

The Impact of Healing Touch on Oncology Patients' Perceptions of Fatigue and Health Related Quality of Life – A Randomized Pilot Study

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Introduction

Healing Touch (HT) is categorized by the National Center for Complementary and Alternative Medicine as a bio-field therapy. Healing Touch works to restore harmony and balance to the patient's energy subsystem, placing them in a position to self-heal. Practitioners of Healing Touch believe that it complements conventional health care by supporting a patient's innate healing ability.

HT influences the human energy system, specifically the energy fields that surround the body, and the centers that control the flow of energy from the fields to the physical body. The noninvasive, non-manipulative techniques of Healing Touch are believed to use electromagnetic fields of the practitioners hands to clear, energize, and balance the human and environmental energy fields and therefore affect physical, emotional, mental and spiritual health and healing (Mentgen, 2001).

Although research is limited in Healing Touch, findings have noted significant reduction in pain, distress and fatigue and improved quality of life (QOL), emotional role functioning, and mental health (Cook et al., 2004; Post-White et al., 2003). No adverse side effects have been cited in the literature reviewed.

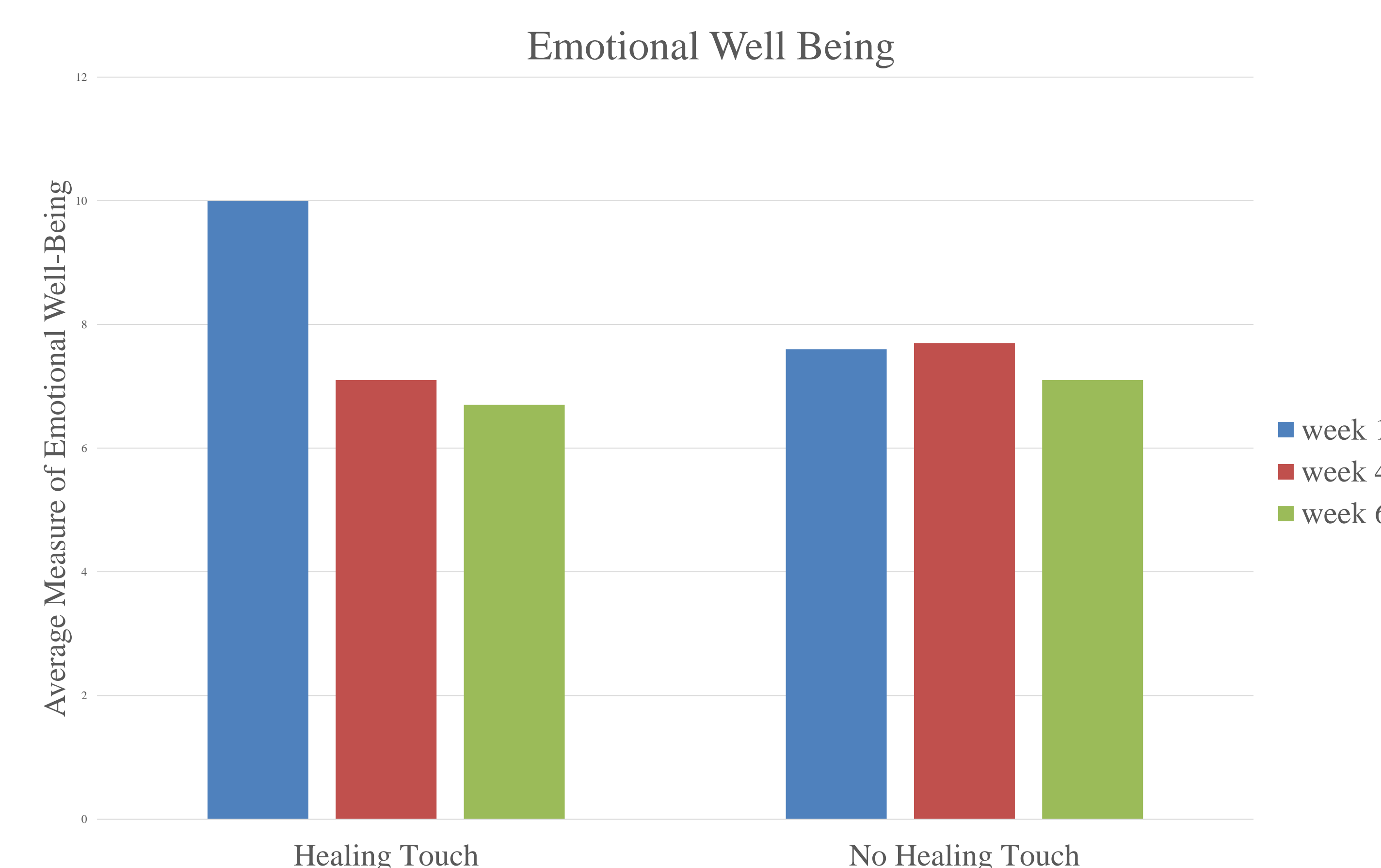
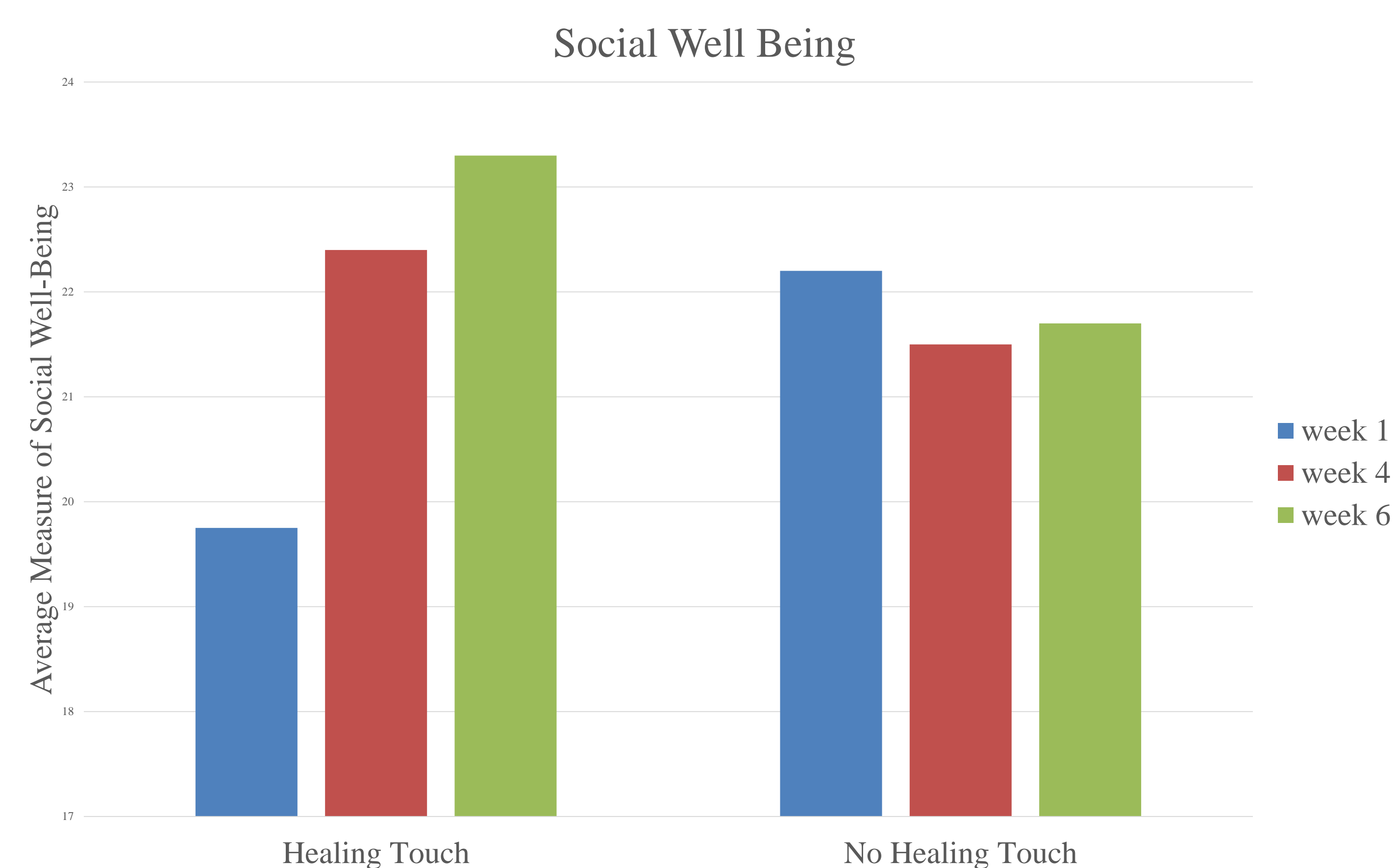
Objectives

