# The gentle touch–acupressure in palliative care

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## Objectives for this session

- To briefly review the evidence for the use of acupuncture in palliative care
- To explore how acupressure principles might be used to address common symptoms in end of life care
- Demonstration and practical application of various acupressure techniques
- Research update:
  Acupressure for breathlessness management in palliative care: Masters dissertation findings

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## Acupuncture in palliative care

- Current evidence supports the use of acupuncture for:
- Pain
- Nausea and vomiting
- Dyspnea
- Xerostomia (Standish *et al* 2008)
- With limited evidence for use in fatigue, peripheral neuropathy, cancer related hot flashes, insomnia, anxiety, relaxation, constipation
  (Molassiotis *et al 2007 fatigue, Schroder et al 2007 peripheral neuropathy)*

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## How does acupuncture work?

Acupuncture mechanism – western theories:

- "a neuromodulating input into the CNS that can activate multiple analgesia systems and stimulate pain modulating systems to release neurotransmitters such as endogenous opiods" (Wu et al, 1999 p133)
- Fang *et al* (2008) concluded that acupuncture modulates the limbic-paralimbic-neurocortical network mediating affective and cognitive pain.
- Mori *et al* (2008) noted changes in the autonomic nervous system following acupuncture stimulation

A well recognised response is the endorphin release

Suggested acupressure mechanism:

- Stimulation of neural c fibres by variable techniques over acupuncture points may stimulate a response in the limbic system/ limbic cortex to release opioid peptides

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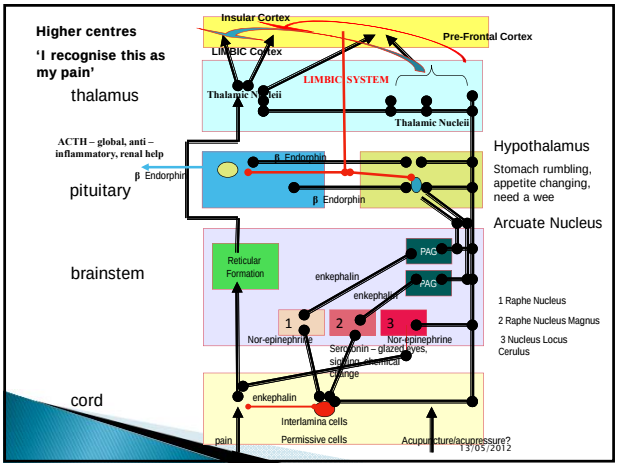


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## Issues for the palliative patient

- Impact of diagnosis and disease progression: physical, psychological, emotional elements– facing loss and fear of end of life
- Complex symptoms
- Complex co morbidities may also need treatment
- Impact of previous treatments– surgery, chemotherapy, radiotherapy, ongoing medication.

**Other considerations**

- Supportive care –therapeutic relationships, value of placebo effect, dietary, lifestyle advice
- Holistic care–the role of the physiotherapist is extensive and will include the use of rehab and exercise to promote Qi and the endorphin response
- Is true acupuncture appropriate? What are the contraindications ?
- Consider non invasive/gentle techniques

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## Considerations

- Radiation – exogenous pathogen
- Chemotherapy– endogenous pathogen
- Complications of surgery– scarring, cording, muscle wastage and shortening
- Cachexia
- Steroid myopathy

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## Symptoms

- Fatigue
- Pain– neuropathic/bone pain/ peripheral neuropathy
- SOB
- Xerostomia
- Hot flushes
- Nausea
- Anxiety
- Constipation
- Lymphoedema

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## Aim of Acupuncture/Acupressure

- **Aims of treatment:**
- **Support and promote Qi**
- **Eliminate pathogens (especially heat and toxins)**
- **Improve well being by supporting the immune system**
- **Use methods that do not compromise QOL**
  **(OP appointments may not be viable– fatigue)**

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## Acupressure in palliative care: why and when?

