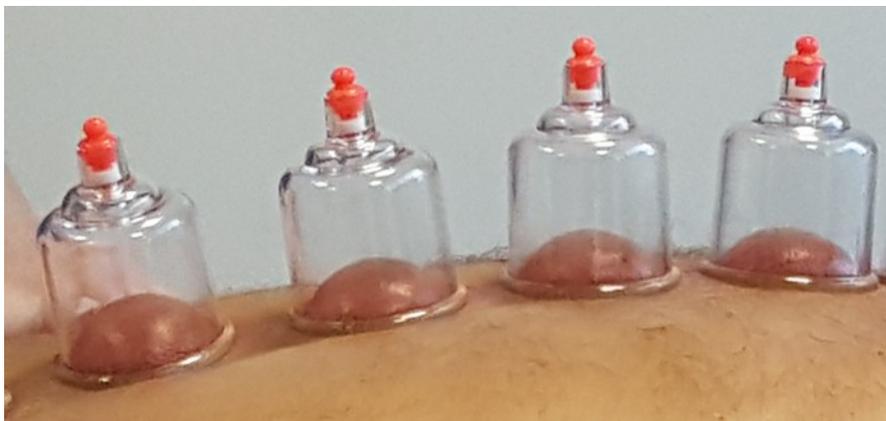


What is new at Touching Well

For once we went with the fashion, we now offer **dry cupping** at Touching Well. If you don't mind the marks it can leave for a while, it is a marvellous treatment on its own, or in conjunction with **MLD**, **massage** or **myofascial release (MFR)**. In a way you get two for the price of one, the cups release one area, hands-on bodywork eases another.

Cupping is used widely across the world and is effective for pain reduction. But as there is not enough "scientific evidence", the therapeutic benefit is questioned in Western Medicine. In this issue I cover research on cupping. It shows that cupping helps with pain relief for various conditions. In order to find out what actually happens under a cup, researchers embedded a near-infrared spectroscopic sensor into a suction cup, with another sensor monitoring the surrounding tissue. The study looked at 10 healthy individuals. It was found that there was a dramatic increase of both blood filled with oxygen as well as blood with more carbon dioxide (de-oxygenated) blood under the cups, and a corresponding decrease in the surrounding tissue.



However, after the cups were removed there was a higher level of oxygenated blood at the treatment site (where the cups had been) and in the surrounding tissue. (*J Biophotonics*. 2019 May;12(5):e201800286.). As far as I can see it does not really need high tech equipment to see that the cupping area has more blood flowing into it as it is evident from the colour of the tissue.

Wishing you a spring in your step,

Regina Dengler

In this issue

Dry cupping

On-Site Massage

Massage for emergency staff

Cups for carpal tunnel

Cupping for neck and back pain

Massage with a difference

Sleeping better?

MFR after breast cancer surgery

Manual Lymph Drainage

Effect of MLD on blood pressure and pulse

MLD has no extra benefits

Compression for lipoedema

Recent feedback

I've had persistent pain in my sacrum, coupled with a history of slipped/herniated discs for the past 7 years. I hadn't had a good nights sleep in years due to pain.

I am overjoyed that after a course of 5 massages all the pain has gone and my body is learning to be more and more comfortable each session. I have had a week of unbroken sleep and am deeply grateful for the relief that Regina has facilitated for me.

Regina is of course highly skilled with lots of fantastic massage techniques, but more than that, she is a gifted body worker who brings wisdom, kindness and deep intuition to her clients. My body trusts her, and with that is able to relax into the physical invitations to release old patterns, injuries, and even mindsets.

As a psychotherapist I am more used to addressing symptoms through talk and creativity, but Regina as able to bypass my busy mind with all its theoretical constructs and get straight to the experience, while also holding her own psychological wisdom lightly. My partner is a very skilled massage practitioner, so anyone working with my body has a high bar to reach and Regina vaults over it effortlessly! Highly recommended.

Harriet Hanmer, Southwell



Massage for emergency staff

Are you surprised to hear that massage for emergency staff reduces their occupational stress levels? I am not. It is known that emergency staff suffer from occupational stress to the point of this affecting their quality of life and as well as the quality of care they can give to their patients. A study in south-west Iran was investigating how Swedish massage would affect occupational stress levels in pre-hospital emergency medical services (EMS) staff.

Fifty-eight EMS staff were randomly selected and then assigned in two groups, 29 receiving a 25 minute massage twice a week at the end of their shift for four weeks, and 29 were in the control group with no intervention. The occupational stress level was measured under the same conditions before and after the intervention using the “expanded nurses’ occupational stress scale” (ENSS).

It was found that the stress levels in the massage group significantly reduced, particularly if the pre-massage stress levels are taken into account. (*Int J Ther Massage Bodywork*. 2019 Mar 4;12(1):16-22). In this context Seated Acupressure is particularly suitable, as recipients remain clothed and seated, and are usually relaxed, calm, yet focussed and alert after the treatment.



