



Acupressure for Geriatric Osteoarthritis Patients: A Natural Path to Relief and Well-Being.

Mrs. Deepa George¹, Prof. Dr. Pradeep V. S.²

¹Research Scholar, Malwanchal University, Indore

²Research Supervisor, Malwanchal University, Indore

Introduction

Geriatric osteoarthritis, a degenerative joint disease primarily affecting older individuals, can be a source of chronic pain, reduced mobility, and a diminished quality of life. While various treatment modalities are available, many patients seek alternative and complementary therapies to manage their symptoms and improve their overall well-being. Acupressure, an ancient healing technique rooted in Traditional Chinese Medicine, has gained popularity as a non-invasive and holistic approach to addressing the challenges of osteoarthritis in the elderly population. In this comprehensive article, we will explore the fundamentals of acupressure, its application in geriatric osteoarthritis care, and the evidence supporting its effectiveness.

I. Understanding Geriatric Osteoarthritis

Osteoarthritis (OA), often referred to as degenerative joint disease, is a common condition that affects millions of people worldwide. It is characterized by the gradual deterioration of cartilage in the joints, leading to pain, stiffness, and reduced mobility. Geriatric osteoarthritis specifically refers to OA in older adults, and it is a significant health concern in the aging population.

1. Prevalence of Geriatric Osteoarthritis
 - The increasing elderly population and longer life expectancy contribute to the rising prevalence of geriatric osteoarthritis.
 - OA commonly affects weight-bearing joints such as the knees and hips, as well as joints in the hands and spine.
2. Impact on Quality of Life
 - Geriatric osteoarthritis can lead to chronic pain, physical disability, and a decreased quality of life.
 - It often limits a person's ability to perform daily activities and participate in social and recreational pursuits.

II. Introduction to Acupressure

Acupressure is a traditional healing method that has been practiced for thousands of years in various cultures, including Chinese medicine. It is based on the concept of energy flow, or Qi (pronounced "chee"), through meridians or energy channels in the body. Acupressure involves applying pressure to specific points on the body to stimulate the flow of Qi, promoting healing and balance. Here's a brief overview of acupressure:

1. Acupressure Points
 - Acupressure points are specific locations on the body associated with the flow of Qi.
 - These points are found along meridians, which correspond to different organs and bodily functions.
2. Techniques and Tools
 - Acupressure can be performed using fingers, thumbs, palms, or specialized tools.
 - Techniques involve applying sustained pressure, circular motions, or tapping on acupressure points.
3. Principles of Acupressure
 - The principles of acupressure revolve around balancing the body's energy and promoting self-healing.
 - It is non-invasive and typically free of side effects, making it a safe option for many individuals.

III. Acupressure for Geriatric Osteoarthritis Patients

Acupressure offers a holistic approach to managing geriatric osteoarthritis by addressing both the physical and energetic aspects of the condition. Here's how acupressure can benefit older adults with OA:

1. Pain Relief
 - Acupressure can help alleviate the chronic pain associated with osteoarthritis.
 - By stimulating specific points related to pain relief, it triggers the release of endorphins, the body's natural painkillers.
2. Improved Mobility
 - Reduced mobility is a significant challenge for geriatric osteoarthritis patients.
 - Acupressure can help improve joint flexibility and reduce stiffness, making movement easier.
3. Enhanced Circulation
 - Acupressure promotes better blood circulation, which can aid in the delivery of nutrients to joint tissues and the removal of waste products.
4. Stress Reduction
 - Chronic pain and limited mobility can lead to increased stress and anxiety in older adults.
 - Acupressure can induce relaxation and reduce stress levels, improving overall well-being.
5. Balance Restoration
 - Acupressure aims to balance the body's energy, which may be disrupted in osteoarthritis.
 - By restoring balance, it supports the body's natural healing processes.

