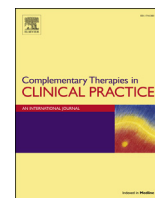




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The efficacy of traditional Thai massage for the treatment of chronic pain: A systematic review



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A B S T R A C T

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Rational and background: Traditional Thai massage (TTM) is an alternative medicine treatment used for pain relief. The purpose of this paper is to provide a systematic review of the research about the effects of TTM on pain intensity and other important outcomes in individuals with chronic pain.

Methods: We performed a systematic review of the controlled trials of the effects of TTM, using the keywords “Traditional Thai massage” or “Thai massage” with the keyword “Chronic pain.”

Results: Six research articles met the inclusion criteria. All of the studies found a pre- to post-treatment pain reductions, varying from 25% to 80% and was also associated with improvements in disability, perceived muscle tension, flexibility and anxiety.

Summary: The TTM benefits of pain reduction appear to maintain for up to 15 weeks. Additional research is needed to identify the moderators, mediators and to determine the long-term benefits of TTM relative to control conditions.

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1. Introduction

Chronic pain is a common problem associated with a great deal of suffering and disability world-wide [1–3]. The prevalence of chronic pain has been reported to range from 0.9% to 17.9%, with an incidence rate in the general population of about 8.2 per 1000 person-years [4]. The severity of pain and its negative impact experienced by anyone individual depends on many factors, including: genetic characteristics, general health status and comorbidities, pain experiences in childhood, the emotional and cognitive context, and cultural and social factors [5].

The most common treatments for chronic pain include analgesic medications, psychosocial therapy, and physical therapy [6]. Unfortunately, despite the evidence showing some benefits for some patients with these treatments, substantial numbers of individuals with chronic pain do not respond to these interventions

[1]. Moreover, because chronic pain can have both psychological and functional impacts, interventions based on biopsychosocial models – such as interdisciplinary pain treatment – are thought to be more effective than purely biomedical treatments [7,8]. However, for many patients, such treatments are not accessible, due to (1) limited availability of interdisciplinary pain care and (2) lack of funding [9]. Thus, there continues to be an urgent need for more treatment options for individuals with chronic pain.

Massage, including traditional Thai massage (TTM), is sometimes used by individuals with chronic pain for pain relief [5], and there are an increasing number of studies that have tested the efficacy of this intervention for reducing chronic pain intensity. The conclusions from four recent systematic reviews can be summarized as indicating (1) robust support for the short-term pain reducing effects of massage for low back pain [10,11]; (2) limited support for modest short-term pain reducing effects of massage for neck pain [12]; and (3) at best only modest support for the beneficial effects of massage for fibromyalgia and mixed chronic pain conditions [10–13]. However, “massage” is a label given to 100s of different treatments, and it is possible, even likely, that different massage techniques may be more or less effective. Thus, a

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review focusing on the efficacy of a very specific massage intervention – especially when there is an adequate number of controlled trials of that massage intervention, could help to clarify the effects of specific techniques.

TTM is an example of a specific technique that involves the application of deep tissue massage, often followed by passive stretching [14–16]. Moreover, although two controlled trials of TTM were included in two of the published systematic reviews of massage therapy for chronic pain [10,13], a number of additional TTM trials have been published since these reviews, which would allow for some preliminary conclusions regarding the efficacy of TTM, specifically. A summary of the findings from these studies would provide important information for clinicians regarding the potential of TTM to be of assistance with individuals with chronic pain, as well as guide further research to help determine if TTM is a viable stand-alone intervention or a viable component of interdisciplinary pain treatment. Thus, the primary objective of the current paper is to address this need for a summary of the findings from the published randomized clinical trials regarding the efficacy of TTM for reducing pain. A second objective is to examine the effects of TTM on other important outcome domains, as well as to determine what the evidence from existing trials can tell us about the possible mechanisms of TTM.

2. Material and methods

2.1. Study selection, data extraction, and study quality assessment

A comprehensive search strategy was used to identify all articles reporting the efficacy of TTM. We identified articles to include in the current systematic review by first performing a search of the Medline, PubMed, Scopus, EMBASE, and ISI Web of Science databases using the keywords “traditional Thai massage” or “Thai massage” coupled with the keyword “Chronic pain”. Inclusion criteria for the papers to include in the review were: (1) the paper had to have been published between January 1987 and December 2014; (2) at least one of the interventions evaluated had to have been defined as TTM; (3) the study must have been a controlled trial; and (4) the study must have measured pain intensity as an outcome. Exclusion criteria included the following: (1) a complete version of the paper was not available; (2) a participant population that presented with a primary diagnosis other than chronic muscle pain, such as Parkinson's disease or stroke. Article titles were reviewed to determine those that clearly did not meet the inclusion criteria and those that were required assessment in greater depth.

