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Can Massage Cure?

As a healing aid, hands-on therapy gains credibility at leading medical centers.

Health Section Special Report

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You lie on the crisp white sheet of the massage table in semidarkness. The scent of almond oil fills the air. Then come the hands, gently kneading the necklace of knots that rings your back, your neck, your shoulders. You close your eyes, breathe deeply and let yourself relax. Beyond the pleasures of the moment, though, are there medical benefits to massage?

Hospitals and medical clinics around the country are beginning to integrate massage into patient care. Massage is currently the most common nontraditional therapy offered in U.S. hospitals, according to an American Hospital Assn. survey in 2003. The most common uses for massage in hospitals: helping patients cope with pain and stress, and as a therapeutic service for cancer and maternity patients.

At Martha Jefferson Hospital in Charlottesville, Va., cancer patients are offered therapeutic massage by one of eight trained therapists. Longmont United Hospital in Colorado has a massage therapist on staff around the clock for patients who need or request it. At Memorial Sloan-Kettering Cancer Center in New York, 11 massage therapists are on a staff team working with hundreds of patients admitted to the hospital or seen at its various clinics.

And at the UCLA Center for East-West Medicine, a team of four therapists use massage to alleviate pain and symptoms for

patients suffering from illnesses such as fibromyalgia, migraines and back pain.

The National Institutes of Health is funding several studies to examine the medical benefits of massage. Previous studies by various organizations have found that massage can help reduce chronic pain, diminish anxiety and depression, and enhance immune function.

A new survey by the American Massage Therapy Assn., a professional organization, shows that nearly half of Americans have used massage therapy as a way to manage and relieve pain. The survey also found that healthcare providers are more likely than before to discuss the possible benefits of massage and to recommend it to their patients. And some health insurers have begun paying for the therapy, according to the survey.

Still, many doctors remain skeptical of the research suggesting a medical benefit to massage, saying more rigorous studies are needed.

But doctors, nurses and patients who have seen massage in action say that even if the benefits can't be demonstrated by large clinical studies, the anecdotal evidence is powerful.

"Clearly there are medical benefits to massage," said Dr. Gregory P. Fontana, a cardiothoracic surgeon at Cedars-Sinai

Medical Center in Los Angeles who conducted a pilot study of heart patients to measure the effectiveness of nontraditional therapies, such as massage, in helping speed recover after surgery.

Ninety-five percent of the 50 massage patients reported that massage was a "very important" part of their recovery, Fontana said. Dr. Ka-Kit Hui, director of UCLA's East-West Center in Santa Monica, goes further: "Massage is a very important therapeutic approach which is underutilized and underappreciated. A lot of people think massage is good for aches and pains. But what we have found is that massage activates the body's own healing system."

A long history

The use of massage as a healing art dates back to about 4000 BC, when the therapy was used in China and India. In this country, massage was commonly used by nurses up until the 1960s and 1970s to help ease patients' pain and help them sleep. But the advent of powerful prescription pain medications in recent decades has diminished the use of massage in medical settings -- until fairly recently.

Patients at UCLA'S East-West Center see a team made up of a Western-trained doctor, an acupuncturist and a massage therapist. Often referred by their physicians, many of the patients come to the center because traditional Western remedies, such as prescription drugs, have not proven effective for their ailments. About half of the center's patients receive some massage therapy as part of their treatment program, which may also include traditional medicine.

On a recent morning, Anna McGuirk, 45, sat on the edge of a massage table in a hospital gown. About five years ago she began to get migraines so severe that doctors gave her morphine and Demerol to ease the pain. Confined to bed three to four days a week, she was in danger of losing her nursing job. "The medical profession kind of pooh-poohs migraines," she says. "And I was

losing half my life." Her primary care doctor sent her to a neurologist, who put her on pain relievers and antidepressants. Nothing worked.

Finally the neurologist referred her to the East-West Center, where she was treated by Dr. Jun Liang Yu, a Chinese-born doctor trained in Western medicine in Asia, who practices acupuncture and massage therapy at the center.

"That was the first time anyone had touched my neck or shoulders" in a medical setting, McGuirk said of her massage treatments with Yu. The UCLA therapists told her that her neck and shoulders were "as hard as wood." "They told me I was getting no blood circulation to the brain. If there is no blood circulation there is no oxygen, and if there is no oxygen, of course you are going to get headaches."

As McGuirk lay on the table, Yu began to work her neck, back and shoulders. He did not press down hard on sore areas or acupressure points. Instead, it looked almost as if he were rolling her muscles. "We don't beat up muscles. We manipulate the muscles," Yu explained. "We are rolling the muscles back in place."