Cups for carpal tunnel?

A study asks whether cupping therapy can add to the treatment of carpal tunnel syndrome (CTS). For this 56 hands (Some participants had CTS in both arms), aged 18-60 years, male and female, were randomly assigned to two groups. All participants received physiotherapy, that is TENS (transcutaneous electrical nerve stimulation) and ultrasound, half of them also received cupping therapy. They tested before and

afterwards for sensory and motor function, nerve conduction of the median nerve and the severity of symptoms of CTS. It was found that the group that also received cupping therapy had better nerve conduction, and their CTS symptoms decreased significantly. (*Physiother Res Int*. 2019 Jan 29:e1770).

Cups for neck and back pain?

Cupping therapy has been used for neck and lower back pain for centuries, even millennia. There are lots of clinical trials on both conditions, but many of them of poor quality. A systematic review and meta-analysis of randomised controlled trials (RCTs) aims to pool all the data together to draw conclusions about the effect of a treatment. It searches databases to find all published studies on an intervention, and uses statistical techniques to evaluate the strength of an effect depending on the quality of the study.

One such review compared cupping therapy with no treatment or active controls (such as exercise). They looked at pain severity, function and quality of life. They found 18 studies after searching 9 databases (including China, Korea and Japan). Cupping reduced neck pain significantly. Depending on the comparison group, there was also a significant improvement in function (no treatment) and quality of life (active comparison). (*BMJ Open*. 2018 Nov 5;8(11):e021070).

I have experienced cupping for the first time today on my upper and lower back. Although a little unsure at first, I did enjoy the treatment. After a few minutes of cups being in position it felt like a reassuring, heavy warm blanket lying across my upper back. My back now feels relaxed and a bit tingly, which is nice. I would recommend this treatment.

Jane C, Carlton, Nottingham

Another meta-analysis looked at the effect of cupping on lower back pain, in terms of pain, disability and psychological effect (no difference there). Cupping therapy did significantly reduce lower back pain and disability. (*J Back Musculoskelet Rehabil*. 2017 Nov 6;30(6):1187-1195.). A third review had a similar outcome: a significant reduction in pain intensity. In all three reviews there were no reports of severe side effects. (*Rev Lat Am Enfermagem*. 2018 Nov 14;26:e3094).

Sleeping better?

I found that many of my clients sleep well after a treatment, even if they do not normally sleep well. Here are a couple of studies that investigate how touch effects sleep.

A recent study compared massage, aromatherapy and “no treatment” (control) in 150 cardiac patients. The massage and the aromatherapy group received a hand and foot massage with sweet almond oil, and almond oil with lavender essential oil respectively. They asked participants about their sleep before and after the treatment (using the Pittsburgh Sleep Quality Index (PSQI)). It was found that participants in both the massage and the aromatherapy group slept better in comparison with the “no treatment” group. Participants in the lavender oil massage group did slightly better than those who received a massage with almond oil, but not significantly so. (Complement Ther Clin Pract. 2019 May;35:253-258).

The second study looked at nursing home residents who suffer under poor sleep and are psychologically distressed. They compared acupressure with sham acupressure. If I understand it correctly, neither the therapist nor the participant knew whether they administered or received proper acupressure or treatment at sham points. That is quite an achievement, I would expect the therapist to know where the true points are. Anyhow, there were 31 participants in each group, they received a 20 minute treatment 3 times a week for 8 weeks. Participants completed two questionnaires, one about sleep (PSQI) and one about psychological distress before and after the trial, and a month later. It was found that the quality of sleep was improved in the treatment group both at the end of the trial as well as a month later. People who received acupressure at the true points were less psychologically distressed after the trial than those who had sham point treatment. (J Am Med Dir Assoc. 2019 Feb 20).

Amazing! Had one session and my nagging-type hip pain was completely gone. It only came back after a week and a half, but that's okay because that's when I booked in for another treatment.

Tia, Bakersfield, Nottingham

Recent feedback

I have been visiting Regina now for a few months and would not know at times (most times), what I would have done without her.

Last year I had inner thigh surgery and scar tissue removal from my abdomen after I lost a lot of weight. Prior to visiting Regina my abdomen and thighs were very tight and restricted my movement, but once we started the lymphatic drainage massage my movement went from strength to strength. I have been visiting the gym to help with movement and core strength. The different types of massage that Regina has performed on me over the last month or so have improved my overall well-being so much I just keep going back every week.

Recently we did a cup suction massage on my abdomen: the difference was remarkable.

With stretches and massage techniques that have been used on the thighs, back and all of my core in general my body feels like new, the tightness both from the gym and the surgery have all gone away, and the scarring has improved tremendously. The colour, texture and "bumpiness" have all subsided.

