

Research Case Study

Name of therapist: Marcia Fletcher, KFRP FindtheCause, Kinesiology	Date: 3 October 2019
	Gender: M Age: 57
Occupation of client: Works for Government Department	
<p>Summary Patient diagnosed with cancer of the lower intestines on 23 September 2019 following MRI & CT scans and tests over the previous 4 weeks. Operation to surgically remove affected area carried out on 1 October 2019. Owing surgical complications, the operation was 6hrs instead of estimated 3-4 hours. On waking patient was in extreme pain and discomfort. Pain relief was administered intravenously and orally over the next few days. On the second day post-op the patient was introduced to Emotional Freedom Technique tapping as a means to reduce the pain and in particular between doses of his medication when they had started to wear off. Using EFT tapping the patient noticed immediate relief from the pain and continued to use this until he received his next dose of medication. Since leaving hospital and returning home, he has continued to use EFT tapping to relieve pain alongside his medication. The patient had no former knowledge of EFT, had never used it previously and on learning the technique, was sceptical on how it would make a difference.</p>	
<p>Issue to be resolved</p> <p>Pain management post-op</p>	<p>Medical intervention</p> <p>Intravenous – morphine Oral morphine from syringe - Oramorph Intravenous paracetamol</p>
<p>Complementary health intervention</p> <p>Patient was taught Emotional Freedom Technique (EFT) tapping procedure which could be self-administered when required. The specific point that proved to be effective in pain relief for this patient was located at the base of the little finger adjoining the hand. This point is referred to as Small Intestine 3 which sits on the Chinese Small Intestine Meridian. It could be tapped lightly when required to reduce pain.</p>	
<p>Patient self-report of the use of EFT to reduce pain</p> <p>My operation to surgically remove the affected part of lower intestine took place on Tuesday 1st October 2019. It was a laparoscopic low anterior resection and loop ileostomy via keyhole surgery. The operation took 6 hrs rather than the estimated 3 to 4 hrs due to complications, with an additional 1.5 hrs in recovery. I felt extremely ill and in much discomfort on coming around and given anti sickness injections.</p> <p>Pain relief for the 1st day was patient controlled intravenous morphine. The following days it was a mixture of oramorph (oral morphine) along with intravenous paracetamol. By the 4th day I was on oral paracetamol and odd doses of oramorph.</p> <p>The pain relief was a concern to me as, although the specific pain relief nurses gave written instructions on my treatment notes, the ward nurses never fully complied with the intravenous paracetamol and there were several times when I had to pointedly ask for this specific pain relief. Delays in giving me the correct analgesics on time before their effectiveness wore off</p>	

meant that on 2 specific instances, I was left in deep pain for the best part of 45 minutes while the nurses obtained the drugs, administered them, and drugs then taking the required affect. This issue was formally reported back up the management chain by the specialist pain relief nurses.

Marcia and her husband are close friends and visited me in hospital on Thursday 3rd October, 2 days after the operation. I mentioned the pain relief issues I had been experiencing. Marcia, drawing on her Kinesiology background, asked if I was currently in pain or discomfort in my tummy. The answer was a definite yes. Marcia then asked me to hold my left hand straight with my thumb side pointing upwards while strongly tapping the bottom of the left hand (below the lower 5th finger joint) with my right hand. To my amazement (and disbelief) after about 10 seconds the pain and discomfort drastically deteriorated. It came back about 30 seconds after stopping. I tried this again swapping hands, so it was my left hand tapping the bottom of the right hand. But this was far less successful than tapping the left hand which I reverted to.

Marcia had given me short term manual control of pain relief which I could use in conjunction with normal analgesics, and/or when the analgesics were starting to wear off.

I have to report that I had never been in conversation with Marcia regarding Kinesiology before this incidence, and, I have to say, was completely sceptical of any benefit when asked to try the hand tapping. I am sure that my amazed look to both Marcia, her husband, and a couple of other friends also in the room when I sensed the profound change said it all.

I still do have odd moments of discomfort 3 weeks after the operation but have learnt to use the tapping technique while small doses of paracetamol tablets take effect. I am really grateful for knowledge of this additional pain relief method.

I can report that the surgical procedure itself was successful, with tests from the pathology lab positively indicating that the full extent of the cancer has been removed.

Follow-up – Post operation

The patient has continued to use EFT tapping three weeks post-op when required for occasional times when there is still some pain/discomfort.