

THE USE OF JIN SHIN JYUTSU® TOUCH THERAPY AS AN INTEGRATIVE TREATMENT FOR PAIN, STRESS AND NAUSEA IN CANCER PATIENTS

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Abstract

Cancer patients' quality of life is a constant concern. Uncomfortable symptoms of pain, stress, and nausea are three areas of discomfort that patients often experience separately or in tandem during their cancer regimen. Symptoms may be managed with medication, but these may also contribute other unwanted effects. There is a need for integrative therapies that address cancer patients' uncomfortable symptoms without adding to their burden.

Jin Shin Jyutsu® (JSJ), similar to acupuncture in philosophy, is the ancient art balancing the body's energy system utilizing light touch rather than needles. JSJ harmonizes energetic pathways resulting in deep relaxation of the body and a decrease in distressing physical and/or emotional symptoms. Jin Shin Jyutsu sessions were hypothesized to be an effective adjunct therapy to decrease patient's levels of pain, stress and nausea, and that more than one session given over time would result in a continuation of improvement in these symptoms.

Procedures

All individuals who were currently being seen at the Markey Cancer Center were eligible for the study, whether experiencing active cancer or in remission. Patients were self referred or referred by Markey nursing staff, social work, or physicians. Patients were seen in three settings: the JSJ Treatment Room, the Markey Chemotherapy Outpatient Clinic, or the Markey Hospital. Treatment length varied from 15 minutes to one hour, depending on the location of service.

Patients were asked to assess their symptoms of pain, stress, and nausea on a 0-10 scale prior to treatment and immediately after. Treatment consisted of light touch on 52 specific energetic points called Safety Energy Locks as well as fingers, toes, and mid points on the upper arm, upper calf and lower leg in predetermined orders known as "Flows."

The practitioner assessed and determined treatment by listening to the energetic "pulses" at the patient's wrist area, as well as visual observation of the individual's body and noting of the patient's verbal descriptive of their current symptoms.

Comparisons between pre- and post-session were performed using paired t-tests. Two-sample and multiple group comparisons were performed using ANOVAs.

Demographics of Initial Session

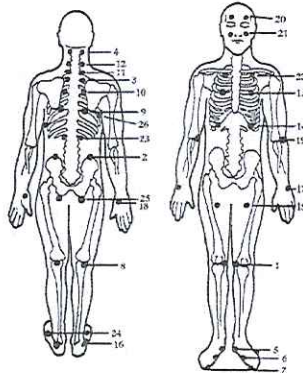
Age	Mean	Range
All (N=159)	54.2	(7-81)
Sex	Number	Percent
Male	50	31.5
Female	109	68.6
Diagnosis	Number	Percent
BMT	24	15.1
Brain	4	2.5
Breast	34	21.4
GI	8	5.0
Head/Neck	12	7.6
Lung	6	3.8
Reproductive	20	12.6
Other	8	5.0
Unknown	43	27.0

How is Jin Shin Jyutsu Applied?

Jin Shin Jyutsu is utilized in a number of locations at the Markey Cancer Center. Patients are seated in reclining chairs in the Chemotherapy Outpatient Clinic. In the JSJ Treatment Room, patients lie on a padded massage table with bolsters and pillows utilized if needed. In the hospital setting, patients are treated while lying in bed or seated depending on their preference.

Patients remain clothed with the exception of shoes. Hand placements are done over clothing. The light touch of JSJ makes it a beneficial modality for individuals in great pain or who do not care for massage or pressure. There are no contraindications for Jin Shin Jyutsu.

JSJ sessions in the Chemotherapy Outpatient Clinic were generally shorter than those received in the Hospital or Treatment Room Settings. The typical time for a JSJ treatment is one hour in length.



All Participants – Initial Visit

159 patients participated in the initial JSJ session. The table below indicates patients' response to JSJ treatment in their first session. Patients who indicated they had no (0) pre-session pain, stress or nausea levels in a category were not included in this table.

- Patients who did report pain, stress or nausea are shown to have received statistically significant improvement in those areas after their JSJ treatment (Mean decrease: Pain=1.89, Stress=3.14, & Nausea=1.9).
- The greatest overall improvement seemed to come from sessions in the JSJ Treatment Room, where sessions are generally of a longer duration with the improvement in stress level reaching statistical significance, p=0.05.
- Women also seemed to indicate a greater improvement of symptoms over men with the improvement in stress level reaching statistical significance, p=0.01.