- Non invasive
- Cost effective
- Easy to learn by persons not trained in acupuncture
- Can do no harm if not contraindicated
- Can be used alongside medical management
- Empowering for patients and carers
- Some acupoints are more suitable than others
- Worst scenario– doesn't help

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## Contraindications to acupressure

- Not over tumour site
- Broken/fragile skin
- Persons prone to bruising
- DXT irradiated area
- Oedema
- Lymphoedema

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## Methods of applying acupressure

- Manual– various methods plus stroking
- Seabands
- Acuplasters
- Magraine ear plasters

Other methods of stimulating acupoints :

- Pieso stimulator
- TENS
- Laser

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# Practical Acupressure

Simple techniques

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## Manual Techniques

- A wide variety of manual techniques can be applied specifically to acupoints and they can be an excellent adjunct to many forms of medical and paramedical treatment
- As physiotherapists we are well placed to add acupressure to our repertoire of tools
- Acupressure can be used alongside other manual techniques including myofascial release and mobilisation (used primarily around the joints to improve qi flow in all channels passing through the joint as well as the points situated around it)

(Jarmey ;17)

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## Acupressure techniques

1. Apply firm pressure, using the thumbs, fingers, palms, side of the hand or knuckles, give steady stationary pressure
   - To relax an area apply pressure gently and hold for 1- 3 minutes- this calms and relaxes the nervous system
   - Acupressure applied correctly may feel sore – ' hurts good' decrease the pressure to find the point of balance between pain and pleasure
   - Apply pressure at 90 degrees to the skin
   - Release the pressure slowly
2. Massage the point in a circular motion with the finger tip for one minute
3. Press the point on and off – like pressing a doorbell for one minute

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## Contraindications

- Any area of inflammation, or to wounds or swellings such as cysts, lipomas, skin growths, eruptions such as moles and boils or areas of skin infection
- Should not be applied to areas of distended vessels, or areas of lymphoedema

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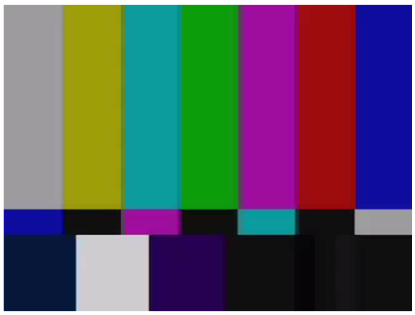
## Video clip



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## Insomnia and anxiety

- H7- manual pressure and/or Seabands
- Yintang
- Could also use PC6
- Auricular magraine to shen men

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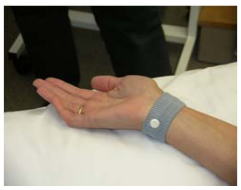
## Insomnia and Anxiety



Acupressure can be applied to acupoint H7 ( which is on the ulnar side of the wrist crease) to improve the sleep cycle and aid relaxation– longer term treatment can be achieved with elasticated wrist bands which have a pressure stud on them 'Seabands'.

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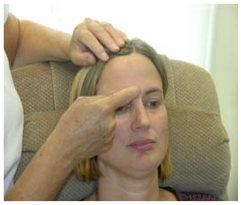
## Relaxation



Gentle pressure or circular massage to Yintang a point midway between the eyebrows can aid relaxation and restlessness.

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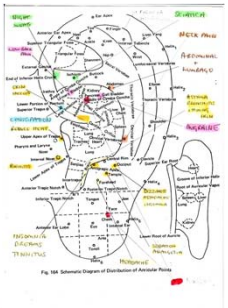
## Auricular acupressure– Shen men



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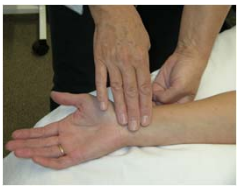
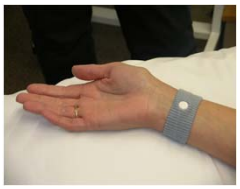
## Nausea and Vomiting (PC6)





Acupressure to acupoint PC6 can relieve nausea. The point is located three fingers width above the wrist crease on the palmar aspect of the forearm. The effect can be achieved by using Seabands, finger pressure or acubands. This is the most evidenced application of acupressure to date.