Jo, Nottingham

Myofascial Release (MFR) after breast surgery

Scars from breast cancer surgery can lead to adhesions and fascial restrictions, which in turn can cause discomfort and limitations in movement. MFR aims to release fascial restrictions. A study compared MFR to “placebo” MLD in 24 women after breast cancer surgery. They administered loads of questionnaires (pain, quality of life, depression), and measured range of motion (ROM) at the beginning of the study (baseline), after four weeks of treatment and one month after the sessions finished. Pain was reduced only in the MFR group after four weeks of treatment, and also one month post-treatment. Patients who received MFR had an increased range of movement that lasted for at least a month after the course of therapy. Myofascial release does increase overall shoulder movement, and thus shoulder function, and it reduces the perceived level of pain in women after breast cancer surgery. (Support Care Cancer. 2018 Nov 24). While MLD is lovely to receive, as far as I know it does not prevent lymphoedema. MFR can prevent, or at least ease, restrictions after surgery.



Effect of MLD on blood pressure and pulse

Pulse rate, blood pressure (BP), breathing rate and oxygen saturation levels were measured on 30 healthy individuals before and after manual lymphatic drainage of different body regions.

- diastolic BP ↑ (up) after abdominal drainage.
- systolic and diastolic BP ↓ (down) neck drainage
- systolic and diastolic BP ↓ leg drainage
- systolic BP ↓ and heart rate ↓ arm drainage.

To summarise, blood pressure tended to significantly decrease after MLD, except after abdominal drainage. There was no effect of MLD on blood oxygenation, and changes in respiration rate were not reported.

(Lymphat Res Biol. 2018 Dec 11.).

MLD has no extra benefit

A study looked at whether manual lymph drainage prevents breast cancer-related lymphoedema using a randomised trial.

One hundred sixty women took part after unilateral breast cancer surgery and lymph node removal (axillary dissection). All received guidelines about lymphoedema prevention and exercise. Seventy-nine women also received MLD. The study looked at the incidence of lymphoedema for up to five years after cancer treatment. Lymphoedema was defined in a difference between the affected and healthy arm, in terms of volume ($\geq 200\text{ml}$), circumference ($\geq 2\text{cm}$), and percentage increase ($\geq 5\%$ and $\geq 10\%$).

Lymphoedema rates were comparable between both groups at all follow-up measurements. Five years after surgery the incidence of lymphoedema by the volume and circumference definition was around a third. About half of the women developed a $\geq 5\%$ increase within five years, but only a quarter had lymphoedema if the percentage increase was ten percent or more. "This adds further evidence that MLD is unlikely to prevent lymphoedema after breast cancer surgery and axilla dissection in the short and long term." (J Physiother. 2018 Oct;64(4):245-254).

Complete Decongestive Therapy (CDT) is the gold standard for the treatment of breast cancer-related lymphoedema. It consists of compression, exercise, skin care and MLD.

A study looked at whether MLD is really necessary to

achieve good reduction in lymphoedema.

Seventy-three patients completed the trial, all had compression, skin care and exercise, 38 were randomised to also receive MLD twice a week for four weeks. At the end of the study period, at seven months, measurements were taken of the arm, and the oedema had reduced significantly in both CDT groups, with no difference between the groups, which means that "manual lymphatic drainage adds no further volume reduction in breast cancer patients." (Br J Cancer. 2018 Nov;119(10):1215-1222). In my opinion compression is the most important part of lymphoedema therapy, staying active comes second. If I could only have compression or MLD with lymphoedema, I would choose compression every time (both are better still).

I recently had vaser liposuction and two days later after the procedure I had MLD massage as recommended by my surgeon. The results were amazing and helped reduce the swelling and fluid dramatically. I have followed the first MLD up with another one 2 days later and again the results were fantastic. Not only does it help with the fluid and swelling but also helps heal the discomfort.

Regina is a lovely lady with a very caring nature and magical hands she makes you feel most welcome and extremely comfortable and also explains everything that she does.

Lisa, Nottingham

Compression for lipoedema

Lipoedema is a long-term (chronic) condition where there's an abnormal build-up of fat cells in the legs, thighs and buttocks, and sometimes in the arms. It only affects women. Compression is one treatment option, but it is only likely to reduce the size (volume) of the limbs if there is a fluid component to the swelling, i.e. in patients with lymphoedema secondary to lipoedema and/or obesity. However compression can help to:

- to improve blood and lymphatic flow and prevent fluid retention
- help support the loose connective tissue (less 'floppy/pendulous') and thereby enhances mobility
- reduce discomfort, pain and tenderness
- protect the limbs
- improve the cosmetic appearance of the limbs
- helps to define/reshape/streamline. (Lipoedema UK).

