

# Review of literature on cancer pain foot massage nursing essay



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The chapter deals with the literature review relevant to the present study. It is presented under the following headings.

review related to cancer pain and selected associated symptoms

Review related to foot massage, cancer pain and selected associated symptoms.

## **REVIEW RELATED TO CANCER**

Cancer is a major health problem that occurs in people of all ethnicities. The term cancer is a collective term describing a large group of diseases characterized by uncontrolled growth and spread of abnormal cells.

Normally, there will be a control of growth and proliferation of cells, when this orderly process is altered and extra cells accumulate together, it forms a neoplasm (or) tumor. A neoplasm can be either benign or malignant. Benign is defined as a usually harmless growth that does not spread or invade other tissue. Malignant is defined as a harmful tumor, capable of spread and invasion of other tissues for removed from the site of origin.

Human beings have had cancer in the earlier centuries. So it is no surprise that from the dawn of history people have described about cancer. The evidence of cancer dates back to about 1600 BC in Egypt. It is known as the Edwin Smith papyrus and is a manuscript of part of an ancient Egyptian script on trauma surgery. It states eight types of tumors or ulcer of the breast that were cured by cauterization, with a equipment called the “ fire drill”. The scripture says about the disease, “ there is no treatment”.

Cancer develops as a result of genetic alteration caused by one or more etiologic agents, resulting in uncontrolled cellular generation and proliferation. When an affected cell divides, the new cells contains the faulty genetic code within the deoxyribonucleic acid (DNA) and the malignancy grows (Luckmann, 1996).

## **REVIEW RELATED TO CANCER PAIN**

Pain is but one of a complex of symptoms experienced by clients with cancer. Pain is one of the most common, unaltered and uncertified problems for the clients with cancer. It is the outcome of a physiological series of electrical and chemical events that occur in the body. The International IASP defines pain as “ an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage”. In Indian scenario the incidence of new cases of cancer is about ten lakhs every year. The occurrence of pain in later phases of cancer approaches 70-80% one of the major threats of patients with cancer pain, which can occur as a result of the cancer itself or its treatment.

The cause of cancer pain results from the following:

Circulation become lesser due to blockage of blood vessels by the tumor

Bone metastasis

Opportunistic Infection

Inflammation secondary to infection

Physical and psychological distress

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Complications from the traditional treatments (e. g., chemotherapy, radiation)

Nerve compressions

Initially, pain may produce physiological signs such as flushing, tachycardia, diaphoresis and tachypnea. Patients with pain lasting more than 3 months (chronic pain) often do not display physiological signs and as a result, chronic pain often is understood.

## **Types of cancer pain**

Somatic (pain on the body surface or deep tissues),

Visceral (pain in the internal organs of the body)

Neuropathic (pain arising due to signaling problems in nerves)

These pain types can be experienced in chronic or acute manner according to the severity of the disease

## **REVIEW RELATED TO CANCER PAIN AND SELECTED ASSOCIATED SYMPTOMS.**

Pain and non pain cancer symptoms often go hand in hand and may exacerbate each other.

The need for new approaches to the ailment of multiple, associated symptoms in cancer is well identified. The Institute of Medicine of the U. S. National Academy of Sciences lists the control of cancer related pain, depression and fatigue as one of top 20 priority for improving healthcare.

Many researchers have observed the phenomenon that certain severe  
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symptoms present related to tumor and cancer treatments. Relieving distressed symptoms caused by the disease or by management not only is vital for improving quality of life in patients with cancer, but also has potential benefit for survival.

Nuhu et. al (2009) concluded in his study that cancer is a aggregate of physiological, physical complication along with the presence of pain. The pain affects the physical and physiology well being of cancer patients in a negative manner. He recommended to assess and manage pain and selected symptoms ' k' improve the quality of life of cancer patients.

John Wiley (2005) conducted a study in 106 terminally ill cancer patients attending a palliative case unit. He suggested that desire for hastened deaths is significantly related to feeling sad lack of appetite, pain and terminally ill cancer patients.

Gabriella Morusso et. al.( 1998) conducted a study in 94 patients regarding the needs of terminal cancer patient's factors associated with unmet needs and assessed psychological and symptoms distress related to unsolved needs. He stated that the needs of the patients should be carefully considered during the later stage of cancer to reduce the psychological and symptoms distress.

