

evaluated inter-rater and intra-rater reliability of PPT measurement with algometer on epigastric area, and assessed validity (sensitivity and specificity) via ROC curve and optimal cut-off value.

Results: The results of inter-rater reliability test has shown very strong correlation with 0.82–0.91 in coefficient of correlation. The results of intra-rater reliability test also has shown more than average correlation with 0.58–0.70 of intraclass correlation coefficient. Optimal cut-off value of PPT on epigastric area has been calculated as 1.8 (kg/cm²) with 100% of sensitivity and 54.54% of specificity.

Conclusion: PPT measurement by algometer on epigastric area has shown high reliability and validity on AE of ED and EP, and may have its potential clinical utility as a new quantitative measurement in Korean medicine.

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Qualitative Analyses from a Prospective Clinical Study of a Whole Systems Ayurvedic Intervention for Breast Cancer Survivorship

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Purpose: The transition from cancer patient to survivor can be difficult because patients experience less medical contact but still suffer physically and psychologically. We developed a Whole Systems Ayurvedic intervention to address this problem and are testing it in a clinical study. We performed qualitative analysis to capture emergent effects of the intervention, inform the link between the intervention and study outcomes, and explore mechanisms.

Methods: Female breast cancer patients who had undergone chemotherapy and had completed primary curative treatment 1–12 months earlier were eligible for the four month individualized intervention that included diet, lifestyle, yoga, and marma (similar to acupressure). Every other participant was selected for semi-structured interviews at baseline and completion. Two investigators coded the data independently using qualitative thematic analysis. Discrepancies were discussed and resolved by refining codes and themes.

Results: Nine out of nine who were selected completed both interviews. We identified four major themes: (1) Participants reported a sense of empowerment from discovering a new awareness of their body cues leading to a deeper understanding of how to implement personalized self-care using natural methods. (2) A greater integration of mind-body led to a sense of strength and resilience, which was attributed to the intervention. (3) Participants appreciated that the intervention was aligned with their health beliefs. (4) Participants reported some challenges in adhering to the intervention.

Conclusion: The Whole Systems Ayurvedic intervention appeared to lead to an enhanced awareness of the body's innate healing mechanisms and a strong motivation to use them for self-care. The holistic nature of the intervention facilitated integration of mind-body resulting in a sense of increased vitality. These findings correlated with quantitative quality of life mea-

surements indicating improved global health. We hypothesize that the empowerment and sense of wholeness and integration instilled by the Ayurvedic intervention are important mechanistic steps leading to improved health outcomes.

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Reiki Improves Health of Oncology Patients: In and Out of the Hospital

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Purpose: The primary purpose of this study was to evaluate the effect of Reiki on perceived stress, happiness and pain for patients at an outpatient cancer center and for inpatient oncology patients.

Methods: This is a repeated measures longitudinal study. Subjects were recruited from the Patrick Dempsey Center for Cancer Hope & Healing (Dempsey Center) and the inpatient Oncology floor at Central Maine Medical Center (CMMC) in Lewiston, Maine between July 9, 2010 and December 31, 2013. The Institutional Review Board at CMMC approved the study. The Reiki Client Quality Monitoring Tool was given to patients before and after a Reiki session. The tool quantified a patient's experience regarding pain, stress and happiness using a likert scale from 0 to 10.

Results: Inpatient and outpatient oncology patients in Lewiston, Maine reported decreases in pain and stress, and increased happiness after Reiki. Investigators gathered data on subjects' self-perceptions of pain, stress, and happiness before and after Reiki sessions at an outpatient cancer center. Data were collected on over 600 sessions during 4 years (July 2009–July 2013). Perceived pain decreased 40%, stress decreased 60%, and 15% increase in happiness. Current data trends suggest a significant post-session decreases in pain and stress, and increased happiness for both inpatients and outpatients, yet the improvement is more dramatic for inpatients.

Conclusion: Subjects reported significantly decreased pain and stress, and increased happiness after their Reiki sessions. Our study identified similar results that other early pilots found, that Reiki decreases stress and pain for conventional oncology patients (Lee, Miles 2003; Olsen 2; Tsang, Carlson, & Olson, 2007). Reiki is relatively easy and inexpensive to perform, does not require special equipment, and is non-invasive. It offers an additional nonpharmacological method to improve pain for patients whether they are in the hospital or receiving treatment as an outpatient.

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Comparative Effectiveness Research on Different Treatment Options for Rheumatoid Arthritis in Ayurveda

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Purpose: This study aims to compare the outcomes of systematic reviews, clinical trials and reports from actual point of care in real life situations with a view to identify the contradictions in

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