COMPLIMENTARY MEDICINE IN

PREOPERATIVE POSTOPERATIVE SURGICAL PAIN MANAGEMENT

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I. Explanation of Complimentary Medicine including but not limited to Reiki, Healing Touch, Guided Imagery and Relaxation Hypnotherapy

II. Complimentary Medicine can alleviate preoperative anxiety, depression and stress through use of Guided Imagery and Relaxation Hypnotherapy techniques

III. Complimentary Medicine call alleviate postoperative pain, anxiety and depression and enhance the healing process of the mind body spirit experience

IV. Case Study #1

70 y/o Fe with 10+ year history of chronic pain being treated by myself x 3 months when she fell and fractured her femur. I was notified by her spouse when they went to the hospital. Working with her medical team, I was able to greatly reduce her anxiety and fears which led to having to have reduced pain medications before and after surgery. Post operative I was able to handle her pain management with remote reiki, guided imagery and relaxation hypnotherapy. 1 day after ORIF Femur fracture she was taking oral pain meds Lortab 1 tab q6h instead of the standard 2 tabs q4h. By post op day (POD) 4 she was not taking any oral pain medications and I was able to manage her pain with remote reiki, guided imagery and relaxation hypnotherapy. She was able to be discharged home after 5 weeks and has made a full recovery.

V. 44 y/o Male veteran with 3 yr. history of bilateral hip pain due to DJD (Degenerative Joint Disease) scheduled for hip replacement. Patient complained the intra-articular injections were not helping his pain and came to me for pain management. After the first visit his pain was reduced from 9/10 to 2/10. I have treated him for 10 months with reiki, remote reiki, guided imagery and relaxation hypnotherapy keeping his pain at a 2-3/10. He is not taking any oral pain medications. He is currently scheduled for surgery in 3 weeks, and I will be assisting with his pain post operative pain management.

VI. 7-week-old male with infantile reflux unable to tolerate nutrition including breast milk, formula and water was brought to me by his parents as a last resort before placement of PEG. I treated the infant with Reiki and Healing Touch in increments of 15 minutes for 3 hours the initial visit. The parents called me the following morning as the child stopped vomiting and slept through the night for the first time since birth. I treated him again with Reiki and Healing Touch again in 15-minute intervals over 3 hours for the next 2 days. The child was more relaxed, smiling, taking small feedings, having small bowel movements and sleeping appropriately.

I continued to treat the infant for 6 months with Remote Reiki. The infant had no further episodes of vomiting or crying, was sleeping, and behaving appropriately. The infants' surgeons and gastroenterologist determined there was no need for PEG placement.