Zosia Chestecka (2010) reported that physical symptoms are highly prevalent in all types and all the stages of cancer, regardless of the time of diagnosis, treatment or in relapse. The physical symptom burden seems similar across a range of cancer types and stages. She suggested that

patients and their families should be motivated to reveal symptom like pain,  
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insomnia, fatigue with the caregivers and managing there symptoms will be important in betterment of the quality of life and functional status of cancer patients.

Susan et. al (2010) conducted a study among 90 hospitalized with cancer patients regarding the management of pain and pain related symptoms. The BPI and CAS were given once and VAS for pain three times a day and took the average of the three scores. The result of the study shows the pain interferes with the date activities and resulted in distressing physical and psychological symptoms.

## **2. 4 REVIEW RELATED TO FOOT MASSAGE**

Foot massage history dates back nearly 5, 000 years of age in China, Egypt, and India. It was Dr. William Fitzgerald, who rediscovered modern foot massage and first introduced as ‘ Zone therapy’ in the early 1990’s. In 1930’s the ideas of Dr. William Fitzgerald were refined by Eunice Ingham, an American physiotherapist, who identified sensitive reflex points by mapping out parts of body on specifically defined areas of the foot, which became known as foot massage Carlson (2006).

Dobhs (1985) states in the study stated that foot massage produce relaxation and are able to reduce the pain perception.

Kunz (2003) says that foot massage is a powerful natural health science that studied the relationship of the reflex areas in the feet, hands and ears to the rest of the body, so these areas can be manipulated with fingers in a manner to maintain the equilibrium of the body.

Carlson (2006) stated that benefits of foot massage are stress reduction, profound relaxation of all parts of the body, pain reduction, pain elimination, improved circulation, detoxification, improved organ function, increased range of motion, enriched quality of life and improves sleep-patterns.

Vanderbilt (2001) quoted that foot massage is now identified as a complementary therapy for people who are receiving standardized type of treatment for cancer (surgery, chemotherapy or radiation). Not only does body work bring nurturing touch to those who have been poked and prodded in the typical diagnosis and treatment, it has actually been proven in scientific studies to be beneficial for patients who are being treated for cancer. A 30 minutes foot massage session showed a statistically significant drop in pain levels in breast cancer patients.

Thompson (2005) said that foot massage is an alternative science that deals with the reflex areas in the feet, which correspond to all the organs and systems in the body. These points are worked on in specific foot massage manipulations that are generally pleasant. Foot massage is actually more likely to work with the person attempted to mobilize inner energies such as physical, mental and spiritual and is to fight any imbalance in the system.

## **REVIEW RELATED TO FOOT MASSAGE, CANCER PAIN AND SELECTED ASSOCIATED SYMPTOMS**

Grealish et. al (2006) concluded in this study that the use of foot massage is a non-pharmacological measure by nurses to alleviate pain and nausea in cancer patients who are hospitalized.

Swanson (2007) conducted a quasi experimental study at the School of Nursing, East Carolina University, Greenville, USA to compare the effects of caregiver administering foot massage for patients perceived cancer pain and anxiety. 86 participants with diagnosed metastatic cancer, with a pain score of two or higher on a 0-10 pain scale. Majority of the participants were females. 16 types of cancer were represented. 42 participant couples formed the experimental group and 44 couples formed the control group. One 30 minute partner delivered intervention was administered to cancer affected participants in the experimental group. The first ten minutes and last five minutes of the partner delivered foot massage session involved relaxing techniques. 0-10 scale, brief pain inventory, short-form, McGill Pain questionnaire were used to measure pain. Anxiety was measured using the visual analogue scale for anxiety. The researcher concluded that there was a tremendous change in the pain as well as anxiety in the experimental group. He suggested that the partner delivered foot massage is effective and it can be added to the care giving protocol for cancer patients.

Chunying (2002) conducted a study on 36 patients diagnosed with stomach cancer were divided into three groups; 12 cases in each group. Group A was given traditional treatment carried out by physician in the hospital. Group B was given foot massage group working as complementary therapy with traditional treatment. Group C was administered with massage of foot, hand, and lower legs as a complementary therapy with traditional treatment. The results showed that massage has an essential function in eliminating pain and related distressing symptoms



Young-IM et. al (2004) conducted a study to determine the effects of foot massage on nausea, vomiting, pain and anxiety in acute lymphocytic leukemia with high dose chemotherapy. They concluded by saying that all the above variable shown a significant decrease after the intervention.