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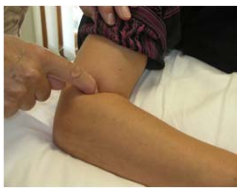
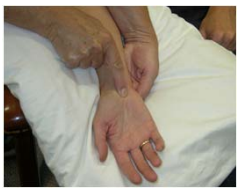
## Constipation





Acupressure to LI11 at the end of the elbow crease or at the base of the palm can aid the relief of constipation

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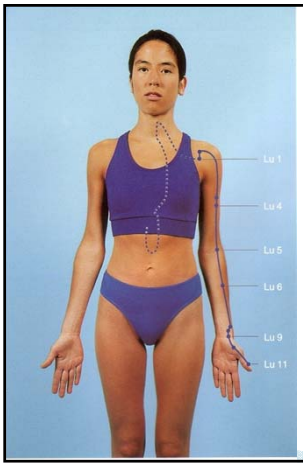


e.g. The Lung Meridian

Arises above the axilla and finishes on the thumb

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## Breathlessness

- Stroking Lung meridian
- Thumb Hold
- Seabands Lu 7/Lu9 theories
- Bladder 13
- Aid secretions- St40/ Sp9

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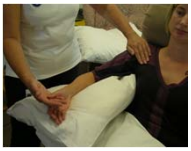
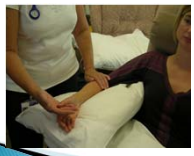
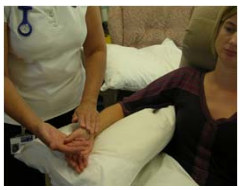
## Stroking the Lung Meridian relieves breathlessness

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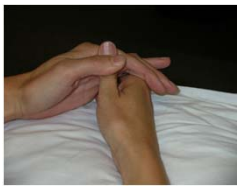
## Thumb Hold relieves breathlessness




- Applying pressure to Lu11

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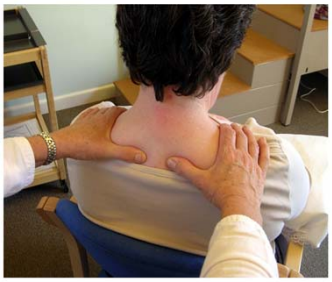
## Acupressure to Bl13



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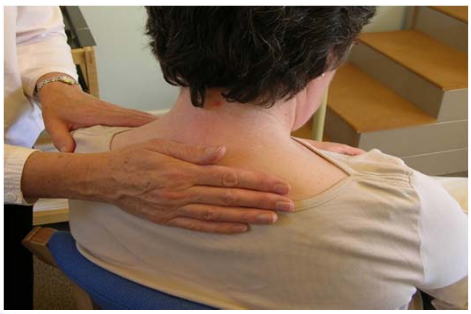
## Stroking over acupoint Bl13 (T3 area) relieves breathlessness



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## Other useful respiratory points

- Lu5- acute or chronic cough
- Ki 27- wheeze
- CV 17 SOB
- St40 moves phlegm
- ASAD points (Filshie)
- Lu7 SOB

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## Pain

- LI4- Hegu
- Largest acupoint in the body, 1cm diameter- used for any type of pain- anaesthesia, PMT, jetlag, hangover, headache- sinusitis etc
- Bl11- bone pain
- St44 anaesthetic point

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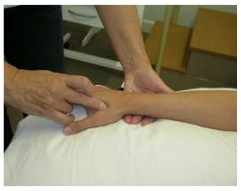
## Pain: Hegu (LI4)



Acupressure to LI4 is used for pain relief and well being.

