Potential of rhythmic massage in the context of mental/behavioural diseases

Chantal Walch1, Georg Saltzwedel1, Lukas Rist1, Jutta Eberhard1, Michael Decker1, Brigitte Bach-Meguid2, Ana Paula Simoes-Wüst3
1 Paracelsus-Hospital Richterswil, Research Department, Richterswil, Switzerland
2 Paracelsus-Hospital Richterswil, Gynaecology Department, Richterswil, Switzerland
3 Paracelsus-Hospital Richterswil, Centre for Integrative Oncology, Richterswil, Switzerland
*Paracelsus Centre Sonnenberg Zürich, Zürich, Switzerland
*Contact person tel.: +41 79 476 86 89, annapaula.simoes@hefed.ch

Background

Rhythmic massage (RM) is a therapy extensively used in anthroposophic medicine. Its effectiveness is supported by empirical evidence and a few empirical studies. Its physiological effects - on surface temperature and heart rate variability - have been characterised recently (see [1]).

Ca. 1/3 of the patients who participated in a recent prospective cohort study on effectiveness of RM under real-world conditions (n=79, [2]) presented with a mental/behavioural disease (MBD). The data on these patients’ subgroup were now analysed.

Patients and Methods

Patients referred for a MBD to RM at the Paracelsus-Hospital Richterswil, or at the Paracelsus Centre Sonnenberg Zürich, Switzerland, and who accomplished this therapy according to protocol (n=21) were included in the present analysis.

Self-perceived clinical effectiveness was assessed with the health-related quality-of-life questionnaire SF-36 (0-100 scale, whereby average values of the summary measures for healthy women, 40-60 years old, are close to 50), Goal Attainment Scaling (GAS, individual expectations on RM and their eventual fulfillment assessed by interviews, scale between -2 and +4) and Symptom Scores (0-10 scale, with 0 corresponding to absence of symptom and 10 to worst possible).

In addition, treating physicians were asked to score Disease Severity (0-10 scale). All outcomes were determined at the beginning of the therapy and after the last therapy session; a follow-up took place at 6 months after the first session. Data are shown as mean ± S.D.

Results

1. Main characteristics of the MBD patients at baseline.
   - Patients were in average 44.5 years old (range 23-63)
   - Their majority (n=18) was female
   - In most cases RM had been prescribed for fatigue (n=12) and depression (n=5)
   - If present, co-diagnoses varied extensively
   - Mean duration of the main symptoms at recruitment was 4 years (median 7 months)
   - Ca. half of the patients (n=11) patients underwent other therapies additionally to RM, in some cases (n=3) psychotherapy.

3. SF-36 Physical and Mental Health Summary scores of the MBD patients at baseline, therapy end and follow-up.

2. Symptoms (self-reported) and Disease (physician’s assessment) Scores of the MBD patients at baseline,

4. Goal Attainment Scaling scores of the MBD patients at therapy end and follow-up.

Conclusions

- MBD patients treated with RM showed substantial reduction of symptoms and disease severity accompanied by a clear cut improvement of mental health.
- Self-defined therapy goals were attained at the end of the therapy course and in part maintained during at least 6 months after RM start.
- Considering the long duration of the disease symptoms reported by most patients, the positive influence of RM on their improvements is noteworthy.
- On the basis of the present results, the use of RM in MDB can be encouraged.

Acknowledgements

This study was funded by the Foundation Merkus-Rühl (Zürich, Switzerland), the Swiss Association for Rhythmic Massage (Montebello, Switzerland), Weleda AG (Arlesheim, Switzerland), Software AG (Darmstadt, Germany), Anthroposophy (Arlesheim, Switzerland), Foundation for Anthroposophic Medicine and Therapy (Bern, Switzerland) and private donations. We sincerely thank all involved RM therapists (B. Scharer and U. Klein at the Paracelsus-Hospital Richterswil, T. Run at the Paracelsus Centre Sonnenberg Zürich) and prescribing physicians in particular Drs. A. Keus, I. Sikken, R. Grimm, T. Dieler and W. Lappas of the Paracelsus-Hospital Richterswil, M. Seidler at the Paracelsus Centre Sonnenberg for their precious support. We greatly acknowledge the participation of all study patients.