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Introduction

“Complementary and alternative therapy (CAT) is a term used for practices and therapies that may not be part of the standard medical treatment plan.” (Hamlin et al, 2017, pp.449)

Complementary therapy is used “adjunct” to modern/traditional medical treatment rather than as a complete treatment. “The past 10 years has seen a significant increase in the amount of complementary medicine being accessed through the NHS”. They have been developed in Physiotherapy departments, rheumatology, hospices, obstetric and clinical psychology departments. This shows that complementary medicine will continue to be integrated into conventional medicine. Due to this ever-growing trend and demand assessing the history, effectiveness, efficacy, the use, and concerns of these therapies will improve the services they provide for social care. (Vickers and Zollman, 1999, pp. 901-904)

There are many different practices of complementary therapy. Examples are Yoga, deep breathing, chiropractic, and herbs. The therapy that this supporting paper will be focusing on is evaluating the overall efficacy and effectiveness of massage. (Hamlin and Robertson, 2017, p.1)

History

The oldest known Chinese document, dating around 2700 BC, mentions massage therapy. The title is ‘The Yellow Emperor’s Classic Book of Internal Medicine’. Thousands of years later, this book is still in use. Other civilizations, such as the Greeks and Romans, were highly impacted by their studies and custom. It is said Greeks used massage as a treatment for athletes at the time to prepare them both physically and mentally before entering the playing fields. (Therapy, 2021)

Until the early 20th century, massage was widely accepted in Europe as one of the most effective treatments for a range of conditions (Ernst, 2003). Since then, the invention of modern medicines meant that there was a steep decline in massage therapy. However, massage therapy is making a comeback. From 1990 to 1997 the prevalence of massage increased from 6 to 12% (Ernst, 2003). 83% of physicians feel that massage is beneficial for their own practice and 71% refer patients to massage therapists. (Ernst, 2003).

Uses

Since ancient times, massage has been a technique adopted for its health purposes. The use of forceful massage is thought to promote healing by boosting blood and lymph circulation. (Vickers et al, 2001). The last 20-30 years have seen complementary therapists adapt the Swedish massage technique brought about by Henrik Ling in the 19th century. Swedish massage therapy places greater emphasis on the spiritual and psychological aspects of treatment (Vickers et al, 2001). Benefits of massage in Europe now focuses more on the “calmness or wholeness in terms of loosening stiff joints or improving blood flow” (Vickers et al, 2001). In contrast to the vigorous massage, Swedish massage is gentler and calming. From the evidence, it's clear the main two types of massage are used to relieve pain in different ways. In vigorous massages, efforts are placed on relieving muscle soreness and improving circulation of blood whilst the Swedish massage is therapeutic – it allows us to feel calm and reduces stress.

Efficacy

Massage therapy has been demonstrated to be very beneficial in preventing future chronic illness and issues by successfully addressing the underlying source of the problem. According to recent research by Volkmann, (2015), over 80% of discomfort in chronic illnesses is caused by soft tissue injuries, with over 74% being directly tied to trigger points. Massage treatment is highly cost effective in addition to removing the source of the discomfort and assisting the individual in living a less difficult life. There is less time spent away from work or dealing with the adverse effects of painkillers (Volkmann, 2015). According to research by Kumar, Beaton, and Hughes, (2013) there were nine systematic reviews found. The systematic reviews' methodological quality ranged (from bad to good), but the original research that informed these systematic reviews was frequently of poor quality. The data suggest that massage, “when compared to placebo and some active” (Kumar et al, 2013, pp.733) therapy choices (like relaxation), may be a beneficial therapeutic option, especially in the short term. When comparing the effectiveness of massage therapy for treating of generalised low back pain to other manual treatments (like mobilisation), normal medical care, and acupuncture, there are inconsistent and contradicting data. When comparing the effectiveness of massage to other common

therapy methods including regular medical care, movement, and acupuncture in reducing short-term pain and impairment, the evidence is mixed. When compared to massage therapy, spinal manipulative therapy appears to regularly give greater results. There was no evidence of massage therapy's long-term benefit in that research.

