

COMPLEMENTARY AND ALTERNATIVE MEDICINE & THERAPIES

September 18-19, 2017 Charlotte, USA

The effects of tactile touch (TT) on chronic pain in Parkinson's disease

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Background: During 2006 to 2011 data were collected in a clinical study concerning the effects of Tactile Touch in patients with Parkinson's Disease (PD). The systematic study was preceded by Patients reports of own experiences of pain relief during and after the sessions of this form of superficial whole body massage. Pain is one of the most bothersome non motor sympyoms (NMS) of PD, well described as much more common than in a general population. Pain can be interpreted as a form of chronic stress of the body. Cortisol is a well established surrogate marker for stress. Cortisol is immediately secreted to saliva and the measure of salivary cortisol concentration was a validated fast reactive surrogate marker for stress relief. The normal diurnal fluctuations of cortisol concentrations are of great importance for interpretation of the results from interventions with impact on stress levels. A systematic study was performed at three different sites in Southern Sweden. All massage therapists were trained by the same teacher the systematic method was described in detailed written instructions to ensure that the intervention group received equivalent treatment. Each session was of similar duration and with the same external circumstances concerning room temperature, quiet soft music instructions. The massage oils were from the same manufacturer. A control group of patients with Parkinson's Disease and chronic Parkinson related pains were assigned via a lottery system performed by a non-participating and neutral person. These patients received" rest to music" but no tactile touch. Accurate validated scales were used before and after the study. Interventions were performed ten times after randomization during eight weeks, followed by a 26 weeks long follow up period. The results of this study showed significantly decreased salivary cortisol concentrations after intervention with TT and to a lesser extent after RTM but no significant differences between groups. The quality of sleep, improved significantly within the TT group in the beginning of the study. Health Related Quality of Life (HRQoL), compared to a Swedish healthy reference population (SF-36, Swever.) improved in both groups. Only in the treatment group but normal values compared to a healthy Swedish population aged by age and gender were only shown in the short time follow up in the TT group.

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