



# Massage Therapy for Patients With Cancer

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Massage therapy is one of the oldest healthcare practices still in current use. Chinese medical texts refer to its use more than 4,000 years ago, and Hippocrates wrote about “rubbing,” the ancient Greek term for massage (Greene, 2000). The foundation of contemporary massage therapy dates back to the mid-18th century. A Swede, Per Henrik Ling, developed it as a system of exercise that was both active and passive. With support from the Swedish government, Ling began to teach these methods at the Royal Central Gymnastic Institute, and these methods, known as “medical gymnastics” and “Swedish movement cure,” eventually became known as Swedish massage (Greene).

Massage therapy was introduced to the United States in the mid-19th century by two New York physicians and was used by a large number of physicians from 1880 to 1910 (Greene, 2000). As technological advances in health care occurred, use of therapeutic massage declined and was essentially abandoned between 1930 and 1940. However, in the 1970s, interest in massage resurfaced, and, today, massage therapy is one of the most widely accepted forms of complementary therapies (Geccsedj & Decker, 2001). The National Institutes of Health National Center for Complementary and Alternative Medicine officially recognizes massage as a manual healing method.

Data on the use of massage therapy by patients with cancer are difficult to interpret because massage therapy often is grouped with chiropractic use in many studies. However, researchers suggest that 18%–53% of adult patients with cancer use or have used massage therapy in conjunction with conventional cancer treatment (Kao & Devine, 2000; Morris, Johnson, Homer, & Walts, 2000). Children with cancer also sometimes benefit from massage therapy (Friedman et al., 1997), and it was found to be one of the top three complementary therapies used by people with HIV or AIDS in a study by Sparber et al. (2000).

## Benefits of Massage Therapy

Massage therapy is a methodical form of touch that provides comfort and promotes well-being by applying moving or fixed pres-

sure and movement of the body (Greene, 2000; MacDonald, 1999). Varying degrees of pressure and various techniques are used in the application of massage. Although massage therapy often is used to treat musculoskeletal disorders, it also can be used to treat stress and anxiety, improve mood, induce relaxation, and control pain (MacDonald). Massage also has been found to contribute to patients’ perceptions of “feeling stronger” and fosters the development of a positive relationship with healthcare personnel (Billhult & Dahlberg, 2001).

Few physiological studies of massage have been conducted. In one study, 29 men with HIV or AIDS received one-hour daily massages. Significant increases in the patients’ natural killer cell number, natural killer cell cytotoxicity, and soluble CD8 levels were observed. Major neuroendocrine findings, measured via 24-hour urine analyses, included a significant decrease in cortisol levels and decreased catecholamine levels (Ironson et al., 1996).

Some techniques and methods used in massage therapy are described in Table 1. A licensed massage therapist (LMT) may combine several of these techniques in a single session.

## Massage Therapy and Cancer

Many healthcare providers are not fully aware of the potential benefits of massage or may have concerns about its risks. Consequently, barriers to access are sometimes created. For years, massage therapy has been thought to initiate or accelerate cancer metastases in patients with cancer (Walton, 2000). Likewise, many massage therapists are concerned that massage—or even touch—will release cancer cells from a primary tumor (MacDonald, 1999).

A common myth that many patients and healthcare providers believe is that women with breast cancer who have undergone breast surgery with lymph node dissection cannot receive massage therapy (Chapman & Kennedy, 2000). These women can safely receive massage therapy; however, massage therapy from a LMT with specific training in the massage of patients with breast cancer is recommended. The length, depth, and speed

of the massage must be adjusted for patients receiving breast cancer treatment (Chapman & Kennedy). Also, if the patient has lymphedema secondary to axillary node dissection, specific therapy for lymphedema should be used as a separate modality or treatment.

Another concern is that massage therapy will promote cancer metastases. Metastases occur in three stages. Cancer cells are shed from the primary tumor, these cells travel via the blood or lymph channels, and the cells then settle in a secondary site. Theoretically, massage therapy applied locally and with sufficient intensity could aggravate cell shedding, especially if applied to a superficial tumor (Curties, 2000).

Leaders in massage therapy are developing new guidelines that will outline the educational preparation, clinical skills, and critical thinking needed to work with patients with cancer (Walton, 2000). Despite this, many massage therapists still rely on a physician’s order or note that contains directions for the therapy and permission to treat patients with cancer. The factors that a massage therapist considers in determining what technique can be used safely and effectively for a patient with cancer are tumor location, cancer stage, and location of any metastatic site(s). Walton reported that having knowledge about cancer and metastatic patterns is very important for a massage therapist treating a patient with cancer. LMTs need to know to avoid local and regional pressure in the area of the tumor and that the cause of any pain or discomfort must be determined before massage therapy may resume. LMTs also must have an understanding of the types of cancer treatment and potential side effects before beginning a treatment session (Walton).

## Massage Therapy After Surgery

Cancer surgery may result in thrombosis, infection, adhesions, lymphedema, and reduced functioning that may require adaptation or delay

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