

# Research Corner

by Kathy Moreland Layte, RN, MScN, CNS, HTCP/I  
and Dr. Ann Taylor, PhD, RN, CNS, HTCP/I

*“For success in conducting Healing Touch research, my best advice is: Pick a topic that “makes your eyes glitter,” and surround yourself with caring people who will support and encourage you no matter what happens along the way.”*

- Dr. Ann Taylor, PhD, RN, CNS, HTCP/I

It has been a long time since Research Corner appeared on these pages, but hopefully you have been keeping an eye on the Healing Touch Research page [www.HealingTouchResearch.com](http://www.HealingTouchResearch.com) for new and fascinating articles and information. I have been away practicing self care after my father's illness and passing this year. Thanks to all who have sent support to my family and me.

Many of you may recognize Ann Taylor's name from the May issue of Energy Magazine. She is the nurse who visited Haiti and wrote of her adventures and challenges. She is also a fellow Canadian (although she lives in Hawaii). This month, Ann's PhD research on The Use of Healing Touch in Adults With Hepatitis C Who Receive Antiviral Therapy is being highlighted as well as her comments on the challenges she faced.

You may recall that pilot studies are done in order to find the glitches in research design and to determine if, in fact, the hypothesis is true or not. Pilot studies tell us whether it is feasible to proceed with a full clinical trial involving more participants. Pilot studies can tell us if a therapy shows promise and whether there are clinical improvements (although they may or may not show statistical significance). In this case, Ann wanted to know if HT would decrease fatigue, a common debilitating side effect in these patients. She did not find statistical evidence that HT improved fatigue in this small group but found clinical improvement that would warrant proceeding with another larger study.

I thank Ann for taking time out of her VERY busy and diverse schedule to share her PhD work with us this month. She and I will be attending Conference in August and I am sure she will be happy to share more information with you.

**The Use of Healing Touch in Adults with Hepatitis C Receiving Interferon and Ribiviran: A Pilot Study. Doctoral Dissertation University of San Diego UMI Number 3377723**

Alberge Las Memorias, a hospice in Tijuana, Mexico, is the location where I have volunteered once-a-week for the last decade as a lay associate member of the Eudist Servants of the 11th hour. The majority of residents in this hospice are men diagnosed with HIV/AIDS who are often co-infected with Hepatitis C virus (HCV) or Tuberculosis. As the residents experienced Healing Touch (HT) treatments, I observed and they verbalized a decrease in their level of fatigue and an increase in physical energy. This occurrence intrigued me and eventually led me on my journey of doctoral research.

The main reason this study was not conducted at the Mexican hospice was because most of the residents were Spanish-speaking and lived across a border. Little did I know then, that the eventual study location would be across a more distant border.

This study was conducted at the QE 11 Health Science Center's Hepatology Outpatient Clinic in Halifax, Nova Scotia, Canada. Dr. Peltekian, an expert Hepatologist and past Chairman and CEO of the Canadian Liver Foundation, assisted me greatly with the Institutional Review Board (IRB) process and study logistics, shared his expertise in hepatology (the study of the liver), and along with his wife Anne, a hepatology RN, encouraged and aided me to continue on when I was disheartened.

Being surrounded with people who provided great support was critical to my eventual success and completion of this work. The two Nurse Practitioners at the clinic, screened clients and kept records effectively for initial enrollment. Several practitioners from the Nova Scotia HT group, provided the HT treatments while other registered nurses provided the mock intervention (MT). The Alumni of the Victoria General Hospital School of Nursing, where I completed my initial Diploma in Nursing supported my efforts by giving me access to several of the eventual providers. Another alma mater, Dalhousie University, where I received my Bachelor in Nursing, provided support for this project by allowing use of their nursing lab for a class to recruit and teach the providers about the Healing Touch (HT) and Mock Touch (MT) protocols.

Hepatitis C virus, as a major public health problem, is growing and has reached epidemic proportions with over 170,000 million people worldwide and 4.1 million individuals in the United States (US) having been exposed. An estimated 3.2 million individuals in this country are infected with HCV, the nation's most common chronic blood-borne viral infection. It is spread mainly by shared infected needles but also through sexual intercourse. It is in the top 10 causes of death in all male adults, the number one cause of death in persons with HIV/AIDS, the leading cause of chronic liver disease and leading indicator for liver transplants in the US. Normally HCV disease progresses slowly over two to four decades without symptoms which result in serious liver damage leading to possible cirrhosis and liver cancer.