Hui, the center's director, is board certified in internal medicine and clinical pharmacology, and is also an authority on Chinese and integrative medicine. He believes changes in the body occur because there are neural chemical changes associated with stimulating points in the body. "We have done it with needles, but we can do it with fingers as well," Hui said. "Think of the acupuncture points that are being stimulated like the remote control of the TV. Push and the body will react. Something is released."

Key to improvement

McGuirk has taken prescription medication, such as muscle relaxants, and made lifestyle changes, and now says her migraines occur only about once every three weeks. But she is convinced that massage had been a key factor in her improvement. "Without it,

I'd be back to migraines three to four times a week."

Brandi Hugo, 30, who suffers from interstitial cystitis -- a chronic inflammation of the bladder -- is another patient at the East-West Center who attributes her improvement primarily to massage. After years of ineffective treatment with antibiotics, she was treated at UCLA with acupuncture, a few muscle relaxants and massage. She has been off antibiotics for two years.

"You have to be patient with natural remedies," she said. "Natural remedies take longer." Hui does not believe massage is a panacea. Nor does he believe it can replace surgery or medications. But he does believe it is "an important frontline approach for a lot of chronic problems, or prevention of chronic problems."

Those who advocate massage therapy say some hospital administrators are wary of introducing such a "touchy-feely" element to clinical practice.

Simone Zappa, a nurse who is now director of the Integrative Medicine Service at Memorial Sloan-Kettering, believed that massage therapists would only be taken seriously by hospital staff if they could read a medical chart, assess a patient and document their intervention. So the hospital program trains its massage therapists in medical terminology and using medical charts. Zappa also teaches them to go easy on the touchy-feely talk around physicians. "If you talk to massage therapists or acupuncturists, they talk about energy," said Zappa. "Western doctors don't believe in energy. I've told my massage therapists, don't talk about energy. We are working in a Western institution and we need to conform to its norms."

While Zappa, Hui and others advocate massage for its therapeutic value, they have had difficulty convincing insurers that it is more than a "feel good" treatment. Massage therapy is not covered by most health plans, so patients often must pay out of pocket.

At the East-West Center, about 80% of patients have insurance coverage, and the massage treatments are covered as part of an overall treatment program for claims deemed medically necessary.

When insurers question the necessity of a claim, doctors can write a note explaining the reason for the treatment. Memorial Sloan-Kettering requires patients at its outpatient clinics to pay for massage services, and uses the revenue to offset the expense of massage for patients admitted to the hospital.

Ongoing studies

Tiffany Field, director of the Touch Research Institute at the University of Miami School of Medicine, has conducted more than 100 studies on the medical benefits of massage over the last 30 years. She has collaborated with physicians and published some studies in medical journals. "I think doctors think, it seems like such a pleasurable thing, how can it be therapeutic," said Field. "But all the effects are statistically significant and that is what science accepts as research."

Gayle MacDonald, who taught a course in medical massage at the Oregon Health & Science University for many years, and is the author of "Massage for the Hospital Patient and Medically Frail Client" (Lippincott Williams & Wilkins, 2004), says there are inherent challenges to doing research on massage.

"Doctors only buy into the Western gold standard for research," she says. "It has to be a huge sample size, randomized, controlled and double blind. Well, you can't do a double-blind massage study. It's impossible. It is not like doing medication on cardiac patients."

Addressing skepticism

But new studies funded by NIH's National Center for Complementary and Alternative Medicine may help to address some of the skepticism about the medical benefits of massage. Field is working on two NIH-funded studies: one looking at the underlying mechanisms of the effect of massage on

premature babies; the other looking at the effect of massage on treating depression in pregnant mothers.

At Memorial Sloan-Kettering, researchers are conducting a study, also funded by the NIH, to measure the effectiveness of using massage in treating pain in cancer patients.

And researchers at Cedars-Sinai just completed an eight-week study involving 70 HIV patients to see whether the therapy was effective in treating depression, pain and quality of life. Over eight weeks, one group of patients received no massage, one group received a sham massage and one group received Swedish massage twice a week.

"The results are not yet published," said Russell Poland, director of research in the department of psychiatry at Cedars-Sinai, and the lead investigator of the NIH-funded study.

"But it looks very promising that massage was better than either of the two control groups."

With many hospitals around the country struggling with rising medical costs and an uncertain financial future, the idea of hiring massage therapists will continue to be a tough sell to administrators, some health professionals say.

Over time, however, massage advocates hope that research that supports the safety, benefit and, perhaps, even the cost-effectiveness of medical massage will help persuade more hospitals to give it a try. "If you can show doctors massage works as well as drugs and has no side effects," said Dr. Joya Favreau, an internist and specialist in integrative medicine at Cedars-Sinai who worked on the HIV massage study, "they will use it."

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