



RESEARCH ARTICLE

INTEGRATING ACUPRESSURE TECHNIQUE WITH NURSING CARE

Harshna Richard Qadir

Assistant Professor ACON Amity University Haryana.

Manuscript Info

Manuscript History

Received: 10 October 2023

Final Accepted: 14 November 2023

Published: December 2023

Key words:-

Acupressure, Acupoints, Pain Management

Abstract

Based on traditional Chinese medicine principles, the practice of utilizing acupressure to relieve symptoms like pain, during first stage of labor, diverse pain, nausea vomiting, discomfort, sleep quality, fatigue, dysmenorrhea etc., aid in healing process, induce relaxation, and enhance overall well-being¹. Acupressure serves as a complementary therapy employing fingers and hands to stimulate acupoints and maintain the balance of energy. A review study explored that Acupressure demonstrates efficacy in alleviating diverse types of pain across various demographics. This review initiates the establishment of a robust evidence foundation supporting acupressure's role in pain management. Healthcare providers could consider integrating acupressure into their practice as a viable alternative therapy to assist patients experiencing pain². This noninvasive technique has been demonstrated to be successful, has no risk, and is simple to incorporate into nursing practice/ nursing care¹. According to some preliminary research acupressure may be beneficial for headache, post operative pain, and low back discomfort. Pain from further illness might also help. The LI 4 pressure point is occasionally used to treat headaches³. As part of their emphasis on providing holistic patient care, nurses are increasingly using acupressure to help comfort, pain management and symptom control. According to many research reports, acupressure may be regarded as a viable nursing intervention⁴. The author explores potential clinical applications of acupressure, delineates the technique, discusses methods for evaluating patient outcomes and proposes strategies to enhance future research on this integrative intervention.

Copy Right, IJAR, 2023,. All rights reserved.

Introduction:-

Acupressure is a form of massage therapy whereby specific body points are manually compressed. It is a type of traditional Chinese medicine (TCM) that functions similarly to acupuncture but without the need for needles – instead using fingertip pressure. According to ancient Chinese teachings, **Qi** is a vital energy present in everything. Imbalances in this energy can have negative health consequences. Traditional Chinese Medicine (TCM) focuses on balancing this energy. One way to do this is through acupressure. This technique involves applying pressure to certain pressure points.⁵

Meaning

Acu means – To remove.

Corresponding Author:- Harshna Richard Qadir

Address:- Assistant Professor ACON Amity University Haryana.

In Latin Acus means – “Needle”.

Pressure means –

Applying that much force, which is enough to cure the disease or relieve the pain or discomfort.

Hence Acupressure is to remove a disease by applying pressure on some distant pressure point or sometime time on Local pressure point. This pressure is applied either manually by fingers, thumbs, knuckles or through various acupressure instruments.⁶

Acupressure stands out due to its ability to address a broad spectrum of ailments. Here are just some of the many conditions people have claimed to have relieved with this technique successfully: Anxiety & stress, Headaches & Migraines. Insomnia or sleep disorders, Digestive issues, Menopause symptoms etc⁷.

Nursing is a profession or practice of providing care to sick and ill people. Nursing involves providing independent as well as cooperative care for individuals spanning all ages, families, groups and communities whether they are unwell or in good health, across various setting⁸.

The unique function of nurses in caring for individuals, sick or well, is to assess their responses to their health status and to assist them in the performance of those activities contributing to health or recovery or to dignified death that they would perform unaided if they had the necessary strength, will, or knowledge and to do this in such a way as to help them gain full of partial independence as rapidly as possible (Henderson, 1977, p.4)

Indications of using Acupressure in Nursing

Nurses are increasingly incorporating acupressure into their comprehensive patient care strategies, aiming to provide comfort, manage pain, and alleviate symptoms. Numerous research reports suggest that acupressure holds promise as a valuable nursing intervention. Its practical advantages include being non-invasive, cost – free and relatively simple to acquire. Crucially, as it doesn't rely on tools or products, acupressure is more accessible compared to medical procedures, making it easily teachable to patients for holistic self-care. Once patients grasp the techniques, they can self-administer acupressure at home as needed, reducing their reliance on frequent clinic visits⁹.

In the clinical practice there are various indications for the use of acupressure, with most research focused on nausea and pain. Acupressure has been shown to be effective in treating many symptoms what patient is experiencing in hospital due to sickness either taking treatments or going through natural processes¹⁰.