To evaluate the effect of Healing Touch on Health Related Quality of Life (HRQoL) of patients with breast cancer.

- Assess and compare the effects of HT on HRQoL and stress on participants who receive weekly HT with those who do not.
- Assess and compare the incidence of radiation treatment delays, blood pressure and pulse on participants who receive weekly HT with those who do not.
- Assess and compare levels of salivary cortisol in determining stress on participants who receive weekly HT with those who do not.

Methods

Female patients, about to start radiation therapy, were randomized into one of two groups; Healing Touch versus no Healing Touch. During the six week radiation treatment period, patient's perceptions of fatigue and pain, sleep patterns and stress levels were assessed with the HRQoL questionnaire. Healing Touch was administered by the same practitioner each week. Quality of life questionnaires were administered by the same study coordinator along with the collection of blood pressure, pulse and saliva samples.



Results

Due to the small sample size, we were not able to detect any differences between the two cohorts for cortisol levels, radiation delays and some quality of life measures. However, we were able to see differences between the two cohorts in social well-being and emotional well-being.

Social well-being is a measure of how one feels about the closeness and support of family and friends. A higher number means they feel more supported. The first graph shows that the HT group had some improvement in overall social well-being over six weeks. Emotional well-being measures hope, sadness and anxiety. A lower score indicates a better emotional state. The second graph shows that the HT group had some improvement in overall emotional well-being over six weeks.

Conclusions

Since this was small pilot study, we were not able to identify any consistent trends between the two groups. Therefore, we cannot conclude that Healing Touch decreases or increases the average in Quality of Life Questionnaire score. However, anecdotally, the patients in the HT arm reported reduced levels of pain, anxiety and stress after the HT sessions. We believe that Healing Touch can benefit our patients and that a future study with more patients and a primary objective and corresponding end-point that adequately measures quality of life needs to be designed.

Acknowledgments

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References

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