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Various topics

Bone marrow transplant leukaemia patients and kinesiological muscle balance through Touch for Health

Mager S.¹, Weber I.L.², Endler P.C.²

¹Internationale Kinesiologie Akademie, Frankfurt / Main

²Interuniversity College for Health and Development, Graz / Castle of Seggau, Austria

Objective

This study investigates the influence of kinesiological muscle balance acquired through Touch for Health on the muscle power of leukaemia patients after bone marrow transplantation.

Background

The advance of naturopathic concepts in the field of physiotherapy has led public health policy to shift its focus towards the evidence base of such treatments. Investigations to this end are of interest not only to physiotherapists but also to cost bearers and to critics and proponents alike; they are moreover in the patient's interest.

Methods

The present randomised controlled study was planned and carried out in accordance with CONSORT recommendations. 10 allogenic or autologous transplant patients between 34 and 58 years of age were enrolled. All patients received the usual medically prescribed rehabilitation programme, while half (5 persons) were additionally treated with the kinesiological "14 muscle balance" method derived from the Touch for Health system: determination of responsiveness and consent; massage of neurolymphatic points; gentle touch of neurovascular points; strengthening of meridians in their flow direction; origin-insertion technique; plucking of muscles across fibre orientation. The maximum strength of each of the 14 muscles was measured in flexion or extension with a dynamometer before and three weeks after the intervention. Measurements were performed by a blinded assistant, i.e. without knowledge of which patient belonged to which group.

Results

In the Touch for Health group (5 persons) maximum strength increased by 20 – 30% both in flexion and in extension between the two measurements, while in the control group it decreased by 9%. Due to the low number of patients the difference was not significant however ($p > 0.05$).

Conclusions

This pilot study suggests that kinesiological muscle balance as taught by the Touch for Health system has a stimulating effect on the muscle strength of patients undergoing rehabilitation after bone marrow transplantation for leukaemia. Since the devotion of attention and sympathy to the patient is an inherent part of Touch for Health sessions, it is not possible to determine how much of the overall improvement is attributable to the specific techniques of Touch for Health and how much to the associated unspecific psychosocial effects or placebo effects.