Acupressure on pain reduction during first stage of Labour:

A systemic review of 10 randomized controlled trials analysed the effect of significant pain relief during first stage of labour. In November 2018, a search across five major electronic databases was conducted to screen English articles. Only randomized controlled trials (RCTs), comparing acupressure with either placebo or no intervention were included. The primary outcome measured was the intensity of Labour pain, and the most used acupoints were L14 and SP6. Results from pooled analyses revealed that during the active and transitional phases, acupressure significantly reduced labour pain compared to placebo. (pooled MD -1.91; 95% CI -2.73,-1.08; pooled MD -3.03; 95% CI -5.03,-1.02, respectively). Acupressure was also superior to no intervention group at the active (pooled MD -3.00; 95% CI -3.88,-2.13) and transitional phase (pooled MD -2.03; 95% CI -3.72,-0.35). Additionally, acupressure demonstrated superiority over the intervention group during both the active (pooled MD -3.00; 95% CI -3.88, -2.13) and transitional phases (pooled MD -2.03; 95% CI -3.72, -0.35)¹¹.

Acupressure effects on chronic Low Back Pain:

A single – blinded randomized clinical trial was conducted among 50 nurses suffering from chronic low back pain. Following simple sampling, participants was randomly divided into two groups – acupressure and sham by using lottery method with 25 patients in each group. The experimental group underwent the intervention administered by the researcher three times a week over 3week duration. Meanwhile, the sham group received placebo interventions. Data was collected through VAS questionnaire before the intervention and immediately after as well as at 2 weeks and 4 weeks post – intervention. The analysis of the data was carried out using descriptive and inferential statistical methods in SPSS version 18. a significant difference was observed Immediately, 2 weeks, and 4 weeks after performing intervention. Further, the mean pain severity scores in intervention group significantly decreased

compared to the sham group ($P = 0.000$). Conclusion: Acupressure on specific points was proved to reduce pain. Thus, acupressure can be used as no medicament, inexpensive, and without side effects treatment in reducing pain¹².

Acupressure effect on Nausea & vomiting:

A randomized, single-blind, placebo – controlled clinical trial research study was conducted on impact of using P6 acupressure on nausea, vomiting, and comfort of 90 myocardial infarction patients who were experiencing persistent nausea despite taking anti emetic drugs. P6 is the point found three finger-widths away from the wrist, roughly in the middle of the forearm. Patients were divided into three groups : acupressure, placebo, and control. Data was collected on severity of nausea, comfort, frequency of nausea, vomiting and retching before and after intervention at different time points. The patients in the acupressure group experienced significantly lower severity of nausea, frequency of vomiting, nausea, and retching and increased comfort levels compared to placebo and control groups during the two, four and 6hours post intervention($P < 0.05$). No significant variance was observed between placebo and control groups ($P < 0.05$). over the 24- hours period after the application of P6 acupressure, the administration of anti-emetic drugs to acupressure group was significantly lower in comparison to the placebo and control groups ($P < 0.05$). conclusion: The result depicted that P6 acupressure reduces nausea, vomiting and retching and increases the level of comfort in myocardial patients¹³.

A randomized multi - center clinical trials was conducted to check the effect of acupressure on the Nausea, vomiting and retching on 90 pregnant women with an average age of 26.40 ± 4.73 years, attending health centers and Ommolbanin Hospital in Mashhad, Iran from December 2016 to September 2017. Participants were randomly divided into three groups distributed evenly (30 participants per group): (1) receiving PC6 pressure (applied four times daily for 10 minutes), (2) sham acupressure, and (3) medication involving vitamin B6 and metoclopramide. The assessment of nausea, vomiting, and retching severity was conducted using the Rhodes Index before and after the intervention on the first and fifth days. Significant differences were observed among the three groups on the fifth day regarding vomiting frequency, nausea distress, frequency of nausea and frequency of retching. Investigator concluded that the application of PC6 acupoint pressure appears to reduce the severity of nausea, vomiting and retching in pregnant women based on the outcomes of this study¹⁴.