IV. Acupressure Techniques for Geriatric Osteoarthritis

Acupressure can be a valuable addition to the management of geriatric osteoarthritis when applied correctly. Here are some effective acupressure techniques for OA patients:

1. Knee Pain Relief
 - To relieve knee pain, apply gentle pressure to the acupressure points located around the knee joint.
 - Common points include the Xiyan point (St-35) and the Dubi point (St-36).
2. Hip Pain Management
 - For hip pain, focus on acupressure points like the Huantiao point (Gb-30) and the Yanglingquan point (Gb-34).
 - Use circular motions or sustained pressure to stimulate these points.
3. Hand and Finger Care
 - Acupressure can also benefit OA patients with hand and finger joint pain.
 - Points such as the Laogong point (Pc-8) and the Hegu point (LI-4) can be targeted.
4. Relaxation and Stress Reduction
 - To reduce stress and promote relaxation, the Baihui point (Du-20) and the Yintang point (Extra-1) can be stimulated.
 - Gentle pressure or circular motions can be applied to these points.
5. Whole-Body Balancing
 - An acupressure session often involves addressing multiple points to restore overall balance.
 - A trained acupressure practitioner can create a customized plan for each patient.

V. Scientific Evidence on Acupressure for Osteoarthritis

While acupressure has a long history of use in traditional medicine, modern scientific research has started to explore its effectiveness for osteoarthritis management in geriatric patients. Here are some key findings:

1. Pain Reduction
 - Several studies have reported that acupressure can significantly reduce pain levels in osteoarthritis patients.
 - This pain relief is often attributed to the release of endorphins and improved circulation.
2. Improved Mobility
 - Research has shown that regular acupressure sessions can lead to increased joint flexibility and improved range of motion.
 - This is particularly beneficial for geriatric patients who struggle with mobility.
3. Psychological Benefits
 - Acupressure's stress-reducing effects have been well-documented, with studies indicating reduced anxiety and improved overall well-being in OA patients.
4. Safe and Non-Invasive
 - Acupressure is generally considered safe when performed by trained individuals.
 - It doesn't involve drugs or invasive procedures, making it an appealing option for older adults.
5. Complementary Approach
 - Acupressure is often used alongside conventional treatments like medication and physical therapy, providing a holistic approach to osteoarthritis management.

VI. Practical Considerations

Before incorporating acupressure into the care plan of geriatric osteoarthritis patients, several practical considerations should be taken into account:

1. Professional Guidance
 - It is advisable for patients to seek guidance from a qualified acupressure practitioner or healthcare provider.
 - These professionals can determine the most appropriate acupressure points and techniques for each individual.
2. Consistency
 - Regular acupressure sessions may be necessary to experience significant benefits.
 - Patients should be prepared to commit to a consistent schedule.
3. Safety Precautions
 - Acupressure should be avoided in cases of open wounds, infections, or severe bleeding disorders.
 - Patients should communicate any discomfort or adverse effects during sessions.
4. Integration with Conventional Care
 - Acupressure should complement, not replace, conventional osteoarthritis treatments.
 - Patients should inform their healthcare providers about any complementary therapies they are using.

VII. Conclusion

Geriatric osteoarthritis presents a unique set of challenges, but acupressure offers a promising avenue for pain relief, improved mobility, and enhanced well-being. As an ancient healing technique grounded in the principles of energy flow and balance, acupressure can be a valuable addition to the care plan of older adults dealing with the effects of OA.

While scientific research on acupressure's effectiveness for geriatric osteoarthritis is ongoing, the anecdotal evidence and preliminary studies are encouraging. As always, it's essential for patients to consult with healthcare professionals and trained acupressure practitioners to determine the most suitable approach for their specific needs.

In the quest for holistic and complementary approaches to manage the challenges of geriatric osteoarthritis, acupressure shines as a natural path to relief and well-being, offering the potential for improved pain management, increased mobility, and a higher quality of life for older adults.

