

Acupressure Relieves Nausea in Chemotherapy Patients

By Editorial Staff

Last year, an estimated 175,000 women in the United States were diagnosed with breast cancer. For most breast cancer patients, the most common treatment is chemotherapy. Unfortunately, chemotherapy is often accompanied by a number of unwanted side effects, the most prevalent of which is nausea.

While more effective drugs are being to reduce the symptoms of nausea, it remains a significant problem for those receiving chemotherapy. As many as 60% of chemotherapy patients report being nauseous after undergoing treatment.¹ In fact, many cancer patients identify nausea as a main reason for being reluctant to begin chemotherapy and for discontinuing treatment.

Numerous studies have shown the effectiveness of acupressure in relieving nausea associated with pregnancy and surgery. In a new pilot study recently published in the journal *Oncology Nursing Forum*, scientists examined the use of finger acupressure in relieving the symptoms of nausea in breast cancer patients undergoing chemotherapy. Although the study group was small, those receiving acupressure reported "significant differences" in nausea intensity and duration compared to those who did not.

A total of 17 female patients (average age 49.5) were used in the study, which was divided into an experimental and control group. Those in the control group received standard care associated with chemotherapy; those in the experimental group received standard care in addition to instruction in self-treatment with acupressure.

Before beginning a chemotherapy cycle, each participant completed a baseline questionnaire. Patients in the control group were instructed to complete a daily log for approximately 21 days. Subjects were asked to measure their nausea experience on a scale of 0-12, with a higher number reflecting a more severe experience. Patients also recorded the intensity of any cases of nausea or vomiting during the previous 24 hours on a scale of 1-10.

Those in the acupressure group were taught how to access the P6 (Inner Gate) and ST36 (Three Miles) points located on the forearm and below the knee, respectively. Patients were taught to hold steady pressure on the points for a maximum of three minutes each, or until the point "released."

Each point was held in the same manner each morning immediately prior to chemotherapy, then held as needed whenever nausea occurred during the day. In addition to a daily nausea intensity log, patients also compiled a report of their daily acupressure usage.

At the end of the study, patients in both groups completed a chemotherapy problem checklist to determine the amount and intensity of side-effects they experienced. Participants rated a total of 21 side-effects on a scale of 0-5, five being "terrible or awful."

Significant daily differences were seen between the acupressure and control groups in terms of both nausea experience and intensity. Differences in nausea experience of two points or greater were noted in seven of the first ten days after receiving chemotherapy, with the acupressure group reporting less nausea. Significant differences in nausea intensity were evident for only one of the first ten days, but the overall intensity was much less in the acupressure group than the control group.

More moderate differences were found in patients using the chemotherapy problem checklist. The average level of nausea for women in the control group was 3.00; those in the acupressure group had an average of 2.83.

Based on these differences, the scientists concluded that acupressure "may have a role in the amelioration of the nausea experience and nausea intensity for women undergoing the initial chemotherapy treatment for breast cancer." They also noted that the women in the study found acupressure "easy to learn and use," although the ST36 point was rarely used because it was difficult to reach.

Implications for Research and Practice

Because of the small number of patients treated, and because the study was the first of its kind to examine finger acupressure as a means of managing nausea related to chemotherapy, the scientists recommended further research be conducted. "Others should replicate and expand the current study," they suggested, including a comparison of active vs. passive acupressure, and larger studies on children and men who suffer chemotherapy-induced nausea.

The scientists were also hesitant to explain how their study would affect the average health practitioner, noting that any recommendations for finger acupressure at this point would be "somewhat premature."

Nevertheless, they noted, "the findings from this study suggest that clinicians might need to be open and sensitive to other complementary therapies available to patients to manage the symptoms associated with cancer treatments."

References

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