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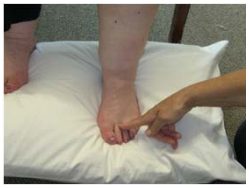
## Pain : St 44



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## Xerostomia (dry mouth)

- Acupressure to CV/ Ren24- midpoint of the chin crease
- Gentle pressure to avoid bruising the gum will stimulate the salivary glands (Jarmey :310)

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## Peripheral Neuropathy

'Acupuncture treatment improves nerve conduction in peripheral neuropathy'
(S. Schroder, J. Liepert, A. Remppis and J. H. Greten 2007)

- Evidence suggests treatment with acupuncture to LI4, St34, Bafeng points and Ex-LE 12 Qiduan points reduced PN in 76% of the patient group (n= 47)
- Anecdoctal evidence supports acupressure to these points can also be effective (Jarmey 2008)
- Bafeng- Ex-LE-8
- Baxi- Ex-EU-22

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## Fatigue

- Acupressure to St 36
- Heat to lumbar spine (L2)- stimulates the Kidney back shu point- gate of life in TCM
- Heat underneath the feet- can be heat pad/wheat pack, bowl of hot water (stimulates the Kidney meridian at Ki1 acupoint)

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## The problem is.....

- Evidence based practice
  "in palliative care the evidence base for any management whether medical or otherwise is low grade"
  (Dr Higgs 2011- Moldova Palliative Care conference)
- Expanding the evidence is difficult...
  research is difficult... funding, time availability, patient tolerance, ethics, therapists' commitment
- How can we play our part?????

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## Case scenarios ???

- See handouts
- Which techniques could you apply and why would you choose them- rationalise for each of the scenarios?
- What would the limiting factors be?
- Would you feel confident in using them?

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## Research Update- MSc thesis

- Aim- extend the research base and promote further research in acupressure
- First proposal Lu 7 seabands- IRAS limitations
- Second proposal-mixed methods survey on usage of acupressure for breathlessness management based on the **'Breathlessness Management Toolbox'** techniques

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## Current evidence which supports further acupressure research :

- Acupressure to PC6
  Stainton *et al.* 1994, Alkaissi *et al.* 2002, Perkins *et al.* 2008
- Acupuncture/acupressure to palliate breathlessness
  Jobst *et al.* 1986, Maa *et al.* 1997, Filshie *et al.* 1996, Lewith *et al.* 2004, Wu *et al.* 2004, Vickers *et al.* 2005, Wu *et al.* 2007, Maa *et al.* 2007 and Knight 2010
- 5 articles were identified which relate to acupressure for breathlessness management in palliative care
  Knight 2010, Strong 2008, Manning *et al.* 2000, Pan *et al.* 2000, Bausewein *et al.* 2008

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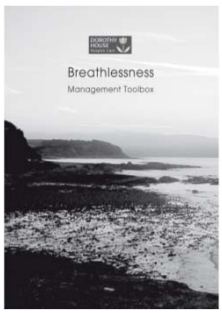
## Breathlessness Management Toolbox

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## Methodology

- Electronic questionnaire to physiotherapists working in non nhs palliative care establishments (n=50)
- Objectives of the study
- Ethical approval
- Consent/confidentiality/anonymity
- Results

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## Results- Quantitative Analysis

- Frequency of use of each technique
- Overall effectiveness of each technique
- Effectiveness related to different diagnostic groupings
- Education in the use of the BMT
- Impact of using the techniques in breathlessness management programmes
- Drawbacks and problems
- Recommendation to others

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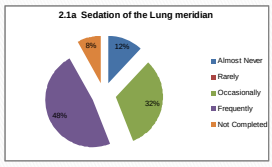
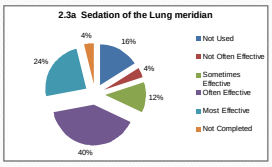
## Sedation of the Lung Meridian




48% of therapists frequently use this technique

24% of therapists find this the most effective technique
64% find it effective

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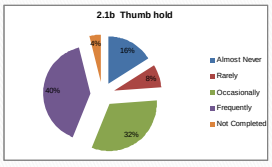
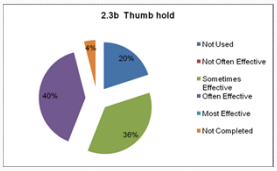
## Thumb Hold




