

Is Massage a Beneficial Intervention?



I admit it! I love hands-on massage. I had my first massage when I was a teenager, and my family and I were spending a long weekend in a resort in New York's Catskill Mountains. After exercise that included jogging and swimming, I was taking a shower in the locker room when the masseur approached me and suggested that a massage after vigorous exercise would be a good idea. I had never had a massage before but decided "why not." After a 1-hour hand massage, I went up to our room and slept for an hour awakening with a huge sense of well-being. Since that time, I have become a big fan of massage, which I generally have every 4-6 weeks. I am particularly likely to go for a massage if I have one of my not uncommon sports injuries, which involve modest to moderate muscle, joint, or ligament discomfort. Invariably, the discomfort is lessened after the massage.

I had never questioned whether the relief of my musculoskeletal discomfort was due to some physiological effect of the massage or whether it was merely a beneficial placebo effect. Therefore, after a recent massage, I decided to see if there had been clinical research performed to evaluate the physical, as well as the psychological, effects of massage. Following an internet and PubMed search, I became convinced that there are real anatomical and physiological benefits from a hands-on massage by a trained professional masseuse.

Massage therapy has a long history, first described in China during the second century BCE and soon thereafter in India and Egypt.^{1,2} Although there are different massage techniques, the majority of clinical investigations have involved Swedish massage. I have personally experienced Swedish, Chinese, and Thai massages and have not discerned any differences in benefit between them. Each of these forms of massage employs whole body soft tissue manipulation by a professional massage therapist using hands, elbows, and occasionally knees. The technique employed can involve mild, moderate, or strong

manipulation depending on the patient's level of comfort or discomfort.

A variety of randomized and controlled studies have explored the possible benefits of massage for non-malignant musculoskeletal discomfort.² A recent report from the Cochrane Collaboration examined the use of massage therapy for non-specific low back pain.³ In one study, massage was compared with a placebo sham laser application.⁴ Massage was observed to be significantly superior to the placebo treatment. In seven other investigations, massage was compared with a variety of other interventions. These studies reported that massage was superior to relaxation,⁵ acupuncture,⁶ and education.⁶ The Cochrane review concluded that massage therapy may be beneficial for patients with subacute and chronic low back pain, particularly when combined with exercises and education. The Cochrane review also detailed the results of one high quality study demonstrating that the benefits of massage could last as long as 1 year following the end of active treatment.⁶ The review by Tsao² is extensive and reports comparison between massage therapy for musculoskeletal pain in other locations than the back compared with interventions such as spinal manipulation, mindfulness meditation, and transcutaneous nerve stimulation. Most of these studies concluded that massage was a useful and beneficial intervention. Patients with fibromyalgia did not experience as much pain relief as those who suffered from non-specific and shorter duration pain syndromes.²

Boyd et al examined the effect of massage therapy on pain in patients with malignancy and found that here as well there was benefit.⁷ Massage has also been shown to be beneficial in children with a variety of clinical conditions.⁸ Finally, massage has been employed to improve the clinical status of psychiatric patients.⁹

I was gratified to see that there had been many clinical studies confirming my own impression of well-being and relief from musculoskeletal discomfort that resulted from hands-on massage. As always, I look forward to hearing from readers concerning any of my comments at jalpert@email.arizona.edu.

A comment on massage therapy from Dr. Andrew T. Weil, Professor, founder, and director of the Andrew Weil Center for Integrative Medicine at the University of Arizona College of Medicine, Tucson: "Apart from effects on the

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musculoskeletal system, massage can satisfy the universal human need to be touched and can promote the release of oxytocin, our so-called 'feel good' hormone. If a physician prescribes a course of massage therapy, the cost may be covered in whole or in part by insurance.”

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