

PAIN MANAGEMENT ADDITIONAL READING

Aromatherapy for Pain Management:

<http://www.arthritis.org/living-with-arthritis/treatments/natural/other-therapies/aromatherapy-pain-relief.php>

Research corroborates the use of aromatherapy for pain relief. "Aromatherapy is effective because it works directly on the amygdala, the brain's emotional center," says Mehmet Oz, MD, director of Columbia University Medical Center's Integrative Medicine Center in New York City. "This has important consequences because the thinking part of the brain can't inhibit the effects of the scent, meaning you feel them instantaneously." Of the many uses of aromatherapy, pain relief is only one; anxiety reduction and rejuvenation are other common objectives.

<https://www.psychologytoday.com/blog/overcoming-pain/201201/chronic-pain-and-aromatherapy>

How many of us have suddenly experienced the rush of emotion with unexpectedly coming into contact with the scent of the perfume of a former lover? And how many of us have become violently ill when we are confronted with the odor of a food that was around us during a particularly nauseous stage of a pregnancy?

What if we were able to channel those powerful cerebral responses into supporting the body, or at least the spirit-and thus provide healing on at least a metaphysical level? This is the goal of aromatherapy.

Aromatherapy in the modern era began in the early 20th century, when the effects of a variety of so-called essential oils (distilled from a variety of plants) began to be studied in the setting of a variety of clinical conditions. There are a variety of theories as to the mechanism of action of aromatherapy; one theory is that the limbic system of the brain is positively stimulated by these soothing smells, easing anxiety and chronic pain.

<http://www.healthyandnaturalworld.com/essential-oils-to-relieve-pain/>

1. Chamomile – is well known for its effective anti-inflammatory properties. Helps to relieve muscle pain and spasms, low back pain, headaches and pain caused by PMS.
2. Sweet marjoram – has sedative properties. Helps to relieve muscle pain and spasms, stiffness, rheumatism, osteoarthritis and migraine.
3. Lavender – this is probably the most famous essential oil for pain relief and relaxation. It has anti-inflammatory, anti-microbial and sedative properties and it helps to relieve muscle tension and spasms, joint pain and headache. Lavender is also one of my top 5 essential oils for allergy relief.
4. Eucalyptus – has analgesic and anti-inflammatory properties. Good for muscle pain and nerve pain. Use in small quantities.
5. Peppermint – good for muscle and joint pain, headache and nerve pain. Also read my article about the top 10 uses for peppermint essential oil.
6. Rosemary – has analgesic and antispasmodic properties. Good for relieving back pain, muscle and joint pain and headaches.
7. Thyme – antispasmodic, good for joint and muscle pain as well as backache.

8. Clary sage – has calming and soothing properties, as well as anti-spasmodic and anti-inflammatory properties. Helps to ease muscle tension, spasms and PMS pain. Use in small quantities.

9. Sandalwood – relieves muscle spasms. One of sandalwood's most important uses is to sedate the nervous system, so it helps to reduce nerve pain. Read more about this oil in my article about the best uses for sandalwood essential oil.

10. Juniper – has antispasmodic properties. Relieves nerve pain, joint and muscle aches and spasms. Also read my article on how to make juniper berry ointment for joint, muscle and arthritis pain relief.

11. Ginger – can ease back pain and improves mobility. Can be used to treat arthritic and rheumatic pain, muscle pain and sprains.

12. Frankincense – has anti-inflammatory properties and also acts as a mild sedative. It's also used to alleviate stress and relieve pain.

13. Yarrow – a powerful restorative and analgesic pain reliever with powerful anti-inflammatory properties. Good for muscle and joint aches and pains.

14. Wintergreen – this is not a well-known essential oil, but it's very effective to treat painful conditions including headache, nerve pain, arthritis and menstrual cramps. This essential oil is created by steam distilling the leaves, and it contains a very high percentage of methyl salicylate. This oil has pain-relieving properties similar to aspirin (salicylate is the principal component of aspirin).

