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Integrative Medicine - Massage in Hospitals is the first step.

I began working at the Quest for Life Center in 2000 as the ‘apprentice’ massage therapist and a series of life changing events followed.

I have a strong background in science and as a trained cytotechnologist I looked down a microscope for almost 20 years diagnosing cancer. Finding myself massaging folk with cancer felt like a logical progression, if there is such a thing.

I quickly realised that people on the edge of life need safe touch, as life for most of them had become a roller coaster of medical intervention which is often less than pleasant. Over and over again I heard folk with cancer say that they knew that massage would help them but couldn’t find a therapist willing to work with them as therapists had been taught in massage school that massage is a contraindication for people with cancer.

Thankfully, over the last 5 years much has changed. Massaging folk with cancer requires advanced skills and training in both massage and pathology, a thorough knowledge of oncogenesis and metastatic spread, and an understanding of the principles of spontaneous remission.

In November 2004 I attended the first international conference in New York, USA, of the Society of Integrative Oncology (SIO) and noticed with delight that complementary and alternative therapy had become CAM - complementary and alternative **medicine**.

The conference consisted mainly of presentations of scientific research on herbs using standard laboratory techniques such as western blot gels; acupuncture trials on specific cancers and the debate on how to do ‘double blind’ acupuncture experiments. Massage was also included for people with cancer in an outpatient setting and as part of the medical treatment offered in oncology wards.

Massage techniques and efficacy were of the most interest to me. Memorial Sloan Kettering Cancer Center, one of only two specialist cancer hospitals in America, had recently completed a 5 year trial, the results of which were published in the esteemed medical journal Cancer. This research is being held as the gold standard in the medical community advocating massage for people with cancer.

In November 2005 in San Diego, USA, the second SIO conference didn't even debate massage for people with cancer. From my observation it now seems to be an accepted practice and almost every hospital represented at the conference either had a massage unit in full swing or was creating one. A notable exception and disappointment for me was that the only Australian hospital, represented by the oncologist in residence, is not even contemplating development of a massage facility.

I believe there is a growing need to extend the existing massage services available for folk with cancer to Australia hospitals. Currently there is a growing awareness that massage improves the immune system function principally by enhancing the production of endorphins. Massage also lowers the total pain experienced by folk with cancer. For example, using massage to relieve the 'old' musculoskeletal problems brings about a sense of wellbeing and in a secondary way the pain of cancer reduces. When there is a sense of disembodiment, which is often experienced secondary to cancer treatment, massage has been shown to free the mind of negative thoughts and produce feelings of relaxation, comfort and peace (van der Riet P. 1999 Australian Journal of Holistic Nursing 6(1):4-13).

There is a wide range of excellent massage services available in the Australian community which is self funded. The client pays for the service and the therapist pays for the training. Specialized clinics where therapists have post graduate training in massage for folk with cancer are few. There are only 65 graduates of '*Massage Cancer and More*' (MC&M)₁ throughout Australia and New Zealand.

To catch up with world best practice we need to provide massage for folk with cancer from diagnosis to the end stage of the disease. In America and the United Kingdom, massage is offered in progressive oncology units in government and private hospitals from the diagnosis of cancer onwards. In these places patients are partly or completely subsidized in their treatment programs, and therapists are trained and accredited to work alongside hospital and outpatient services with financial support as is afforded to other health professionals.

Massage in Hospitals (MiH) works at Memorial Sloan Kettering Cancer Center (MSKCC), New York, as follows:

- MiH is set up as part of the CAM unit run by the CEO of the CAM unit which is partly funded and supported by a benefactor. (The CEO tells me that her main job is 'lifting the profile' of the CAM unit within the medical and public community and maintaining income for the unit.)
- MiH is managed by a senior massage therapist who reports to an oncologist.
- There is a team of 12 specialist massage therapists who work alongside medical staff on the wards.
- Doctors can 'order' massage treatment just as they order pathology tests or the like.
- There is an outpatient massage service for both cancer patients and staff which attracts a fee if appropriate.

While in training at MSKCC Deborah Yardley, a New Zealand graduate of MC&M, noted that the doctor chose to come back later as the patient was having a massage! This was an encouraging situation for Deborah to experience while training in New York. Her vision is to bringing her new skills home to NZ and Australia.

Deborah is a member of the NZ Charter of Health Practitioners and is qualifications in massage and Lymphodema management and has been a therapist for 12 years. Deborah became a massage therapist just prior to a vital episode in her life when she almost lost her life to pancreatitis.

Deborah runs a busy clinic in New Zealand where her staff offer seated massage in the work place (a first in NZ when she introduced this scheme) as well as NZ Cancer Council funded massage and Lymphodema treatment for people with cancer. This kind of financial support is not available from the Australian Cancer Council.

Out of my clinic in Canberra and, as a result of my connection with the Quest for Life centre I have several clients who are living well with cancer and using CAM, especially massage, as part of the smorgasbord of therapy offered by both the medical profession and the CAM community.

Sylvia, a neighbor, has recovered from primary bowel cancer and manages her stoma brilliantly. She currently has another primary cancer in her lung and is on chemotherapy from time to time and has had radiotherapy for this tumour. Throughout her experience with cancer Sylvia has had massage and she maintains a strict regime of organic food, exercise and meditation. Sylvia has a strong faith in God and only last week told me again how much benefit she receives from supportive and compassionate massage.

The world would tell Sylvia that she should have left planet earth long ago. She is a vital person who is living well with lung cancer.

Sylvia can afford her CAM, many folk I meet can't afford to try massage even when their intuition is screaming that there is a better way to live with cancer. MiH is the first step to offering everyone the proven benefits of massage which are:

- symptom management,
- lowering blood pressure,
- stress and anxiety reduction,
- pain control and
- an enhanced feeling of well being.

Over the past four years I have been developing a network of specially trained massage and Bowen therapists to work with people living with cancer.

I am passionate about offering massage to everyone who seeks it and teaching massage therapists how to work with systemic diseases - not just cancer.

This is truly an exciting time in the world of natural therapies and massage, and I believe that with open hearts and minds we can develop health services including CAM which can be second to none and the envy of most other countries on the world.

Complementary and alternative medicine, integrative oncology and massage in hospitals are a fantastic beginning.

Foot note:

1. *Massage Cancer and More* is a course for qualified Bowen and massage therapists who have a minimum of 2 years experience. The course teaches both the scientific and therapeutic elements of working with people facing the challenges of cancer, cancer treatment (such as chemotherapy and radiotherapy), and current research regarding treatments and diagnostic procedures available within the medical model.

Eleanor Oyston

Eleanor trained in Medical Technology at St Vincent's Hospital Sydney; in diagnostic cytology at King Edward Women's Hospital in Perth with Professor Barter (the first professor of cytology in Australia) in the 1970's and became the technical manager of a development neuroscience research laboratory at the John Curtin School of Medical Research, ANU in 1984. Eleanor studied Health education at the University of Canberra part time and started massage school in the mid 1990's, studying Bowen therapy concurrently. She started work with the Quest for Life team in 2000. Her heart is in the co-ed cancer program at 'Quest for Life' and the Neuro Recovery Pathways program. Eleanor is passionate about training massage therapist in the art and science of working with folk experiencing systemic diseases such as cancer and neurodegenerative disease.