Acupressure effect on pain, fatigue, and sleep quality:

A randomized controlled study conducted on 60 colon and pancreatic cancer patients receiving chemotherapy to investigate the effects of acupressure on pain, fatigue, and sleep quality. Participants were divided into two groups 30 in the intervention and 30 in the control group, between June and October 2021. Participants of the intervention group were tasked to complete 16 acupressure sessions over a span of 4 weeks, twice a week in the morning and afternoon sessions, each lasting a total of 18 minutes. These sessions involved preparation and application of pressure on 4 specific pressure points. In contrast, participants in the control group did not undergo any interventions through out the study duration. Data collection involved the use of a personal information form, the Pittsburgh Sleep Quality Index, the Piper Fatigue Scale, and the visual analog scale and found the statistically significant difference. The investigators concluded that self- acupressure proved to be successful reducing pain, fatigue and sleep disturbances among patients undergoing chemotherapy for colon or pancreatic cancer. They emphasized self – acupressure is an applicable, accessible and inexpensive method in management of cancer- related symptoms and it can be supported and maintained in nursing implications¹⁵.

Acupressure effects on dysmenorrhea:

A crossover clinical trial research was conducted on 50 females aged 18-30 years to find out the effects of acupressure at Sanyinjiao (SP6) and DiJi (SP8) acupoints on pain severity of primary dysmenorrhea and the associated systemic symptoms. Participant were randomly assigned to one of two groups and evaluated during three menstrual cycles. Researchers found that the severity of dysmenorrhea pain diminishes significantly for up to 2 hours following acupressure treatment at SP6 and SP8 points ($p < 0.001$). additionally. Following acupressure administered at the acupoints of SP6 and SP8 proved notable decrease in the severity of the systemic symptoms except nausea and vomiting. Fatigue was notably reduced to a greater extent at the SP6 point compared to the SP8 point ($P = 0.004$). they concluded that acupressure at the SP6 and SP8 points can reduce pain severity of dysmenorrhea for up to 2 hours after application, and these points may be reduced the severity of systemic symptoms accompanying dysmenorrhea¹⁶.

In another study of the effects of acupressure on menstrual distress and low back pain, investigators randomly assigned 129 female students experiencing dysmenorrhea with low back pain during menstruation. characterized by

a visual analog scale (VAS) pain score higher than 4 into 2 group experimental group (n=65) and control group(n=64). Patients in experimental group received acupressure massage three times a week for 30 minutes on the sanyinjiao (SP6), ciliao (BL32), and taichong (Liver 3) acupoints whereas control group received only a manual of menstrual health education without acupressure intervention. Data were gathered at 5 specific intervals: initially, at 30 minutes post intervention, and subsequently at 4.8 and 12 months following the intervention. Throughout the 12 – months follow – up period, the experimental group displayed notably reduced scores for menstrual distress and lower back pain compared to control group. Within the experimental group consisting of 65 participants, 53 individuals (about 82%) reported experiencing moderate to high levels of menstrual distress relief, while 51 participants (roughly 78%) noted moderate to high levels of relief from lower back pain. Moreover, 49 individuals (approximately 75%) expressed moderate to high levels of satisfaction with the effectiveness of acupressure. These findings could potentially offer guidance for healthcare practitioners and young women, aiding in enhancing self-care practices during menstruation. Additionally, they contribute to a deeper comprehension of the therapeutic benefits of acupressure in addressing menstrual distress and lower back pain.¹⁷

Acupressure might elevate mental health and good health:

Acupressure is believed to positively impact mental health. According to Mathew Cavanaugh, a chiropractor from Lafayette, Louisiana, there are anecdotal accounts suggesting that it induces relaxation. Studies indicate that this therapy could potentially reduce stress levels and enhance overall health and wellness. One study of 59 shift-work nurses in South Korea found that 15 minutes of acupressure a day for three days led to significant improvements in stress, fatigue, and anxiety compared with the control group.

Other research studies propose that acupressure could potentially assist in managing symptoms associated depression. A systematic review released in January 2022 in the world Journal of Psychiatry determined that this technique decreased symptoms among individuals with mild to moderate depression in comparison to the control group¹⁸.

Acupressure technique:

The acupressure therapist normally uses the distal finger pads to apply gentle to firm pressure at specific locations designated as key energy points on the body in order to stimulate the flow of qi within the body, thus supporting the body's self-healing capabilities. When receiving acupressure, it is important that patients focus their attention on their breathing in order to trigger the parasympathetic response, which enhances the treatment¹⁹.

