatment.



About Sussex Beacon

Sussex Beacon is a continuing care unit in Brighton for men and women with HIV who require convalescent care, monitoring and maintenance of health, treatment support, palliative/terminal care, rehabilitation and a range of respite care. The team focuses on the holistic needs of the client, from medical and nursing care to emotional and psychological support. A large part of the daily (non-medical) services it offers is funded by charitable donations.

■ For more information, visit www.sussexbeacon.org.uk

In some cases, localised hyper-sensitivity restricts some or any form of touch. This can be caused by the side effects of medication, by someone's immune response or physical trauma – including PN, post-shingle nerve damage, swelling and inflammation, alcohol and drug misuse, diabetes, cancer, or by treatment delivery systems. Obviously these areas should be avoided, although, where tolerated, massage can reduce the effects of PN, but consent and guidance from the client's doctor is necessary in this instance.

Frequently, tension resides within the stomach as a result of muscle spasms or cramping. This may be due to constipation or diarrhoea, organ inflammation or 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, lower back, gluteals and upper legs.

While the usual contraindications to stomach massage apply, treatment to the stomach is often useful in relaxing the abdominal fascia and muscles, promoting peristalsis – although, to my knowledge, no studies exist to substantiate this link – 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 on the stomach, without depth, and allowing your hands to rise and fall with the client's breath produces some reduction in core tension.

The client's general energy levels are also important in recognising that those suffering from fatigue will be less able or willing to undergo a more energetic treatment. The benefit of a touch-based, therapy-like massage, given with sensitivity and

compassion, is that it can also help to reduce 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 is paramount, including a thorough hand and arm washing routine, use of antibacterial hand gel (both before and after treatment), and clean clothes and equipment. As a rule of thumb, therapists who feel unwell should avoid treating people with HIV.

Feedback to the clinical team and a succinct record of your treatment and findings is essential. This will highlight any new presenting symptoms to be followed up later by doctors and nursing staff, serve as a formal record of the massage treatment held on the client's medical file, and as a resource for retrospective analysis – funding and approvals permitting.

The future

Evidence is very slowly 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 voluntary self regulation, 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 that believe complementary therapies have an important role in the treatment and well-being of asymptomatic and symptomatic people living with HIV. I share this belief and gain much from my continued work with Sussex Beacon.

For a full, unabridged version of Calvin's article, visit the Knowledge Tree at www.fnt.org.uk and select 'HIV and massage'.

While the presence of hyper-sensitive or tender points in taut muscle fibres (some of which refer pain) are not noticeably higher in atrophied or wasted muscle, those living with HIV seem to experience an increased occurrence and distribution.

This may not surprise those who treat clients with HIV on a regular basis, as secondary presenting conditions cause, or may be caused, by such localised dysfunction, e.g. in cases of PN, nutritional deficiency, cancers, long-term tension and stress, or other soft tissue damage.



Calvin Finn, MIGHT, is one of a team offering a range of therapies to complement orthodox medicine at Sussex Beacon. He is qualified in sports and remedial massage, Swedish massage, deep tissue massage, manual lymphatic massage, reiki and Thai yoga. For further information, visit www.massage-holistic.co.uk or email finjcal@aol.com. The views expressed in this article are not necessarily those of Sussex Beacon.