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A Case Study of Healing Touch on Parkinson's Disease in Community Nursing - Focusing on Reducing Pain, Emotional Distress, and Insomnia -

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Abstract: [Purpose] The purpose of this study was to clarify effects of healing touch on a patient with Parkinson's Disease (PD). [Method] A 74-year-old female patient with PD was assessed before and after a one-hour weekly healing touch treatment for five months to determine changes in specific symptoms. [Results] The effects of healing touch were found in terms of palliation of muscle contracture, progress of psychological relaxation, and improvement of insomnia. [Discussion] The effects of healing touch for patients with PD can be identified in three ways, i.e., decrease of physical pain, reduction of psychological burden, and easing a difficult lifestyle.

Keywords: Healing touch, community nursing, Parkinson's disease, palliative care

1. Introduction

Healing touch (HT), a biofield therapy, is one of the effective nursing techniques as described in "Evidence-Based Nursing Care Guidelines" (Ackley, Ladwig, Swan, & Tucker, 2008). HT uses light touch to influence the human energy field, centers and meridians to induce inner harmony and enhance self-healing (Wardell, 2008). Recipients report increased relaxation, reduction of pain and increased quality of life (Wardell, 2008). The American Holistic Nurses Association endorses the standardized education of HT in the approved programs (American Holistic Nurses Association). Complementary therapies such as HT are proving to be effective in many situations based on a rich amount of research (Wardell, 2008). Both of the healing touch professional organizations (Healing Touch International and Healing Touch Program) provide international certification. HT has been integrated into the pain management programs of many hospitals, supported by medical staff and may be covered by some medical insurance companies (Osterlund, 1999). However, in Japan the practice of healing touch is relative new and research of HT in Japan is scarce.

Henneghan and Schnyer (2013) reviewed the extant palliative care literature for outcomes using the biofield therapies of healing touch, therapeutic touch and reiki. They found no studies specific to end of life care but did find numerous studies on relevant populations such as patients with cancer and chronic pain. Outcomes in

those populations indicated improved quality of life including stress reduction and reduction of pain. Naka, Amano, & Ito (2013) reported on a pretest-posttest design research conducted in Japan where HT was given to 14 patients with different major complaints in the context of home visit nursing. Outcomes were positive indicating that HT was effective as a type palliative care. Therefore it seems that HT might be applicable for patients with Parkinson's Disease (PD), which is one of the incurable diseases, needing palliative care for pain and to improve quality of life.

2. Purpose

The purpose of the present study was to clarify the effects of healing touch on a patient with Parkinson's Disease (PD), focusing on physical pain control, reduction of psychological pain, and improvement of insomnia.

3. Method

The design was a case study of weekly HT provided during one-hour home visits, including an energy assessment before and after the HT intervention. The results of energy assessment of the first and last sessions were compared. Data were collected from June to October (5 months) 2013 by a trained healing touch practitioner apprentice (practitioner) in the final stages of a year-long supervised practicum. The participant was a 74-years-old female with PD who lived at home.

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4. Ethical considerations

Before the intervention, the practitioner explained the research to the patient to help her understand the purpose and use of data, her freedom to participate and withdraw from the study if she chose to, and because she was interested in participating the practitioner had her sign a written informed consent. During the interventions, the practitioner practiced based on the established procedures and ethical standards of Healing Touch International (2013).

5. Results

Intake : June 2013

This was a 74-year-old woman with PD, who lived with her 82-year old husband. The husband was also certified as being in need of care and received visiting care and nursing. The daughter lived in their neighborhood and visited once in a while to see how they were. According to the daughter, the woman had been a dependable mother who loved painting and singing. She was a leader, and worked as a PTA committee member.

Her medical history included an onset of Parkinson's disease in 1980 indicating a young onset and a stereoecephalotomy in 1997. The client had 'on-off phenomenon' and trunk dystonia with noticeable tremors and drooling. She had right and left femoral neck fracture surgeries. Having severe delusions and illusions due to the side effect of the anti-Parkinson medication, she complained about her husband's past infidelity and sometimes became emotionally unstable.

