Check *Include Related Terms* in Basic Search to ensure all synonyms and variants are included in the search.

---

**Results of your search:** hypertension and massage therapy {No Related Terms}

Viewing 1-10 of 10728 Results

Go to #: 1

---

**How Relevancy is Calculated**

Score: ★★★★★

1. EBM Reviews - Cochrane Central Register of Controlled Trials
   Hernandez-Reif M, Field T, Krasnegor J, Theakston H, Hossain Z, Burman I
   AN: CN-00423551

   View Abstract

   High blood pressure is associated with elevated anxiety, stress and stress hormones, hostility, depression and catecholamines. Massage therapy and progressive muscle relaxation were evaluated as treatments for reducing
blood pressure and these associated symptoms. Adults who had been diagnosed as hypertensive received ten 30 min massage sessions over five weeks or they were given progressive muscle relaxation instructions (control group). Sitting diastolic blood pressure decreased after the first and last massage therapy sessions and reclining diastolic blood pressure decreased from the first to the last day of the study. Although both groups reported less anxiety, only the massage therapy group reported less depression and hostility and showed decreased urinary and salivary stress hormone levels (cortisol). Massage therapy may be effective in reducing diastolic blood pressure and symptoms associated with hypertension. Number of References 33. Copyright (C) 2008 Elsevier B. V., Amsterdam. All Rights Reserved.
well as a nontreatment control group. DESIGN: Randomized controlled-comparison trial with 3 parallel groups. SETTING: Private practice outpatient chiropractic clinic. PATIENTS: Twenty-three subjects, aged 24 to 50 years with systolic or diastolic essential hypertension. INTERVENTIONS: Two months of full-spine chiropractic care (ie, Gonstead) consisting primarily of specific-contact, short-lever-arm adjustments delivered at motion segments exhibiting signs of subluxation. The massage group had a brief effleurage procedure delivered at localized regions of the spine believed to be exhibiting signs of subluxation. The nontreatment control group rested alone for a period of approximately 5 minutes in an adjustment room. MAIN OUTCOME MEASURES: Cost per enrolled subject, as well as systolic and diastolic blood pressure (BP) measured with a random-0 sphygmomanometer and patient reported health status (SF-36). Pilot study outcome measures also included an assessment of cooperation of subjects to randomization procedures and drop-out rates, recruitment effectiveness, analysis of temporal stability of BPs at the beginning of care, and the effects of inclusion/exclusion criteria on the subject pool. RESULTS: Thirty subjects enrolled, yielding a cost of $161 per enrolled subject. One subject was later determined to be ineligible, and 6 others dropped out. In both the chiropractic and massage therapy groups, all subjects were classified as either overweight or obese; in the control group there were only 2 classified as such. SF-36 profiles for the groups were similar to that of a normal population. The mean change in diastolic BP was -4 (95% confidence interval [CI]: -8.6, 0.5) in the chiropractic care group, 0.5 (95% CI: -3.5, 4.5) in the brief massage treatment group, and -4.9 (95% CI: -9.7, -0.1) in the no treatment control group. At the end of the study period, this change was -6.3 (95% CI: 13.1, 0.4), -1.0 (95% CI: -7.5, 15.6), -7.2 (95% CI: -13.3, -1.1) in the 3 study groups. The mean improvements in the chiropractic care and no treatment control groups remained consistent over the follow-up period. CONCLUSIONS: This pilot study elucidated several procedural issues that should be addressed before undertaking a full-scale
clinical trial on the effects of chiropractic adjustments in patients with essential hypertension. A multidisciplinary approach to recruitment may need to be used in any future efforts because of the limited subject pool of patients who have hypertensive disease but are not taking medications for its control. Measures need to be used to assure comparable groups regarding prognostic variables such as weight. Studies such as these demonstrate the feasibility of conducting a full-scale 3-group randomized clinical trial in the private practice setting.

