



## The Benefits Of Self-Healed Healing Each Up The Workload Of Officers Towards Reducing The Pain Scale Of Post-Operative Patients

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### ABSTRACT

Self-healing can be done in various ways, one of which is through meditation and therapeutic touch. There is a similar journal about reducing pain using Therapeutic touch. The purpose of this study was to determine the effect of self-healing (healing touch) on reducing pain sensation in post-op patients at the Regional General Hospital. This study uses a quasi-experimental method with a pretest and posttest design. The population in this study were all postoperative patients treated at the Regional General Hospital. The results of the study showed that the difference in the results of the pain scale after receiving self-healing intervention was a decrease in the pain scale in respondents who received self-healing. Based on the results of the study, it can be concluded that the study conducted provides a description of the characteristics of post-op patients at the Regional General Hospital consisting of 39 respondents, most of whom were 36-45 years old with the majority of female gender and dominated by patients who work as housewives. There was a significant difference in the decrease in the level of pain in post-op patients after the influence of self-healing in the intervention group with an average decrease. There is an influence of self-healing on reducing pain levels in post-op patients.

**Keywords :** Benefits, Self-Healed, Increasing Officer Workload, Reducing Pain Scale, Post-Operative Patients

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## 1. Introduction

Self-healing can reduce pain by releasing endorphins and enkealins. Endorphins act as substances or neurotransmitters like morphine which are produced naturally by the body, so they can reduce the sensation of pain. Increased B endorphins have been shown to be closely related to decreased pain sensations. Self-healing can reduce muscle tension, reduce oxygen consumption, breathing, and increase serotonin production which creates feelings of calm and well-being so that it can reduce pain (Redho, 2019).

Self-healing is a method of curing illnesses not with medicine, but by healing and releasing feelings and emotions that are pent up in the body. In addition, self-healing can also be done with hypnosis, heart therapy, or calming the mind. Self-healing is carried out by the sufferer of the disease, and assisted by therapy (Ulwiya, 2014). Self-healing by touching yourself. Self-healing is a series of practical exercises that are done independently for about 15-20 minutes, and should be done twice a day. In self-healing exercises, there are several aspects involved, namely stable breathing, movement only for healing, touch, and silence. Someone who does it can take a break from all their routines, so they can interact with themselves. Self-healing is universal, does not refer to any religion, is practical, and is studied rationally. Its philosophy is based on humans as a complete unit between body, mind, and individual abilities (Gunawan, 2015).

The problem that arises after post-op is pain. Post-operative pain is most likely caused by the surgical wound, but other possible causes must be considered. Pain prevention should be planned before surgery so that the patient is not disturbed after surgery. Analgesics should be given before pain occurs with adequate doses. The dimensions of pain awareness, pain experience, and patient behavior are greatly influenced by the patient's anticipation and expectations. The process of pain complaints occurs with nociceptive stimuli caused by noxa, after that the patient realizes the presence of noxa, then experiences a sensation of pain and finally a reaction to pain occurs in the form of verbal and nonverbal attitudes and behavior in conveying what he feels (Sjamsuhidajat, 2013).





Pain is a condition that is more than just a single sensation caused by a particular stimulus. The intensity varies from mild to severe pain but decreases along with the healing process (Astuti, 2016). Proper pain management must include overall treatment, not only limited to pharmacological approaches, because pain is also influenced by emotions and individual responses to themselves. In general, there are two management methods for dealing with pain, namely pharmacological management and non-pharmacological management (Pinandita, 2012). Non-pharmacological pain management needs to be carried out by nurses in the operating room or in the surgical treatment room even though they often encounter obstacles due to high workloads. Non-pharmacological pain management interventions are the result of many things that can be done, especially by the family, such as providing hugs, support, distraction and so on (Ilmiasih, 2013).

Pain management that can be done by patients themselves will lighten the workload of officers that can be done independently by patients. Modern research has found that the human body system is not as believed by experts in previous eras. In previous eras, it was believed that the soul and body were always separate and had their own working mechanisms that did not affect each other. Today, the medical world has found that the human body system is a network of elements that form an integral unity, whose working mechanisms influence each other. This kind of body system is popularly known as a holistic system (Ulwiya, 2014).