Her Hoehn and Yahr rating was stage 5 (confinement to bed or wheelchair unless aided) and the Functional Severity was stage 3 (dysphagia and tends to eat less), therefore, she was given racol when she was not well enough to take chopped foods. Her response was inconsistent, thus communication could become difficult. Although she spoke relatively more in the morning, she had less stamina in the afternoon and hardly spoke. Because she could respond to the practitioner's questions, she attempted to communicate by asking yes-no questions and using a communication board.

Using this method the practitioner found the client had severe tension in her cervical neck region and complained of pain. She could not open her right hand because of the severe contractures. As she spent most of her time in a wheelchair during the day; her whole body leaned to the right side. Therefore, she was assisted to a position by supporting her with a cushion. She felt cold in her hands and feet. Although she used diapers, she could sometimes use the toilet when she wished to do so. Her oral medications were commonly used to treat the

symptoms of PD and constipation: menesit, comtan (entacapone), trerief (zonisamide), prusenid, alosenn, laxoberon, and glycerin enemas. Following the direction of the doctor, the practitioner visited her home once a week and introducing HT as part of the practitioner's visiting nurse's palliative care.

The first month's evaluation (June)

Nursing process for HT:

The basic process of healing touch includes nine steps: intake, practitioner preparation, assessment, problem statement, mutual goals, interventions, post treatment assessment, releasing from patient's energy field, and 'grounding' patient and evaluation. Selected aspects of the process are presented next.

Practitioner's preparation

The practitioner deepened and slowed her breathing, while standing behind the client, becoming fully present and connecting to the earth's energy. Next, the practitioner focused on her energetic hara-line, filled herself with the earth energy and set her intention to be neutral (non-judgmental and not to be attached to the outcome). Finally, the practitioner put her hands on the client's shoulders intending to connect their heart chakra and for the energy of love and light to flow for the highest good of the client, thus, the practitioner was prepared.

Energy assessment

First the practitioner, by using her hands, felt the nature of the all the chakras (spinning vortexes of energy) from the lower root to crown at the client's head and noted they were oval shaped instead of round, which was diminishing the intake and output of energy. A tingling vibration was especially strong around her heart and throat chakras. Next, assessing for balance, the practitioner moved her hands over the client's energetic field (aura) and felt a strong tingly sensation emanating from her entire aura. It was especially strong around her head area, which suggested the presence of 'congested' energy.

Problem presentation

There was a lack of smooth flowing energy, which might have been caused by the pain of muscle contractures due to the PD.

Mutual goals

Long-term goals were to: reduce the client's delusions and illusions and gain emotional stability.

Our short-term goals were to: alleviate the muscle contracture, throbbing pain, and insomnia.

The intervention and rationale for healing touch strategy.

First, the practitioner did **magnetic clearing** in order to achieve the short-term goal; creating and balancing an energetic flow throughout the body so that the muscle contractures due to the PD could be alleviated and the client's fixed position for long period of time and the



stress could be eased. As the practitioner repeatedly moved her hands slowly and steadily above the client's body, through her energy field for the magnetic clearing; a kind of lingering or drifting energy stayed around the practitioner's hands for a while, which after about 15 minutes became lighter, smoother and less lingering indicating that the auric energy blocks had diminished. Second, the practitioner did what is termed '**mind clearing**', which is actually to energetically balance the energy flow between the brain hemispheres in order to achieve the long-term goal. During the mind clearing, the practitioner felt a strong tingly vibration particularly around the top of the client's head and her brow chakra, which was transmitted as far the practitioner's soles, therefore she continued until the tingly sensation subsided indicating balance was achieved.

Energy assessment after a treatment

Although some of the tingly sensation still remained in the entire aura, all the chakras from the root through crown became almost round shaped and had a more vigorous spin; thus they became better able to circulate the energy in her body.