Yang JH (2005) quoted in this study that foot massage was effective on nausea, vomiting and fatigue in breast cancer patients receiving chemotherapy. Therefore foot massage can be implemented as a nursing modality for clients with breast cancer receiving chemotherapy.

Hodgson H et. al ( 2000) conducted a study on “ Does Foot Massage impact of cancer patients quality of life? He bring forth these findings : s 100% of the experimental group benefited from an improvement in quality of life in these aspects such as appearance, appetite, breathings, communication with the physicians , family nurses, constipation and diarrhea, anxiety, isolation, malnutrition, mobility, mental status, nausea, pain, sleep and fatigue.

Won J. S. et. al (2002) stated in his study that foot massage can regulate the vital parameters, reduces general fatigue and improve the mental status, he recommended the use of foot massage as an effective nursing intervention in clients with cancer.

Dalton ( 2003) conducted a study in United States to assess the effects of foot massage, the effect of foot massage was assessed in 36 clients with cancer in which equi-analgesic dosing was calculated. The findings say that Foot massage gives a immediate and direct effect for patients with metastatic cancer who had pain.

Weinrich, et. al (2000) conducted a study at the School of Nursing, East Carolina University, Greenville on 23 patients diagnosed with breast and lung cancer. The patients were given a 30 minutes massage treatment by a certified therapist. The usual treatment was given as such. The results revealed that there was a significant decrease in pain.

Torry et. al (2003) conducted an exploratory study in College of Nursing, Iowa City, to examine the effects of therapeutic foot massage on pain perception, and relaxation levels in hospitalized patients experiencing significant cancer pain. Thirty minutes of therapeutic massage was administered on two consecutive evening to nine hospitalized males with pain secondary to cancer. The patients self report of pain and relaxation was measured by visual analogue scale before and immediately after the intervention. The physiologic parameters were obtained immediately after and finally ten minutes after the foot massage intervention. The results showed that the therapeutic foot massage therapy significantly reduced the patients level of pain (by an average of 60%) increase in relaxation by an average of 58%. In addition to this subjective measure, all physiological parameters tended to decrease from baseline, providing further indications of relaxation. In conclusion, the therapeutic massage is a beneficial nursing intervention that promotes relaxation and alleviates the perception of pain in hospitalized cancer patients.

Kutner (2008) evaluated in his study the efficacy of massage for decreasing pain, symptom distress and improving quality of life among persons with advanced cancer. 380 adults with advanced cancer who were experiencing moderate to severe pain were selected and randomly assigned to  
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experimental and control group six, 30 minute massage were conducted over 2 weeks; the primary outcomes were immediate and sustained (Brief pain Inventory Point Scale 0-10) change in pain. Secondary outcomes were immediate change in mood, heart rate, respiratory rate and sustained change in quality of life, symptom distress and analgesic medication use were assessed. The results demonstrated that massage was superior for immediate improvement in pain and mood.

Prakash (2008) conducted a quasi experimental study at Institute of Pain and Palliative Medicine Calicut, to determine the therapeutic effect of foot massage to reduce pain in metastatic cancer patients. 30 samples were studied using interrupted time series design. The result showed that foot massage has positive effect in pain intensity and physiological parameters.

Quattrin, et. al (2005) concluded in this study that foot massage can be considered as a adjunct with traditional treatments and executed by an expert, to help patients under chemotherapy to cope up with the health needs.

Sr. Vijaya (2006) concluded in the study that the foot massage is a very effective means of interacting with the patient. It provides a nurturing human touch in a very acceptable way with the Indian culture. She recommended the usage of foot massage as a complimentary therapy for cancer patients in palliative care.

Stephenson (2000) conducted a study in South Eastern United States with use of quasi experimental design. 23 patients with breast and lung cancer

Participated in the study. Relaxation techniques were administered to the  
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foot and ankle area for ten minutes. Quantified visual analog scale was used to assess the pain perception. The study finding that the foot massage had effect on both the cancer group but the effect on breast cancer group was more when compared to the lung cancer.