No vaccine for HCV is yet available. The most effective treatment for HCV and only cure is a lengthy pharmacological treatment with Interferon and Ribavirin. As many as 92% of patients experienced fatigue as a side effect of this treatment. The severity of fatigue causes patients to skip dosages or even stop the medication regimen.

Few effective interventions are available to treat fatigue in the HCV population. Identifying and treating the underlying cause of a symptom is the most effective management approach. However, often no source for interferon-induced fatigue experienced by chronic HCV patients can be identified. Little is known about optimal fatigue management in this population and few interventions have been tested formally. Anecdotal reports of symptom relief using HT in patients with HCV have been made by clients

and practitioners. Scientific evidence to support these claims was not available.

The primary purpose of this study was to test a protocol using a HT intervention to relieve fatigue in adults with chronic HCV who were being treated with combination Interferon and Ribavirin treatment. Specific aims were to determine enrollment and attrition numbers, to describe fatigue over four weeks and to compare the fatigue levels between patients receiving HT compared to a MT intervention.

Using an experimental design 17 subjects were recruited and randomly assigned to receive either HT or MT (a placebo technique done with the practitioner distracted by counting backwards from one hundred by 7's). All sessions lasted 30 minutes and were provided over three consecutive weeks after baseline information was obtained. Fatigue was measured over four weeks by two different tools that measured fatigue.

Depression can contribute to fatigue so all subjects were assessed for presence and severity of depressive symptoms at baseline, prior to randomization.

The study took a year to complete. All fifty-five patients who met the inclusion criteria for this study at the clinic were invited to participate throughout the duration of the study and seventeen agreed -- yielding an acceptance rate of 31%. Travel, distance and family stress were reported as the highest reasons for not participating. The attrition rate was 29%. Five subjects withdrew at different stages throughout the study. Reported reasons for subject withdrawal from the study were -- being too sick to continue or too busy at work to attend treatment appointments. One individual was a no-show for the final appointment and declined to reschedule. Although no results were statistically significant, it is important to note that there was a promising clinical result of less impact of physical fatigue over time in the HT group compared to the MT group. The protocol with suggested revisions is feasible to guide a future larger study for use of HT for fatigue among the same patient population.

Support of evidenced-based research of Healing Touch practice is challenging and in its infancy. Finding RNs to provide the MT, asking patients to return for a mock treatment and travelling between two countries for the duration of the study were the

three biggest challenges for me.

For success in conducting Healing Touch research, my best advice is: Pick a topic that “makes your eyes glitter,” and surround yourself with caring people who will support and encourage you no matter what happens along the way. My heart is full of gratitude for all of you who were there to nudge and nourish me throughout the journey and to all those wonderful patients who made this research study possible.

Taylor, A. (2009). The Use of Healing Touch in Adults with Hepatitis C Receiving Interferon and Ribiviran: A Pilot Study. Doctoral Dissertation University of San Diego UMI Number 3377723

#### About the authors:



Dr. Ann Taylor, PhD, RN, CNS, HTCP/I, is a Nursing Instructor at the University of Hawaii CC Hilo, and owner of a private practice, Healing from the Center Hawaii located in Kealahou on the Big Island.



Kathy Moreland Layte RN, BScN, MScN, CS, HTCP/I, has been involved in energy based healing since 1994 and has been a certified practitioner of HT since 1998. She has been a Registered Nurse for twenty five years in a variety of roles in Canada and the United States. She was the first person in Canada to do research in HT as part of her Master's thesis. Currently, she is a professor of nursing in the McMaster/Mohawk/Conestoga Collaborative BScN program and is pursuing her PhD in nursing. Her dissertation will explore the effect of HT on pain in the elderly. She loves teaching and bring the work to students and faculty of the nursing program. Her real passions in life are her husband Brian and their young children, Alexis and Austin. In her precious spare time, Kathy loves to be outdoors, read (something without references) and dance (to anything!).