The use of reflexology in the health care setting therefore may have a beneficial effect on the health and wellbeing of breast cancer patients.

http://dx.doi.org/10.1016/j.eujim.2013.08.011

Exploring clients’ experiences of craniosacral therapy: A qualitative study (2012)
Nicola Brough1,∗, Sarah Stewart-Brown 1, Antje Lindemeyer 1, Jill Thistlethwaite2, George Lewith 3
1 Warwick Medical School, University of Warwick, Coventry CV4 7AL, United Kingdom
2 The University of Queensland, School of Medicine, 288 Herston Rd, Herston, Qld 4006, Australia
3 Complementary and Integrated Medicine Research Unit, Primary Care and Population Sciences, Faculty of Medicine, University of Southampton, Alderwood Health Centre, Alderwood Close, Southampton SO16 5ST, United Kingdom
E-mail address: NicolaBroughnicola@nicolabrough.com
(N. Brough).

Introduction: Current social and political factors are influencing the need for research within the field of Complementary and Alternative Medicine (CAM) and more specifically Craniosacral Therapy (CST). CST is one of a number of ‘body based’ or energy medicine practices which aim to support the body’s natural healing mechanisms. The mindset of practitioners and their beliefs about health, illness and bodily functions are different from those of conventional medical practitioners. It was essential to identify what outcomes and changes are important to clients having CST. There is limited published literature and gaps remain in understanding and knowledge surrounding CST.

Aims – Research Questions:
What changes do clients experience whilst engaging in the CST process?
What outcome measure would be suitable for a body based therapy such as CST?

Methods: Qualitative study based on constant comparative methods informed by grounded theory. Semi-structured interviews explored clients’ experiences. Inductive thematic analysis resulted in themes, concepts and vignettes.

Participants: Purposive sample of 29 (over 16 years old; had received six sessions or more of CST within a 12 month period).

Results: Four thematic areas were identified. Expectations of CST: Participants reported seeking a solution for pain relief, emotional and psychological issues, rehabilitation and stress relief. Changes and outcomes: Participants all described positive changes in health related quality of life. These changes were categorised into three domains body, mind and spirit. Most described positive change in more than one domain. Participants described how health status could change in three ways, reduction of symptoms (either sustained or temporary), recovery or complete resolution of symptoms and reassessment of the problem. No serious adverse affects were described. The CST Process: Participants reported their experiences, including altered states of consciousness, increased awareness, other specific sensations and emotions; and the value of the therapeutic relationship. The implementation of CST: Participants reported barriers to accessing CST, resolving scepticism, how CST was implemented. Overarching theme identified; increased awareness was underlying the themes in two of the four thematic areas and proved an important mechanism in the process of change. Outcome measures: measures commonly used in CAM were appraised against the outcomes reported: Warwick- Measure Your Medical Outcome Profile 2 (MYMOP2), Short Form-36v2 (SF-36) and Harry Edwards Healing Impact Questionnaire (HEHIQ). None of the measures cover all outcomes identified; each has advantages and disadvantages.

Discussion: Awareness seems to be the medium that links the themes changes and outcomes and CST processes. Participants’ perspectives changed in regard to their health status and interrelatedness of body, mind and spirit; utilising new skills of awareness allowed participants to notice processes in body, mind and spirit and in their interactions with self and others. Changes were identified in six domains including self-concept; mind-body-spirit links; psycho/emotional aspects; adoption of coping strategies; undertaking self-care and improved interpersonal relationships. The emerging theory was that the process of CST can bring about change experienced as recovery, relief and reduction of symptoms by fostering new levels of understanding and awareness of body mind and/or spirit and their interrelationships.

http://dx.doi.org/10.1016/j.eujim.2013.08.012

Developing Patient & Public Involvement (PPI) for research into using acupuncture to improve wellbeing for people with lower limb lymphoedema
Beverley de Valois1,∗, Teresa E. Young 1, Elaine Melsome 2
1 Supportive Oncology Research Team (SORT), Lynda Jackson Macmillan Centre, Mount Vernon Cancer Centre, Rickmansworth Road, Northwood, Middlesex HA6 2RN, UK
2 Mount Vernon Lymphoedema Service, Mount Vernon Cancer Centre, Northwood, Middlesex, UK
E-mail address: beverley.devalois@nhs.net
(B. de Valois).

Introduction: Following promising results of preliminary research into using acupuncture for improving wellbeing for cancer survivors with upper body lymphoedema, we wanted to begin investigation into improving quality of life for people with lymphoedema of the lower limbs. This is a more complex problem than upper body lymphoedema: swelling and heaviness of the legs affects mobility, with consequent impacts on