40% of therapists use this technique frequently

76% find it effective

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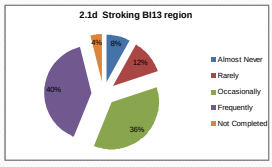
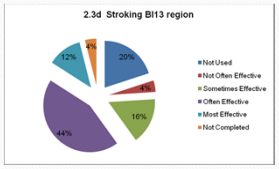
## Stroking Bl13 region




40% of therapists frequently use this technique

12% find it the most effective technique, 72% find it effective to some degree

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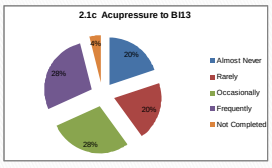
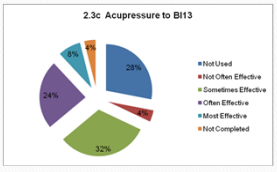
## Acupressure to Bl13




56% of therapists use this technique

64% find it effective

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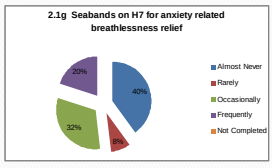
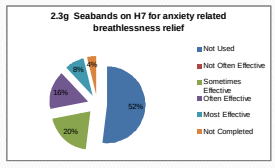
## Seabands to H7




52% of therapists use this technique

44% find it effective to some degree

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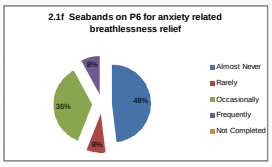
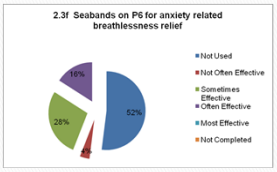
## Seabands to PC6



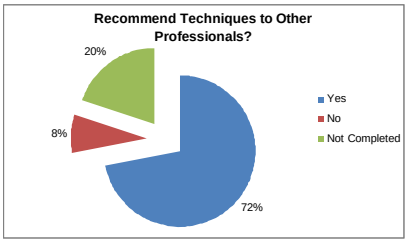




44% of therapists use this technique

44% also find it effective



## Recommendation to others



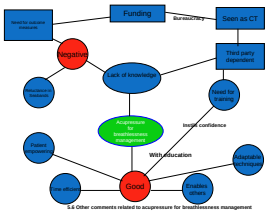



## Qualitative Analysis

- Use of other techniques
- Perceived effectiveness of BMT techniques
- Supply and demand
- Popularity of techniques
- Drawbacks/Problems
- Recommendations



## Comments related to acupressure for breathlessness management






## Discussion

- Knowledge and skills of the 'practitioner'
- Accuracy of acupressure
- The BMT publication- development ideas
- Outcome tools to support acupressure
- Therapeutic relationship- is outcome dependent upon this?
- Dose?
- Issues with 'Seabands'
- Acupressure as CAM: Is that an issue for Physiotherapists?
- Need for further education- AHP's, other professionals, students ?
- Placebo?
- Need for research!!



## Future research ideas

- fMRI scan to evaluate acupressure effects
- Further research with seabands on alternate acupoints- Lu7, Lu9, H7
- Multicentre trial on use of PC6 for nausea in palliative care

## Conclusion

- More education is needed to inspire confidence
- More funded research is needed to evaluate effectiveness
- Some techniques are easier to learn than others
- Acupuncture/acupressure should be more widely used in palliative care (Standish 2009)
- A Masters degree is all consuming when working full time !!

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## References


- Bibliography
- 'A Practical Guide to Acupoints' (Jarmey and Bouratinos)
- 'Acupressure How to Cure Common Ailments the Natural Way' (Reed Gach)
- 'Acupressure Clinical Applications in Musculo-skeletal Conditions' (Cross)
- 'Traditional Chinese Medicine Approaches to Cancer' (Mc Grath)
- 'Seated Acupressure Bodywork' (Parfitt)


- A full reference list related to Acupuncture in Palliative Care and Breathlessness Management in Palliative Care is available:

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