Determining the level of pressure during acupressure should be based on the patient's weakness or strength, a factor not covered in the studies reviewed for this article. Frail elderly individuals and young children necessitate a gentle pressure compared to healthy adolescents and adults. Although Acupressure points are sensitive to touch, but it can't be the reason to avoid using it but its an indication that therapist has identified the point accurately. Ensure the patient understands that any discomfort should not exceed mild levels, and regularly check with the patient to confirm their tolerance, adjusting as necessary. If patient reacts with discomfort upon touching the point, start with a mild pressure slightly firmer than that required to check a radial pulse. Gradually increase the pressure within the next minute. Ensure the patient understands that any discomfort should not exceed mild levels, and regularly check with the patient to confirm their tolerance, making adjustments as necessary. Usually, pressure is applied for about 15 to 20 seconds, although this duration can extend to a maximum of one minute per acupressure point. Simultaneously application to bilateral points is possible unless patient anatomy or any injury prevents it, in which case unilateral pressure is acceptable. Encourage patient to get relaxed by slow and deep breathing during entire process.

As a standard nursing care, the therapist should maintain short fingernails to prevent accidental contact with the patient's skin. Avoid applying pressure to areas with bruises or open wounds and refrain from administering it to patient sensitive areas to touch²⁰.

Assessing outcomes involves monitoring symptom reduction or elimination through effective stimulation of the relevant acupressure points.

Integrating Acupressure with Nursing care

A study involving more than 700 critical care nurses revealed that individuals who incorporated integrative therapies into their personal routines exhibited higher familiarity with these practices and demonstrated a greater propensity to integrate such approaches into their professional roles²¹.

Integrative nursing care uses evidence-based practice to promote patients' ability to heal, emphasizing the use of the least invasive interventions.²² Integrative practice allows nurses to use acupressure alone or in conjunction with other approaches to treat moderate to severe symptoms.

Nurses are encouraged to verify with their state boards of nursing regarding the use of integrative therapies. In many states, integrative therapies are within a nurse's scope of care; some state boards clarify this on their Web sites. Several states, including Minnesota, Texas, North Dakota, and North Carolina, include the use of integrative therapies in their scope of nursing practice guidelines²³⁻²⁶.

References:-

1. Wagner J. CE: Incorporating Acupressure into Nursing Practice. Am J Nurs. 2015 Dec;115(12):40-5; quiz 46-7. doi: 10.1097/01.NAJ.0000475290.20362.77. PMID: 26559160.
2. Chen YW, Wang HH. The effectiveness of acupressure on relieving pain: a systematic review. Pain Manag Nurs. 2014 Jun;15(2):539-50. doi: 10.1016/j.pmn.2012.12.005. Epub 2013 Feb 15. PMID: 23415783.
3. Sabrina Felson. Acupressure points and massage treatment. Webmed. October 31, 2021. <https://www.webmd.com/balance/acupressure-points-and-massage-treatment>.
4. Maa SH. [Application of acupressure in nursing practice]. Hu Li Za Zhi. 2005 Aug;52(4):5-10. Chinese. PMID: 16088775.
5. Kerry Boyle. What is acupressure. Medicinal News Today. August 16, 2023. <https://www.medicalnewstoday.com/articles/what-is-acupressure>
6. B.R Chaudhary.
7. David & Maria. How acupressure treatment can improve your health. D&M Treatments. September 15, 2023. <https://dmtreatments.com/how-acupressure-treatment-can-improve-your-health/>
8. ICN. International Council of Nursing. definitions. <https://www.icn.ch/resources/nursing-definitions#:~:text=Nursing%20encompasses%20autonomous%20and%20collaborative,ill%2C%20disabled%20and%20dying%20people>.
9. Maa SH. [Application of acupressure in nursing practice]. Hu Li Za Zhi. 2005 Aug;52(4):5-10. Chinese. PMID: 16088775.
10. Judy Wagner. Incorporating Acupressure into Nursing practice. AJN. December 2015, vol 115. No 2. <https://nursing.ceconnection.com/ovidfiles/00000446-201512000-00025.pdf>
11. Raana HN, Fan XN. The effect of acupressure on pain reduction during first stage of labour: A systematic review and meta-analysis. Complement Ther Clin Pract. 2020 May;39:101126. doi: 10.1016/j.ctcp.2020.101126. Epub 2020 Feb 29. PMID: 32379664.
12. Movahedi M, Ghafari S, Nazari F, Valiani M. The Effects of Acupressure on Pain Severity in Female Nurses with Chronic Low Back Pain. Iran J Nurs Midwifery Res. 2017 Sep-Oct;22(5):339-342. doi: 10.4103/ijnmr.IJNMR_108_16. PMID: 29033985; PMCID: PMC5637139.
13. Sahar Afshar, Mahnaz Khatiban, Ali Safdari, Zahra Khalili, Alireza Soltanian, Mamak Hashemi, Seyed Kianosh Hoseini. The impact of using P6 acupressure on the nausea, vomiting, and comfort of myocardial infarction patients: A randomized, single-blind, placebo-controlled clinical trial, Contemporary Clinical Trials Communications, Volume 36, 2023,101238, ISSN 2451- 8654, <https://doi.org/10.1016/j.conctc.2023.101238>. (<https://www.sciencedirect.com/science/article/pii/S2451865423001849>)
14. Fatemeh Tara, Hamidreza Bahrani-Taghanaki, Masoud Amini Ghalandarabad, Ziba Zand-Kargar, Hamideh Azizi, Habibollah Esmaily, Hoda Azizi; The Effect of Acupressure on the Severity of Nausea, Vomiting, and Retching in Pregnant Women: A Randomized Controlled Trial. **Complement Med Res** 21 August 2020; 27 (4): 252–259. <https://doi.org/10.1159/000505637>
15. Bahçecioglu Turan G, Özer Z, Yanmış S, Aksoy A. The Effects of Self-Acupressure on Pain, Fatigue, and Sleep Quality in Colon and Pancreatic Cancer Patients Receiving Chemotherapy: A Randomized Controlled Study. Cancer Nurs. 2023 Nov-Dec 01;46(6):457-466. doi: 10.1097/NCC.0000000000001193. Epub 2023 Jan 16. PMID: 36728147.