Initially, self-healing was intended as a preventive measure before a disease occurs. However, when someone is sick, self-healing techniques can still be done while undergoing medical treatment including pain. Self-healing with touch (touch healing) is not prana, suggestion, but it is real. Although someone is not even aware that what is done everyday is self-healing (Rachman, 2015). Mumpuni's research (2014) The results of the study showed a significant difference between the pain scale before and after the action in both the intervention group and the control group ( $p$  value = 0.000). The results of the Mann-Whitney test also showed a significant difference in the decrease in the pain scale between the intervention group and the control group ( $p$  value = 0.000).





Previously Marta (2010) conducted a study on the Effectiveness of therapeutic touch on pain, depression and sleep in patients with chronic pain: a clinical trial. The study was conducted at the Basic Health Unit in Fernandópolis, SP- Brazil, involving 30 elderly patients with chronic non-oncological pain who received 8 sessions of Touch Therapy according to the kriegler-kunz method. The visual analog scale for pain was applied before and after each session, and the beck depression inventory and pittsburgh sleep quality index before the first session and after the last session. Data analysis showed a significant decrease ( $p < 0.05$ ) in pain intensity, depression self-assessment scores and sleep quality index.

In the Preliminary Study, significant reductions in pain, nausea, and anxiety occurred immediately after the intervention on postoperative days one and two, and in pain and anxiety on postoperative day three compared to pre-intervention levels. These findings suggest that a healing touch intervention is feasible and acceptable for patients undergoing bariatric surgery, and significantly improves pain, nausea, and anxiety in these patients.

## 2. Research Methods

This study used a quasi-experimental method with a pretest and posttest design. The population in this study were all postoperative patients treated at the Regional General Hospital totaling 41 respondents, but 39 respondents were included in the inclusion category. The sample is in accordance with the inclusion criteria and exclusion criteria.

## 3. Results and Discussion

### a. Results

Table. 1  
Description Change And Average Scale Pain Before and After Treatment (n=39)

Measurement	Decrease Scale Painful			CI 95%
	Mean	Standard Deviation	Min- Max	
Before	43.46	13.103	20 – 70	
After	26.74	11,311	9 – 60	14,352-18,776





Based on table 1, the average pain scale was obtained. before intervention 43.46 with a standard deviation of 13.103 with the lowest score 20 and the highest was 70, while the average pain scale after the intervention was 26.74 with a standard deviation of 11.311, the lowest score was 9 and the highest was 60.

Table. 2  
 Analysis Change Pain Scale Before And After  
*Self Healing* on Patient Post Op (n=39)

Group Type	Scale Painful					P Value
	Before	After	Mean	SD	SE	
Self Healing	43.46	26.90	16,564	6,824	1,093	0.000

Based on Table 2 shows difference results pain scale after get *self healing intervention* happen decline pain scale on respondents who received self healing decreased significantly by 16,564 with p value <0.05. There was a difference in the pain scale before and after the intervention.

## b. Discussion

### 1. Pain Experience

The results of the study showed that the intensity of post-surgery pain in patients with previous pain experiences who had never experienced pain before was higher than respondents who had experienced pain before. The results of this study are in accordance with research conducted by Potter & Perry (2005) which found that 29% of women with abdominal hysterectomy surgery reported having more severe pain than their previous abdominal surgery pain experience. The remaining 71% of women who underwent hysterectomy experienced mild pain or the same as their previous pain experience.

This is in line with the theory that states that respondents who have experienced pain before have lower pain intensity compared to those who have never experienced pain before, because if the previous pain was successfully





eliminated, it will be easier for the individual to take the necessary actions to eliminate the pain (Potter & Perry, 2005).

## 2. Medication Administration

The results of the study showed that the characteristics of analgesic medication of 39 respondents. Post-surgical pain is generally caused by unavoidable tissue damage. Post-operative pain should not be allowed to interfere with patient healing, so treatment is given with an adequate but not excessive analgesic regimen to prevent side effects from the analgesics used.

Post-operative pain management most often uses analgesic regimens: ketorolac, paracetamol and tramadol. Analgesia is one of the options often used to achieve adequate therapeutic effects by minimizing side effects by combining more than one type of analgesic. In addition, the administration of analgesics is also adjusted to the pain scale determined by VAS (Saputra, 2013).

## 3. The Effect of Self Healing on Reducing the Pain Scale of Post-Operative Patients

The results of this study indicate that the average pain scale after the intervention decreased. This is in accordance with the concept where self-healing techniques involve touch described in terms of "hands in motion" (used to remove congestion or density from the energy field) or "still hands" (used to rebuild energy flow and balance) and focus on the patient (Schommer & Larrimore, 2010).