Grounding and release

After the treatment the client was so relaxed the practitioner needed to touch her feet and speak to her, to wake her up from her deeply relaxed state. The practitioner promoted her grounding (being fully awake and consciously in her body) by giving her some foods. The practitioner disengaged herself from the client's energy field.

Evaluation and feedback

Because during the treatment, the client could have intense spasms when supine, the practitioner advised the helper and the family to make sure that she takes the oral medication next time. The practitioner told them to continue it as long as it is not too difficult for her. Although she had some fatigue, she then had a stable course. The client appeared to be feeling the flow of energy and the expression on her face was softened a little.

Follow-up

Because of the client's physical impairment and the difficulty in communication, the practitioner suggested making the affirmations of the Hawaiian Ho'oponopono (Thank you, I'm sorry, I love you and please forgive me) as part of self-care since it was something she could do.

The last evaluation (5th month)

With regard to the long-term goal - reducing the delusions and illusions and gaining emotional stability -, there was much improvement as the expression on her face had softened and she made fewer disquieting comments.

However, the doctor noticed that the symptoms had not yet completely disappeared, so he, as well as her family, requested continuation of HT.

With regard to the short-term goal - alleviating the muscle contracture and throbbing pain and having a sound sleep at night -, she hardly complained of the throbbing pain and she started to have a relatively sound sleep at night.

Although the muscle weakness and the difficulty in swallowing were still observed, she no longer needed to take the medication, racol, and was able to ingest chopped foods.

Her entire body still leaned to the right side as before. The contracture in the right hand, the tensions in the neck and back muscles had eased greatly and had become softer, thus she ceased complaining. She could stretch her body when lying on the bed and her fingers had a wider range of motion. Her palms and joints also became soft enough to play thumb wrestling.

After five months of HP therapy her emotions of anxiety and anger diminished and she had a more calm expression on her face. By clearing and balancing her energy field, she became livelier and spoke more.

She no longer complained of poor sleep and said she can sleep well now. The tendency to be constipated decreased. Her hands and fingers became warmer and she had a calmer expression on her face. She said that she felt better after receiving the HT. Both the client and her family, hoped to continue the healing touch treatments. The doctor also recommended continuing with HT as a nursing care.



Fig. 1. 1st month



Fig. 2. 5th month

As shown in **Figs. 1 & 2**, her posture in sitting had changed dramatically in five month.

6. Discussion

The effects of healing touch were found in terms of palliation of muscle contracture, progress of psychological relaxation, and improvement of insomnia. We identified three potential effects of healing touch for



patients with PD: decreasing physical pain, reducing psychological burden, and easing lifestyle habits.

Naka, Amano, & Ito (2013) found positive effects of HT with 14 patients in care at home. They compared physical, affection, thinking, and spiritual factors with pre- and post-tests. They found statistically significant improvements and no untoward side effects. In the present case study, we also found physical, mental and life style beneficial changes. The results suggest the effectiveness of HT for people with PD.

Healing Touch Program (2013) points out at least four benefits of HT: (1) non-invasive, (2) effective, (3) non-toxic, and (4) economical. The use of HT in home nursing visit would be mostly beneficial from this point of view. As Naka, Amano, & Ito (2013) discovered, HT is one of the positive ways of intervening with participants' satisfaction. It is not only an effective and efficient therapy; it is very safe for patients. It costs less in terms of devices, preparation time, and location. HT intervention is one of the most promising approaches in home healthcare for the patients, family members and visiting nurses. It is an approach to improve quality of nursing in general.

This study is limited by the single case approach that was descriptive in nature. The findings did generate the possibility of HT as an important adjunct to PD and palliative care.

In addition, other research (Henneghan & Schnyer) reports effectiveness of HT for chronic conditions. The number of patients living in home is increasing in this society. Community nursing must pay more attention to those approaches to help patients feeling better, such as palliative care, pain control, and relaxation through healing touch and other complementary therapies.

In order to protect patients' safety, further intervention and evaluation of healing touch by nurses who have mastered community –nursing skills are necessary. It is also important to compare effectiveness of HT with other complementary and alternative therapies.

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