16. Gharloghi S, Torkzahrani S, Akbarzadeh AR, Heshmat R. The effects of acupressure on severity of primary dysmenorrhea. *Patient Prefer Adherence*. 2012;6:137-42. doi: 10.2147/PPA.S27127. Epub 2012 Feb 13. PMID: 22379364; PMCID: PMC3287417.
17. Chen, Huei-Mein & Wang, Hsiu-Hung & Chiu, Min-Huei & Hu, Hsou. (2014). Effects of Acupressure on Menstrual Distress and Low Back Pain in Dysmenorrheic Young Adult Women: An Experimental Study. *Pain Management Nursing*. 16. 10.1016/j.pmn.2014.06.002.
18. Ashley Welch. Medically reviewed by Justin Laube 5 potential Health Benefits of Acupressure Therapy. *Every Day Health*. August 10, 2023. <https://www.everydayhealth.com/integrative-health/potential-health-benefits-of-acupressure-therapy>.
19. Schaffer SD, Yucha CB. Relaxation and pain management: the relaxation response can play a role in managing chronic and acute pain. *Am J Nurs* 2004;104(8):75-82.
20. Judy Wagner. Incorporating acupressure into nursing practice. *AJN*. December 2015. Vol. 115, No 12. <https://nursing.ceconnection.com/ovidfiles/00000446-201512000-00025.pdf>
21. Lindquist R, et al. Personal use of complementary and alternative therapies by critical care nurses. *Crit Care Nurs Clin North Am* 2003;15(3):393-9, x
22. Koithan M. Concepts and principles of integrative nursing. In: Kreitzer MJ, Koithan M, eds. *Integrative nursing*. New York: Oxford University Press; 2014. p. 3-16. *Weil integrative medicine library*
23. . American Holistic Nurses Association. Nurse practice acts by state: Nurse Practice Act (NPA) references to holistic nursing or CAM—analysis summary June 2014. 2014. <http://www.ahna.org/Resources/Publications/State-Practice-Acts>
24. . Minnesota Board of Nursing. Statement of accountability for utilization of integrative therapies in nursing practice. Minneapolis; 2003 [reaffirmed 2010]. http://mn.gov/health-licensingboards/images/Integrative_Therapies_statement.pdf.
25. North Carolina Board of Nursing. Complementary therapies. Position statement for RN and LPN practice. Raleigh, NC; 2013 Feb. <http://www.ncbon.com/myfiles/downloads/position-statements-decision-trees/complementary-therapies.pdf>.
26. Texas Board of Nursing. Practice—Texas Board of Nursing position statements: 15.23. The use of complementary modalities by the LVN or RN. Austin, TX; 2013. http://www.bon.texas.gov/practice_bon_position_statements_content.asp#15.2.