With hand gestures, the hands make gentle brushing or combing movements, usually downward and outward, to remove dense energy from the field. The hands remain relaxed, palms facing down toward the patient, between 1 inch and 6 inches above the skin or clothing. The hand strokes may be slow and sweeping or short and quick.

With the right hand, grasp the left wrist under the bend while the fingers are straight and open parallel to the heart or higher, relaxed, facing forward, while concentrating on oneself for healing. In the still-hand position, hold the hand for a







few minutes, lightly touching the skin without gripping tightly. Focus on yourself and commit yourself to recovery (Umbreit, 2014).

Self-healing techniques can modulate pain through the release of endorphins and enkephalins. According to the theory of hormonal changes, it is stated about the role of endorphins, which are substances or neurotransmitters similar to morphine that are produced naturally by the body. These neurotransmitters can only fit into receptors on nerves that are specifically designed to receive them. The presence of endorphins in nerve cell synapses results in a decrease in pain sensation (Kastono, 2008).

Increased B endorphin levels have been shown to be closely related to decreased pain. When in pain due to falling or being scratched, or post-surgery pain can be reduced by self-healing. This is in accordance with a mini study in Finland which showed that body contact in the form of gentle touch causes a decrease in natural opioids in the brain area related to the brain's reward circulation.

In addition, self-healing will make changes in the body, such as reducing muscle tension, reducing oxygen consumption, breathing and increasing serotonin production which causes feelings of calm and well-being, thus reducing pain. Serotonin is a neurotransmitter that plays a role in modulating pain in the central nervous system. It plays a role in the brain's analgesic system. Serotonin causes local neurons in the spinal cord to secrete enkephalins. Enkephalins are thought to cause presynaptic and postsynaptic inhibition of pain fibers. This analgesic can block pain signals at the point of entry into the spinal cord.

The process that occurs in self-healing begins with the transmission process when there is a touch in the wrist area, then the impulse transduction process occurs which is channeled through fiber C as the first neuron from the periphery to the spinal cord where the impulse undergoes modulation before being forwarded to the thalamus by the spinothalamic tract as the second neuron from





the thalamus, then distributed to the somatocentric area in the cerebral cortex through the third neuron and translated as pain perception.

Then continued to the modulation process where there is an interaction between the endogenous analgesic system produced by the body when pain enters the posterior horn in the spinal cord and is controlled by the brain. This endogenous analgesic system includes enkaphalin, endorphin, serotonin, and non-adrenaline which have effects that can suppress pain impulses in the posterior horn of the spinal cord. The posterior horn is a door that can open and close, this process causes each person to be very subjective.

After that, pain will form a perception, namely when someone is aware of pain, a complex reaction occurs. The body will identify the intensity, type, and location of pain, while eliminating the sensation of pain with past experiences, memories, cognitive activities. Then the limbic system will be responsible for responding to pain through emotions and behaviors such as attention, pleasure and pain processing (Black, 2009).

This is in line with research by Budiman & Ardianty (2017) Usui Reiki Ryoho Gakkai which is based in Tokyo and has established a reiki clinic in Harajuku, Aoyama. It was through this organization that Master Mikao Usui performed reiki healing and began teaching reiki to the local community. The reiki philosophy on the emergence of psychological disorders above has similarities with the mechanism of stress from a biological perspective. According to the James-Lange theory, situations that produce emotions will bring about responses, namely autonomic, behavioral and endocrine (Ishaq 2007).

The results of this study based on the average value of pain before intervention was 69.37 ( SD = 10.52), while the pain score at the time of the posttest was 63.81 (SD = 09.47), where there was a decrease in pain after being given self-healing intervention with reiki energy with a P value of 0.00, which means it can reduce pain levels in a short time. Reiki energy is energy that can be accessed from the universe and channeled into the etheric body (subtle body/soul).







Self-healing therapy can be used as an alternative therapy to reduce and overcome anxiety.

#### 4. Conclusion

Based on the results of the study, it can be concluded that the study conducted provides a description of the characteristics of post-op patients at the Regional General Hospital consisting of 39 respondents, most of whom were aged 36-45 years with the majority of female gender and dominated by patients who work as housewives. There is a significant difference in the decrease in pain levels of post-op patients after the influence of self-healing in the intervention group with an average decrease. There is an influence of self-healing on reducing pain levels in post-op patients.

#### 5. Compliance with ethical standards

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##### Disclosure of conflict of interest

This research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers.

##### Statement of informed consent

Every action we take as authors is a mutual agreement or consent.

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