OBJECTIVE: To determine the feasibility of conducting a randomized clinical trial in the private practice setting examining short- and long-term effects of chiropractic adjustments for subjects with essential hypertension compared with a brief soft tissue massage, as well as a nontreatment control group. DESIGN: Randomized controlled-comparison trial with 3 parallel groups. SETTING: Private practice outpatient chiropractic clinic. PATIENTS: Twenty-three subjects, aged 24 to 50 years with systolic or diastolic essential hypertension. INTERVENTIONS: Two months of full-spine chiropractic care (ie, Gonstead) consisting primarily of specific-contact, short-lever-arm adjustments delivered at motion segments exhibiting signs of subluxation. The
segments exhibiting signs of subluxation. The massage group had a brief effleurage procedure delivered at localized regions of the spine believed to be exhibiting signs of subluxation. The nontreatment control group rested alone for a period of approximately 5 minutes in an adjustment room. MAIN OUTCOME MEASURES: Cost per enrolled subject, as well as systolic and diastolic blood pressure (BP) measured with a random-zero sphygmomanometer and patient reported health status (SF-36). Pilot study outcome measures also included an assessment of cooperation of subjects to randomization procedures and drop-out rates, recruitment effectiveness, analysis of temporal stability of BPs at the beginning of care, and the effects of inclusion/exclusion criteria on the subject pool. RESULTS: Thirty subjects enrolled, yielding a cost of $161 per enrolled subject. One subject was later determined to be ineligible, and 6 others dropped out. In both the chiropractic and massage therapy groups, all subjects were classified as either overweight or obese; in the control group there were only 2 classified as such. SF-36 profiles for the groups were similar to that of a normal population. The mean change in diastolic BP was -4 (95% confidence interval [CI]: -8.6, 0.5) in the chiropractic care group, 0.5 (95% CI: -3.5, 4.5) in the brief massage treatment group, and -4.9 (95% CI: -9.7, -0.1) in the no treatment control group. At the end of the study period, this change was -6.3 (95% CI: 13.1, 0.4), -1.0 (95% CI: -7.5, 15.6), -7.2 (95% CI: -13.3, -1.1) in the 3 study groups. The mean improvements in the chiropractic care and no treatment control groups remained consistent over the follow-up period.

CONCLUSIONS: This pilot study elucidated several procedural issues that should be addressed before undertaking a full-scale clinical trial on the effects of chiropractic adjustments in patients with essential hypertension. A multidisciplinary approach to recruitment may need to be used in any future efforts because of the limited subject pool of patients who have hypertensive disease but are not taking medications for its control. Measures need to be used to assure comparable groups regarding prognostic variables such as weight. Studies such as these demonstrate the feasibility of conducting a
full-scale 3-group randomized clinical trial in the private practice setting.

**Score:** 4

Ovid MEDLINE(R) In-Process & Other Non-Indexed


UI: 18467292

Authors Full Name

Find Citing Articles

**Score:** 5

Ovid MEDLINE(R) In-Process & Other Non-Indexed


UI: 16494570

Authors Full Name
Cambron, Jerrilyn A. Dexheimer, Jennifer. Coe, Patricia.

Find Citing Articles

**Score:** 6

**Your Journals@Ovid** Mennick, Fran BSN, RN; Chu, Julie J. MSN, CRNP FYI. [Miscellaneous.]AJN, American Journal of Nursing. 105(3):72G-72H, March 2005.

AN: 00000446-200503000-00037.

Find Citing Articles
Score: ★★★★★

Your Journals@Ovid ANDERSON, PATRICIA G. MS, RN; CUTSHALL, SUSANNE M. CNS, MS, RN Massage Therapy: A Comfort Intervention for Cardiac Surgery Patients. [Article.]Clinical Nurse Specialist. 21(3):161-165, May/June 2007.
AN: 00002800-200705000-00007.
View Abstract

Score: ★★★★★

AN: 00004703-200212000-00003.
View Abstract

Score: ★★★★★

Your Journals@Ovid Field, Tiffany; Diego, Miguel; Cullen, Christy; Hernandez-Reif, Maria; Sunshine, William; Douglas, Steven Fibromyalgia Pain and Substance P Decrease and Sleep Improves After Massage Therapy. [Article.]JCR: Journal of Clinical Rheumatology. 8(2):72-76, April 2002.
AN: 00124743-200204000-00002.
View Abstract

Score: ★★★★★

Your Journals@Ovid Hernandez-Reif, Maria PhD *; Field, Tiffany PhD *; Largie, Shay BA *; Hart, Sybil PhD *; Redzepti, Mercedes PsyD *; Nierenberg, Barry PhD +; Peck, Michael MD, ScD

03/08/08 11:14 AM
AN: 00004630-200103000-00021.
View Abstract
Find Citing Articles
Next Page ➤