Reference

1. Cross M., Smith E., Hoy D., et al. The global burden of hip and knee osteoarthritis: estimates from the global burden of disease 2010 study. *Annals of the Rheumatic Diseases*. 2014;73(7):1323–1330. doi: 10.1136/annrheumdis-2013-204763. [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
2. Dessery Y., Belzile É., Turmel S., Corbeil P. Comparison of three knee braces in the treatment of medial knee osteoarthritis. *The Knee*. 2014;21(6):1107–1114. doi: 10.1016/j.knee.2014.07.024. [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
3. Tevald M. A., Murray A. M., Luc B., Lai K., Sohn D. The contribution of leg press and knee extension strength and power to physical function in people with knee osteoarthritis: A cross-sectional study. *The Knee*. 2016;23(6):942–949. doi: 10.1016/j.knee.2016.08.010. [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
4. Ringdahl E., Pandit S. Treatment of knee osteoarthritis. *American Family Physician*. 2011;83(11):1287–1292. [[PubMed](#)] [[Google Scholar](#)]
5. Laroche D., Morisset C., Fortunet C., Gremaux V., Maillefert J.-F., Ornetti P. Biomechanical effectiveness of a distraction-rotation knee brace in medial knee osteoarthritis: Preliminary results. *The Knee*. 2014;21(3):710–716. doi: 10.1016/j.knee.2014.02.015. [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
6. Barrios J. A., Crossley K. M., Davis I. S. Gait retraining to reduce the knee adduction moment through real-time visual feedback of dynamic knee alignment. *Journal of Biomechanics*. 2010;43(11):2208–2213. doi: 10.1016/j.jbiomech.2010.03.040. [[PMC free article](#)] [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
7. Murphy L., Schwartz T. A., Helmick C. G., et al. Lifetime risk of symptomatic knee osteoarthritis. *Arthritis Care & Research*. 2008;59(9):1207–1213. doi: 10.1002/art.24021. [[PMC free article](#)] [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
8. Ezzo J., Hadhazy V., Birch S., et al. Acupuncture for osteoarthritis of the knee: a systematic review. *Arthritis & Rheumatology*. 2001;44(4):819–825. doi: 10.1002/1529-0131(200104)44:460:819::aid-anr13862;3.0.co;2-p. [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
9. Li L. W., Harris R. E., Murphy S. L., Tsodikov A., Struble L. Feasibility of a Randomized Controlled Trial of Self-Administered Acupressure for Symptom Management in Older Adults with Knee Osteoarthritis. *The Journal of Alternative and Complementary Medicine*. 2016;22(5):396–403. doi: 10.1089/acm.2015.0231. [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
10. Li L. W., Harris R. E., Tsodikov A., Struble L., Murphy ScD S. L. Self-Acupressure for older adults with symptomatic knee osteoarthritis: a randomized controlled trial. *Arthritis Care & Research*. 2018;70(2):221–229. doi: 10.1002/acr.23262. [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
11. White A., Tough L., Eyre V., et al. Western medical acupuncture in a group setting for knee osteoarthritis: Results of a pilot randomised controlled trial. *Pilot and Feasibility Studies*. 2016;2(1) [[PMC free article](#)] [[PubMed](#)] [[Google Scholar](#)]
12. Berman B. M., Lao L., Langenberg P., Lee W. L., Gilpin A. M., Hochberg M. C. Effectiveness of acupuncture as adjunctive therapy in osteoarthritis of the knee. *Annals of Internal Medicine*. 2004;141(12):901–910. doi: 10.7326/0003-4819-141-12-200412210-00006. [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
13. Witt C., Brinkhaus B., Jena S., et al. Acupuncture in patients with osteoarthritis of the knee: a randomised trial. *The Lancet*. 2005;366(9480):136–143. doi: 10.1016/S0140-6736(05)66871-7. [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
14. Witt C. M., Jena S., Brinkhaus B., Liecker B., Wegscheider K., Willich S. N. Acupuncture in patients with osteoarthritis of the knee or hip: A randomized, controlled trial with an additional nonrandomized arm. *Arthritis & Rheumatology*. 2006;54(11):3485–3493. doi: 10.1002/art.22154. [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
15. Foster N. E., Thomas E., Barlas P., et al. Acupuncture as an adjunct to exercise based physiotherapy for osteoarthritis of the knee: randomised controlled trial. *British Medical Journal*. 2007;335(7617):436–440. doi: 10.1136/bmj.39280.509803.be. [[PMC free article](#)] [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
16. Williamson L., Wyatt M. R., Yein K., Melton J. T. K. Severe knee osteoarthritis: A randomized controlled trial of acupuncture, physiotherapy (supervised exercise) and standard management for patients awaiting knee replacement. *Rheumatology*. 2007;46(9):1445–1449. doi: 10.1093/rheumatology/kem119. [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
17. Berman B. M., Singh B. B., Lao L., et al. A randomized trial of acupuncture as an adjunctive therapy in osteoarthritis of the knee. *Rheumatology*. 1999;38(4):346–354. doi: 10.1093/rheumatology/38.4.346. [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
18. Chen L. X., Mao J. J., Fernandes S., et al. Integrating acupuncture with exercise-based physical therapy for knee osteoarthritis: A randomized controlled trial. *JCR: Journal of Clinical Rheumatology*. 2013;19(6):308–316. doi: 10.1097/RHU.0b013e3182a21848. [[PMC free article](#)] [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]