Once the articles that met the inclusion criteria were identified, we used a form to extract the following information from each study: first author and publication year, number and diagnosis of study participants, interventions studied (one of which had to be traditional Thai massage based on the inclusion criteria) and duration of treatment, and effects of the treatments on the outcome domains assessed (one of which had to be pain intensity based on the inclusion criteria). We also evaluated the quality of each of the included studies by evaluating them based on 12 items [43]. Each item was scored “Yes”, “No”, or “Unclear”. The studies that scored “Yes” on 8 or more quality domains were considered to be high quality, studies that scored 5 to 7 were rated as being of moderate quality, and all others were rated as being of low quality [43].

3. Results

Eleven studies were identified in the initial search, of which six met the inclusion criteria for this review [see Fig. 1]. Of the five studies that were excluded, two were excluded because of the unavailability of the full papers, and three were excluded because the primary diagnosis of the participants was not chronic muscle pain. The overall quality of the studies was as high in five and moderate in one of the studies; none of the papers were rated as being of low quality [see Table 1]. The key findings from these six studies are summarized in Table 2 in terms of (1) the effects of TTM on pain intensity, (2) the effects of TTM on physical flexibility and muscle tension (two mechanisms potential mechanisms of TTM), and (3) the effects of TTM on other secondary outcome domains. Table 1 presents a summary of key findings.

3.1. The effect of traditional Thai massage on pain intensity

In the earliest published RCT of TTM, they compared the effects of TTM with Swedish massage (SM) in 180 patients with chronic myofascial pain syndrome [14]. The study participants were randomly assigned to receive six 30-min sessions of either TTM or Swedish massage over the course of three to four weeks. They assessed pain intensity using a 0 to 10 Numerical Pain Scale (0 = “No pain”, 10 = “Most possible pain”), and pain sensitivity (pressure pain threshold) using an algometer before and after the first treatment session, as well as post-treatment and at 1-month follow-up. Pain reductions with TTM at the three assessment points, relative to baseline, were 25%, 63%, and 56%, respectively. Participants who received SM reported pain reductions of 35%, 62%, and 52%, respectively. The between group differences on the immediate (first session) treatment effects were statistically significant, favoring SM, but no between-group differences emerged with pain intensity reductions from pre- to post-treatment, or pre-treatment to 1 month follow-up. Both treatment groups also evidenced increases (improvements) in pressure pain threshold across the assessment points (TTM: 11%, 30%, 56%; SM: 8%, 31%, 38%), with the improvement in pressure pain thresholds at 1 month in the TTM participants significantly larger than those in the SM participants.

Mackawan and colleagues compared the immediate effects of TTM versus joint mobilization in a sample of 67 individuals with non-specific low back pain [17]. Participants were randomly assigned to receive a single 10-min session of either treatment. Pain intensity was assessed by using Visual Analogue Scale at pre-treatment and 5-min after the sessions. They found significant pre- to post-session decreases in pain intensity in both treatment conditions (TTM: 40% reduction, joint mobilization: 20% reduction), relative to baseline. The between-group difference in pain reduction was statistically significant, favoring TTM.

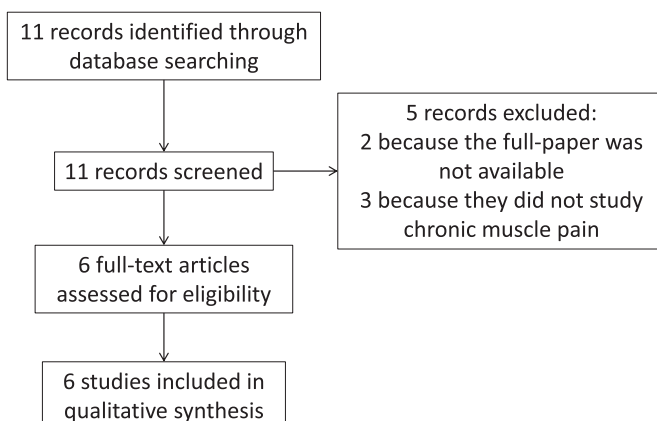


Fig. 1. PRISMA 2009 flow diagram.

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