15. Vetiver – not very known in the west, vetiver has been used since ancient times in Ayurvedic medicine. Vetiver essential oil is extracted from the roots of a grass known as *Vetiveria zizanoides* which belongs to the same botanical family as lemongrass and citronella. It brings relief to general aches and pains, especially for rheumatism, arthritis and muscular pain and headache.

16. Helichrysum – this essential oil is quite expensive and valued for its pain relieve properties. It has anti-inflammatory, antispasmodic and analgesic properties. It helps to relieve arthritis pain and supports the nervous system. Pain relief reported by most users happens nearly instantly – certainly within minutes of application. Read more about this oil in my article about the health benefits and best uses of helichrysum essential oil.

<http://umm.edu/health/medical/altmed/treatment/aromatherapy>

How does aromatherapy work?

Researchers are not entirely clear how aromatherapy may work. Some experts believe our sense of smell may play a role. The "smell" receptors in your nose communicate with parts of your brain (the amygdala and hippocampus) that serve as storehouses for emotions and memories. When you breathe in essential oil molecules, some researchers believe they stimulate these parts of your brain and influence physical, emotional, and mental health. For example, scientists believe lavender stimulates the activity of brain cells in the amygdala similar to the way some sedative medications work. Other researchers think that molecules from essential oils may interact in the blood with hormones or enzymes.

Aromatherapy massage is a popular way of using essential oils because it works in several ways at the same time. Your skin absorbs essential oils and you also breathe them in. Plus, you experience the physical therapy of the massage itself.

Reiki for Pain Management:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4147026/>

Conclusions

While the number of studies is limited, based on the size Cohen's d statistics calculated in this review, there is evidence to suggest that Reiki therapy may be effective for pain and anxiety. Continued research using Reiki therapy with larger sample sizes, consistently randomized groups, and standardized treatment protocols is recommended.

<http://iarp.org/reiki-and-chronic-pain-can-reiki-help-heal-the-chronic-pain-epidemic/>

Growing Evidence in Reiki Research

Some small studies have been conducted to determine the effectiveness of Reiki. They suggest that patients may use Reiki to find relief from not only the physical aspects of chronic pain, but also the anxiety that often comes with it. According to an article from the University of Minnesota, several studies found that Reiki treatments seem to relax patients, reduce fatigue and depression, and strengthen a person's overall sense of wellbeing.

According to an article by Anthony Schifano on the National Fibromyalgia and Chronic Pain Association's website, Reiki sessions have brought relief and helped individuals feel more balanced. He writes that patients who received Reiki treatment experienced "total relaxation, less tense muscles, and improvement in their range of motion." One patient who suffered with fibromyalgia pain for years was able to stop taking pain-relieving medications after starting regular Reiki treatments.

<http://www.thehealingpages.com/benefits-of-reiki-in-hospitals>

Hospitals are embracing Reiki and listening to what their patients request

Reiki in Hospitals. A survey conducted in 2007 indicated that in the previous year 1.2 million adults and 161,000 children in the U.S. received one or more energy healing sessions such as Reiki.

A 2008 USA Today article reported that in 2007 15% of U.S. hospitals (over 800) offered Reiki treatments as a regular part of patient services.

A research study at Hartford Hospital in Hartford, Connecticut indicated that Reiki improved patient sleep by 86 percent, reduced pain by 78 percent, reduced nausea by 80 percent, and reduced anxiety during pregnancy by 94 percent.

Edmonton's Cross Cancer Institute concluded that Reiki healing showed a highly significant reduction in pain in a pain management study including cancer.

<http://www.statsci.org/data/general/reiki.html>

Analysis (There were 20 total participants)

There was no relation between active medication use and reduction in pain score following treatment (Kruskal-Wallis, $p = 0.49$). Similarly there was no relation between length of time that pain had been experienced and reduction in pain (Kruskal-Wallis, $p = 0.87$).

17 participants on the VAS scale and 18 participants on the Likert scale reported a reduction in their pain following treatment ($p = 0.001$ and 0.0002 respectively). A comparison of the before and after scores using a

paired t-test showed a mean decrease in pain scores for the VAS scale of 2.25 and for the likert scale of 1.25 ($p < 0.0001$ for each test).

