

Wrist-Ankle and Auricular Reflexology are used to Relieve Cancer Discomfort

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Abstract

Torment caused by the disease has an impact on the personal satisfaction of malignant growth patients; As a consequence of this, there are a variety of strategies for minimizing the negative effects of cancer pain. Auricular acupuncture (AA) and wrist-ankle acupuncture (WAA) are just a few of the many types of acupuncture treatments. However, acupuncture has received the most attention because it is a form of nonpharmacological intervention that is regarded as an important auxiliary therapy for drug treatment. Acupuncture therapy has been shown to alleviate cancer pain in all forms in previous studies. However, the effects and pathways of various acupuncture treatments vary, and it is unclear whether a single therapy or a combination therapy provides better analgesic effects. The purpose of this study was to ascertain how AA and WAA therapy affected cancer pain.

Keywords: Pharmacological; Ulcer

Introduction

More than half of people with malignant tumors experience pain as a common symptom. Patient quality of life and treatment compliance are significantly impacted by persistent pain. Consequently, torment the board is crucial for further developing disease patients' personal satisfaction [1]. The World Wellbeing Association (WHO) suggests utilizing a three-layered "disease torment stepping stool" to treat malignant growth torment, with different analgesics recommended for gentle, moderate, and extreme degrees of torment. Medication has the unavoidable side effects of somnolence, dizziness, confusion, nausea, and renal insufficiency despite the fact that they can alleviate patient suffering. An increase in drug dosage and the occurrence of side effects will also outcome from the improper and irregular use of analgesics. As a outcome, the National Comprehensive Cancer Network (NCCN)'s Adult Cancer Pain, Version 3.2019 emphasizes that patient comfort and safety should be given equal weight when managing cancer pain. Nonpharmacological interventions give patients more freedom of choice than analgesic medications do. Physical, psychosocial, cognitive behavioral therapy, and spiritual interventions are all examples of nonpharmacological interventions [2-4]. Massage and acupuncture are two of the most common physical therapies. Acupuncture receives the most attention among the many options. Acupuncture is frequently utilized as one of Traditional Chinese Medicine's treatment options in clinical practice. A number of studies have demonstrated that acupuncture is a nonpharmacological treatment option for cancer pain that is not only more effective but also relatively safer. Acupuncture, auricular acupuncture (AA), and wrist-ankle acupuncture (WAA) are currently used to treat cancer pain. Although it has been demonstrated that acupuncture can alleviate cancer pain symptoms, the underlying mechanism of action varies from treatment to treatment. By inserting a subcutaneous needle into the appropriate locations on the wrist and ankle, WAA treats diseases [5]. By preventing the excitement of the local lesion and adjusting nerve centers at all levels to prevent nerve terminal conduction, this reduces pain. However, analgesia and sedation are produced by AA's capacity to regulate autonomic nerve dysfunction, coordinate the excitatory and inhibitory processes of the cerebral cortex and subcortex, regulate blood composition, and promote blood circulation. However, it is difficult to determine which acupuncture treatment is more effective because the precise mechanism of cancer pain is not well understood. We attempted to investigate WAA and

AA combination therapy in terms of shorter analgesic onset times and a more significant analgesic effect by utilizing the various analgesic mechanisms of WAA and AA through two pathways. This was done in light of the current understanding that the primary causes of cancer pain are the patient, the tumor itself, treatment-related factors, and musculoskeletal factors—the actual cancer and the patient [6].

Method [7]

Patients, sample size estimation, and design

A single blind participant participated in this randomized controlled trial from July 2017 to June 2019. Participants for the study were selected from two third-grade general hospitals in Fuzhou, Fujian Province, China. The trial's registration number in the Chinese Clinical Trial Registry was ChiCTR1900027156.

We are aware of no comparable studies with two distinct acupuncture treatments and four comparison groups. During the study period, 188 subjects met the inclusion criteria, according to the findings. 160 patients with primary cancer or secondary metastasis cancer were finally included in the study after those who refused to participate or dropped out were excluded. During the study, one patient from group B passed away; consequently, the analysis included 40, 39, 40, and 40 patients from groups A, B, C, and D, respectively. The subjects were, on average, 64.31 years old, with the youngest patients being the smallest. A total of 160 patients were chosen at random and placed in groups A, B, C, and D, each consisting of 40 individuals. Opioids based on the WHO's three-tiered "cancer pain ladder" were given to Group A in addition to conventional analgesia. In each group, analgesic effects and drug use were observed prior to, 3, 5, and 7 days after treatment. In addition to the treatment that was provided to group A, group D

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received AA and WAA. Group A's treatment was supplemented by WAA for group B. In addition to group A's treatment, group C received AA [8-10].

Discussion

The treatment and management of cancer pain have always included a reactive response due to the uncertainty surrounding the condition's precise physiological mechanism. Patients with complex pain from cancer need to take analgesics frequently and for a long time. However, analgesia can have a negative impact on the quality of life of cancer patients, their loved ones, and caregivers. It can even have a significant effect on day-to-day activities, decreasing social activities.

Possibilities and Drawbacks

Needle therapy's viability as a disease torment treatment is questioned. Prior research primarily focused on traditional acupuncture, electroacupuncture, and other forms of acupuncture rather than combination therapy for the treatment of cancer pain. This study compared the analgesic effects of combination acupuncture therapy and drugs alone on cancer pain in a four-parallel arm randomized controlled trial.

Conclusion

This study demonstrated that continuous comprehensive treatment may outcome in cancer pain. Compared to either a single acupuncture treatment or traditional therapy, combination therapy had a faster onset and longer-lasting analgesic effect on cancer pain. It is also possible to reduce the class of painkillers used in some way. Our findings can be applied to the development of effective treatment strategies for pain

caused by malignant growth. In particular, you should use acupuncture therapy in combination.

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