Anma massage and Parkinson’s disease

W ith its origins in ancient Chinese medicine, modern-day anma massage therapy is one of the most popular forms of complementary and alternative medicine (CAM) in Japan. It is also the CAM treatment most commonly used by Japanese patients with Parkinson’s disease (PD).1

Anma massage is typically performed through clothing. It is a rhythmic, whole body treatment, which mainly uses kneading techniques and, to a lesser extent, stroking and pressing, along with brief joint exercises. The intensity of the treatment is adjusted according to the patient’s individual comfort levels.1

A preliminary study1 involving 21 patients with PD showed that after a single session, anma massage was effective for alleviating various physical symptoms, including muscles stiffness, movement difficulties, pain and fatigue. In addition, significant improvements were seen in hand speed (in both the dominant hand and the one most severely affected by PD), gait speed and stride length, and in shoulder flexion and abduction.

As treatment is provided through clothing, the researchers also highlighted that anma massage is particularly accessible for patients with movement difficulties.1

The use of complementary and alternative medicine (CAM) among UK children and adolescents during cancer treatment ranges from 33 to 40 per cent,1,2 with the most commonly reported being aromatherapy, massage and multivitamins.3

A recent study1 examined the use of CAM and spiritual practices in children under 18 receiving medical treatment at the Royal Hospital for Sick Children in the South East of Scotland. The findings were based on survey responses from 74 families (out of a possible 169 that were initially approached).

The results showed:

● 55 per cent (41/71) of the families used CAM and 57 per cent (42/74) sought spiritual remedies, such as praying, while receiving conventional treatment;

● The most popular CAM therapies used were vitamins and minerals (53 per cent), massage (29 per cent), fish oils (29 per cent) and herbal remedies (27 per cent). A further 19.5 per cent used deep breathing, 10 per cent reflexology, and 10 per cent imagery.

● Of the 18 families using support groups, such as Teenage Cancer Trust, 61 per cent (11/18) found these to be very beneficial;

● Families of higher socioeconomic status were more likely to use CAM than less advantaged families;

● Gender, diagnosis and type of treatment did not significantly impact the use of CAM.

None of the families reported using CAM in place of conventional medical care, nor did they seek CAM to “cure” cancer. In their conclusion, however, the authors ‘encourage clinicians to actively communicate with the families to facilitate patients making an informed decision on CAM usage and alert to potential interactions with conventional therapy’.