

**Sample Massage Research Summary
on Massage Therapy and Depression
From Chapter 10, Nervous System Conditions**

● **MASSAGE RESEARCH**

At the time of this writing, the research literature is short on massage and clinical depression. In massage research, depressed mood is often examined in different populations, such as people with cancer or heart disease. However, only rarely is clinical depression the sole focus of a massage study. In a large ($n = 252$) RCT of adults undergoing cardiac surgery, investigators looked at mood, depression, anxiety, pain, and other variables (Albert et al., 2009). They found no differences between groups that would suggest therapeutic benefit from massage. A Cochrane review of non-pharmacological interventions for prenatal depression found the evidence to be inconclusive for massage therapy (Dennis and Allen, 2008). A review of the literature on massage in people with bipolar disorder noted that the research was lacking on this population (Andreescu et al., 2008).

On the other hand, a meta-analysis of massage therapy studies, published several years ago, looked at the massage research literature as a whole, rather than massage for a single population (Moyer et al., 2004). The reviewers looked at effects of massage on many different populations, and the evidence at the time suggested that, for depression and anxiety, a course of massage therapy treatment was comparable to psychotherapy in effectiveness. This is an interesting observation and invites further research in this area.

Sample Massage Research Summary on Massage Therapy and Blood Pressure From Chapter 11, Cardiovascular Conditions

You may need to work around other side effects, such as headache or GI problems (nausea, diarrhea, constipation). See the Decision Tree (Figure 11-13) for additional selected side effects, and Table 11-3. If the client is experiencing side effects that are not mentioned in this chapter, see Table 21-1.

● MASSAGE RESEARCH

Blood pressure is one indicator of stress, and it is measured in a range of client populations in massage research. Drops in blood pressure are frequently claimed as benefits of massage; however, the evidence on massage and blood pressure is mixed. Even if massage causes a brief drop in BP, the effect does not necessarily translate to a sustained effect in people with hypertension.

In a large study of 263 volunteers with muscle spasm and muscle strain, researchers looked at BP and heart rate (Kaye et al., 2008). This study included subjects with normal BP as well as hypertension. The study suggested that deep tissue massage lowered BP and heart rate. Although the sample size is impressive, there was no control group, so it is impossible to tell whether the outcomes were a true effect of massage.

Other small pilot studies have looked at BP in hypertensive subjects (Olney, 2005) and in healthy volunteers (Ejindu, 2007). Both found some reductions in BP associated with massage, but the studies are too small to provide firm conclusions. In a larger study of aromatherapy massage in 58 menopausal women, the active treatment was associated with declines in blood pressure (Hur et al., 2007). But in another RCT, with 60 nurses serving as subjects, 15 minutes of back massage each week for 5 weeks failed to result in a drop in blood pressure (Bost and Wallis, 2006).

Two other studies have compared different massage protocols and blood pressure. In one, authors reported that massage of the back, neck, and chest might be more effective at reducing BP than massage of the extremities and face (Aourell et al., 2005). And in a large study of 150 clients at a student clinic, researchers reported small reductions in blood pressure after massage, using pre-post measurements (Cambron et al., 2006). In the student clinic study, there was no link found between BP change and massage duration, pressure used, sites massaged, or the experience level of the student therapist. Researchers saw little change when Swedish, deep tissue, myofascial release techniques, or cranial-sacral techniques were used. However, they did find that trigger point and sports massage techniques were associated with a BP *increase*.

The study of massage and blood pressure is still in its early stages. Even though BP reduction is a frequently claimed benefit of massage, there is not yet a foundation of research evidence in support of it.

● POSSIBLE MASSAGE BENEFITS

Individuals with hypertension are often instructed to work with modifiable risk factors in order to lower blood pressure. These include weight loss and increased exercise. If massage therapy reduces muscle tension and enhances body awareness, clients might benefit from fewer injuries and be able to maintain a consistent exercise program. Massage may also provide emotional support for the endeavor.

The overall relaxation provided by massage is well-recognized, and the potential for massage to relieve stress may have an effect on blood pressure. Time (and more research) will tell.

Sample Massage Research Summary on Massage Therapy and HIV

From Chapter 13, Immune and Lymphatic System Conditions

● MASSAGE RESEARCH

Massage therapy and HIV disease is a growing area of research, but available evidence falls short of conclusive benefit from

massage. There is some interest in massage and immune function, especially in terms of CD4 counts, given the role that CD4 lymphocytes play in HIV disease. In one RCT, investigators provided weekly massage alone, and in combination with other stress management interventions, to 42 HIV positive subjects (Birk et al., 2000), but massage did not appear to improve CD4 counts. The researchers did find that combining stress management-biofeedback with massage was associated with some improved quality of life (QOL) measures.

Two other small RCTs reported improvement in immune function following massage, one in adolescents with HIV disease (Diego et al., 2001) and another in younger children (Shor-Posner et al., 2004), however, re-analysis of the data from these studies (Beider & Moyer, 2006) suggested no effect on immunity from massage. As of this writing, the question of whether massage boosts immune function in HIV disease remains open, and it is too early to claim that benefit for people with HIV.

Another RCT suggested that twice-weekly massage helped reduce anxious and depressed behaviors and negative thoughts in HIV-positive children. In this study of HIV-positive Dominican children who were not receiving HAART therapy, massage was also associated with enhanced communication and self-help skills (Hernandez-Reif et al., 2008). This study raised questions about the value of touch in populations where resources do not exist for HAART and other expensive therapies.

In an interesting paper on massage therapy and meditation, researchers measured spiritual quality of life (QOL) in 58 people with late-stage AIDS. The authors noted the relative absence of spiritual quality of life care in the delivery of end of life care in the United States. They compared a massage therapy intervention, a Metta “loving-kindness” meditation intervention, and a combination of the two with a standard care control. They found spiritual QOL improvement associated with each individual intervention, but the improvement was not statistically significant. However, the

combination of massage *and* meditation was much more favorable: *the apparent effect was greater than the sum of the two separate interventions*. This synergistic phenomenon points to the need for more research. If convincing data emerge in favor of massage, then massage could have a significant role in HIV care.