	Initial Pain N = 101 (63.5%)		Initial Stress N = 122 (76.7%)		Initial Nausea N=43 (27.0%)	
	Mean Change (SD)	P-value	Mean Change (SD)	P-value	Mean Change (SD)	P-value
Overall	1.89 (1.53)	<0.0001	3.14 (2.07)	<0.0001	1.91 (1.62)	<0.0001
Age						
Less than 55	1.62	0.71	3.31	0.42	1.85	0.83
55 +	1.94		3.01		1.96	
Sex						
Male	1.82	0.77	2.32	0.01	1.77	0.72
Female	1.92		3.41		1.97	
Diagnosis						
Other/None	0.88		1.93		3.00	
Lung	2.00		2.75		1.33	
BMT	2.27		3.11		1.40	
Head/Neck	1.73		3.36		1.00	
Unknown	1.78	0.45	3.32	0.82	1.42	0.07
Breast	2.04		3.19		3.57	
Reproductive	1.55		3.53		1.25	
GI	1.83		2.20		2.33	
Brain	5.00		3.25		1.00	
Location						
Outpatient Clinic	1.21		2.38		1.57	
Hospital	2.12	0.10	3.00	0.05	1.14	0.27
Treatment Room	2.03		3.45		2.17	
Treatment Time						
15-30 min	1.40		2.21		1.00	
30-45 min	1.21	0.25	2.71	0.20	0.00	0.12
45-60 min	2.00		3.28		2.08	

Conclusions

- Decreases were observed during post sessions with mean decreases of 3 points for stress and 2 points for both pain and nausea.
- Patients who returned for at least 3 JSJ visits experienced significant improvement in the areas of pain, stress, and nausea after their JSJ session at each visit (all p's < 0.001).
- Since this was a feasibility study, there was no control for several parameters such as time between sessions or location and duration of service.
- A randomized prospective intervention study is being planned to be able to make definitive comparisons both cross-sectionally and longitudinally on quality of life endpoints.

Moving Forward – 2012 Study

The 2012 Study will again assess patient's changes in perceived pain, stress, and nausea with Jin Shin Jyutsu treatment. This study will control more of the variables by limiting the location and length of service and the time intervals between sessions. The study will request access to medical records over the time period of patient participation for primary diagnosis and all medication usage for cancer and symptom management of pain, stress and nausea.

The 2012 study will also capture patients' quality of life perceptions, expectations of JSJ outcome, and spirituality/personal belief systems to determine whether there is a relationship between these areas and the effectiveness of Jin Shin Jyutsu.

Participants Receiving Three Jin Shin Jyutsu Sessions (N = 56)

With each Jin Shin Jyutsu session, patients noted improving trends in the pre-session assessment of pain, stress, and nausea. In addition, the patients saw significant improvement in the areas of pain, stress, and nausea after their JSJ session at each visit (all p's < 0.001). Stress levels improved consistently by at least 3 points across the 3 visits. Similarly, pain and nausea levels improved consistently by at least 2 points.

Though the pre session scoring in pain, stress, and nausea seem to trend downward with each visit, the length of time between sessions and other factors are too highly variable to definitively suggest that there is a correlation between this trend and JSJ at this time.

	Pain Change			Stress Change			Nausea Change		
	N (%)	Mean Change (SD)	P-value	N (%)	Mean Change (SD)	P-value	N (%)	Mean Change (SD)	P-value
Visit 1	40 (71.4%)	2.36 (1.88)	<0.0001	45 (80.4%)	3.35 (1.89)	<0.0001	14 (25.0%)	2.00 (1.80)	0.001
Visit 2	39 (69.6%)	2.34 (1.51)	<0.0001	40 (71.4%)	3.41 (2.40)	<0.0001	16 (28.6%)	2.41 (1.95)	0.0002
Visit 3	35 (62.5%)	2.14 (1.38)	<0.0001	40 (71.4%)	3.13 (1.95)	<0.0001	15 (26.8%)	2.07 (1.52)	<0.0001