<https://www.researchgate.net/publication/6698910> The effect of Reiki on pain and anxiety in women with abdominal hysterectomies A quasi-experimental pilot study

The results were mixed regarding the use of the 3 types of postoperative analgesics. Reiki seemed to have no effect on the use of Toradol immediately following surgery. However, the control group continued to use Toradol for a longer period of time. The Reiki group may have had the energy to handle their pain for an extended period of time. According to Honervogt²⁴ and Stein,⁵⁸ energy is what the practitioner taps into when implementing Reiki with a recipient and this energy may have modified the pain experience as the human energy fields are repatterned.^{51,53} Because the Reiki group did not request any Dilaudid for breakthrough pain after the immediate postoperative period, the energy effect of the Reiki treatments was in the positive direction. Finally, the difference in state anxiety at discharge was an expected finding, because a premise from previous energy work research grounded in Rogerian theory holds that positive energy shared with a recipient may reduce anxiety.⁵² A secondary finding was that the length of surgery was longer for the control group even though all patients received the same anesthesia protocol. This result is similar to reported findings of Oz (cited in Brown⁵⁹), a surgeon supportive of Reiki as a relaxation technique. Conversations with the group participants revealed verbalizations of more pronounced relaxation effects for the preoperative Reiki sessions. Several participants reported falling asleep after the preoperative Reiki session, confirmed by the operating room nurses and the surgeon.

Hypnosis for Pain Management:

<http://www.apa.org/research/action/hypnosis.aspx>

Hypnosis is likely to be effective for most people suffering from diverse forms of pain, with the possible exception of a minority of patients who are resistant to hypnotic interventions.

<https://www.apa.org/pubs/journals/releases/amp-a0035644.pdf>

The empirical support for hypnosis for chronic pain management has flourished over the past two decades. Clinical trials show that hypnosis is effective for reducing chronic pain, although outcomes vary between individuals. The findings from these clinical trials also show that hypnotic treatments have a number of positive effects beyond pain control. Neurophysiological studies reveal that hypnotic analgesia has clear effects on brain and spinal-cord functioning that differ as a function of the specific hypnotic suggestions made, providing further evidence for the specific effects of hypnosis. The research results have important implications for how clinicians can help their clients experience maximum benefits from hypnosis and treatments that include hypnotic components

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2752362/>

This review identified 13 published controlled articles that evaluated the efficacy of hypnosis for chronic pain. With the exception of two articles ([Appel & Bleiberg, 2005–2006](#); [Melzack & Perry, 1975](#)), the studies reviewed included a control condition for comparison. In each of the studies, the hypnosis intervention was demonstrated to be significantly more effective than a no-treatment condition in reducing pain in chronic-pain patients. Moreover, the efficacy of hypnosis in reducing pain was consistently confirmed for a wide variety of different chronic-pain conditions (e.g., cancer, low-back pain, arthritis pain, sickle cell disease, temporomandibular pain, disability-related pain).

https://www.researchgate.net/publication/26665230_Hypnosis_for_chronic_pain_management_A_new_hop_e

Although hypnotic analgesia is among the oldest treatments for pain, interest in its use seems to wax and wane. Currently, interest in hypnotic treatments for chronic pain appears to be on the rise, possibly due to (1) confirmation from imaging studies that chronic pain is largely influenced by, and may at times be primarily the result of, supra spinal neurophysiological processes; (2) evidence that hypnosis has observable influences on the neurophysiological processes associated with pain; and (3) empirical confirmation that hypnotic analgesia is effective for chronic pain management.

http://uir.unisa.ac.za/bitstream/handle/10500/1112/dissertation_cosser_cp.pdf?sequence=3

Hypnotic analgesia has been employed to assist in pain management, including the management of chronic head, neck and back pain (Bills, 1993). Holroyd (1996) cites three studies that employed hypnosis, namely Haanen's 1991 study into fibromyalgia; Patterson, Everett, Burns and Marvin's study in 1992 with burn patients; and Syrjala, Cummings and Donaldson's clinical trial in 1992, which used hypnosis for the reduction of pain and nausea in cancer patients receiving bone marrow transplants.