Contraindications

There are times when massage isn't acceptable due to the hazards associated. Massage often is said to have adverse effects on specific afflicted areas. For example, an open sore of any type, bruises, and burns. However, may still be used for the rest of the body. Massage, on the other hand, should be avoided in some cases due to the hazards it poses to particular people. While some massage professionals feel that for customers in the early and severe phases may benefit from such conditions, massage can hasten the development of the infection and amplify its severity, others believe that massage can hasten the onset of the infection and heighten its severity. Massage increases natural killer cells, which fight cancerous, viral, and bacterial cells, so it is impossible for massage to worsen cold symptoms. Clients with cold or flu symptoms must be delayed because to the danger of transmitting to others, not because of any risk to themselves, although, whatever congestion they were feeling would be exacerbated by resting face down in the face cradle. Massage is not recommended if the client has diabetic neuropathy since the client will not be able to determine if the pressure is too deep. The customer would not be able to tell whether the stones were scorching him or her, hot stone massage is likewise not recommended. Any location where insulin has just been administered should be avoided by diabetic massage clients who are suffering numbness due to nerve loss. This is because massage may expedite insulin absorption. Massage is not recommended for those with liver failure since it boosts the amount of fluid returned to the bloodstream from edema or ascites, putting even more strain on an already weakened liver. Furthermore, because the liver combines several clotting factors, persons with damaged livers may have bruising. Haemophilia is a congenital blood disorder characterized by delayed blood clotting and prolonged or severe internal or external bleeding following an accident or surgery. In persons with acute and mild haemophilia, even little stress to muscles and joints can induce internal bleeding. Customers who use blood thinners like Warfarin are more likely to

experience internal bleeding and bruises. Drinking and addictive substances limit a client's capacity to detect whether a massage is too vigorous or too deep, raising the risk of injury during the massage. Massaging a customer who is intoxicated and dehydrated may likely feel much more dehydrated after a massage. Massage must be discouraged during the inflammatory phases or acute flare-ups of autoimmune disorders such as rheumatoid arthritis, scleroderma, or lupus since the skin may be uncomfortable to touch. (Zipter, 2019)

Effectiveness

There are many benefits to massage therapy, nevertheless there are also downsides which can deter individuals from taking part in it. Firstly, massage can cost a lot of money if delivered by a professional massage therapist. (Kastrati, 2020) If a physiologist or doctor hasn't referred an individual to a practitioner through the NHS this often costs a lot of money, especially if you need massages on a weekly basis. Massage rooms (2021) state that on average massages cost £67 for a one-hour treatment. This doesn't even include the cost of specialist products that may be needed. Individuals who earn minimum wage may not be able to afford this therefore we see an increased amount of people living with non-specific back pain for example, if not treated this can result in chronic back pain. Secondly, massages are very time consuming. They can last from 60-90 minutes. If you're a parent (especially single parent), you may not have time to have a massage as you have different responsibilities. This can include work, picking up children from school, making dinner or household cleaning. In addition, body image is a big factor which deters people from having a massage. Dunigan, King & Morse (2011) note that "women who hold a negative body image may avoid massage due to shame or embarrassment" (Fascia and fitness, 2016), (Dunigan et al, 2011, pp.411- 414). If an individual holds a negative attitude toward massage and avoids treatment, their injuries/problems may get worse. A review of literature by Ernst (1999) has revealed "that massage therapy has only been assessed as a control rather than as an intervention". This suggests that massage therapy is beneficial only in the short-term and it can't be a viable solution for chronic conditions.

Conclusion

Massage treatment is not a cure for sickness or disability, but it may be used to treat a variety of ailments in both the brain and the body. Medical massage has been demonstrated to be very beneficial in preventing future chronic illness issues by successfully addressing the underlying source of the problem. According to recent research, over 80% of discomfort in chronic illnesses is caused by soft tissue injuries, with over 74 % being directly tied to trigger points.

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