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A phenomenological inquiry into the patient's experience of the external application of ginger

Tessa C. Therkleson
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**A Phenomenological Inquiry into the
Patient's Experience of the
External Application of Ginger**

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Degree: Master of Social Science

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ABSTRACT

This Research Study explores the quality of the experience for the patient of the external application of ginger using a Husserlian phenomenological methodology. In this Study the phenomenon is the patient's experience of the external application of ginger. A group of Anthroposophical Nurses in the Hawkes Bay of New Zealand personally selected seven appropriate consenting adults to receive one external application of ginger. Following their experience, the patients were asked a series of open-ended questions by the researcher. These interviews were audio taped. The interview data have been transcribed and reduced to themes that have been explored and reflected on alongside relevant literature in the field.

Four interpretative themes capturing the patients' experience were identified. These are patients' experience:

- warmth in the body as increasing in intensity and radiating outwards;
- increasing stimulation of internal activity within their body;
- changes in thought-life, sensory perception and bodily tension;
- centredness within themselves and a greater sense of personal boundary in relation to the world.

The warmth response was slow and subtle initially and experienced externally on the skin beneath the ginger compress. Gradually the heat intensified and developed into deep inner warmth. Patients were astonished at the strength and depth the heat generated. The warmth penetrated deep within the body spreading as far as the limbs. There was a definite awareness that this internal heat response was caused by the ginger compress, remaining long after the treatment and stimulating internal body activity. Patients experienced an enlivening of internal activity within the digestive, excretory and circulatory organs of the body. The increased activity within the circulation moved and energised the metabolism. There was an awareness of increased blood flow throughout the body accompanied by a sense of an opening up within. Digestive disturbances and increased energy were experienced; it was as if the body received something extra that enabled a movement internally. Patients experienced a stimulated thought life, including a transition from a dreamy to a wakeful state, changing sensations within the skin, activation of the senses and a relief of aches and tensions in the body. Following the ginger compress thinking was alert and active along with a general increase in vitality and a sense of being present. There was a sense of being more centred, more connected to oneself and more aware of one's physical body. Patients experienced the opportunity to revisit their inner self, the inner core of their being.

For all the patients the experience of the ginger compress was positive. Some of the patients expressed the wish to have repeat treatments. Future research on the experience of a series of ginger compresses for patients with specific conditions would be significant.

I



14.1.05

Tessa C Therkleson

Certify that this thesis does not, to the best of my knowledge and belief:

- a) Incorporate without acknowledgement any material previously submitted for a degree or diploma in any institution of higher education**
- b) Contain any material previously published or written by another person except where due reference is made in the text; or**
- c) Contain any defamatory material**

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TABLE OF CONTENTS

INTRODUCTION.....	xiii
Chapter 1. BACKGROUND.....	1
1.1. Nursing.....	1
1.2. External Applications.....	4
1.2.1. External Applications in Conventional Nursing.....	5
1.2.2. External Applications in Complementary Nursing	6
1.3. Summary.....	12
Chapter 2. EXTERNAL APPLICATIONS IN ANTHROPOSOPHICAL NURSING.....	13
2.1. External Applications.....	13
2.2. External Applications used in Anthroposophical Nursing	14
2.3. The External Application Of Ginger	18
2.4. Summary.....	22
Chapter 3. THEORETICAL MODEL OF HUMAN BEING	23
3.1. Background	23
3.2. An Anthroposophical Perspective	23
3.3. Philosophical Models of Disease and Healing	25
3.3.1. Body, Soul and Spirit	25
3.3.2. The Three Fold Human Being	25
3.3.3. The Four Fold Human Being	26
3.4. Models of Health and / or Constitutional Differences	28
3.5. Summary.....	31
Chapter 4. METHODOLOGY OF RESEARCH STUDY.....	33
4.1. Research Design.....	33
4.2. The Phenomenological Approach.....	37
4.3. Phenomenological Premises	42
4.3.1. Human Experience	42
4.3.2. Intersubjectivity.....	44
4.3.3. Intentionality.....	46
4.4. Phenomenological Reduction.....	46
4.5. Summary.....	49
Chapter 5. EXPLICATION OF DATA	51
5.1. Phenomenological Reduction.....	51
5.2. Thematic Index.....	54
5.3. Patient Profiles	56
5.4. Establishing Rigour	62
5.5. Summary.....	63

Chapter 6. DISCUSSION OF INTERPRETATIVE THEMES.....	65
6.1. Patients experience warmth in the body as increasing in intensity and radiating outwards.....	65
6.2. Patients experience an increasing stimulation of internal activity within their body.....	68
6.3. Patients experience changes in thought life, sensory perception and bodily tension.....	70
6.4. Patients experience a centredness within themselves and a greater sense of personal boundary in relation to the world.....	74
6.5. Synthesis of Extended Description.....	75
6.6. Comparisons with Literature and Research in the field.....	76
6.7. Summary.....	81
Chapter 7. CONCLUSION	83
REFERENCES	87
Appendix I - STUDY OF THE EXTERNAL APPLICATION OF GINGER....	103
1. Foreword.....	103
2. Purpose and Method.....	104
3. Introduction to the Theme.....	105
4. Characteristics of the Two Plant Families.....	107
5. Polarity and Healing Powers of Ginger & Mustard.....	110
6. Criteria for the External Use of Mustard & Ginger.....	111
7. Pertaining to the Polarity of Mustard & Ginger & their Healing Powers....	112
8. Bibliography.....	114
9. Development of the Criteria for the Use of Ginger.....	115
10. Results of the Experiments & Clinical Trials in the Preparatory Phase....	116
11. Method of Application of Ginger Compress.....	118
12. Reactions & Suggested Interventions of the Ginger Compress Application.....	119
13. Characteristic Responses to the Ginger Compress.....	121
14. Evaluation of the Health Questionnaire.....	124
15. Phases of Response to the Ginger Compress Procedure.....	126
16. Documentation of the Therapy.....	127
17. Consequences of the Ginger Compress Experience.....	128
18. Experiences of Eighteen Patients Given Compresses.....	131
Appendix II - JOURNAL.....	139
Appendix III - TRANSCRIPTION OF INTERVIEWS.....	145
Appendix IV - EXPLICATION OF INTERVIEWS 1 & 6.....	163
1. Terms & Definitions.....	163
2. Thematic Index – Natural Meaning Units (NMUs).....	164
3. Thematic Index – Research Key (Res Key).....	180
Appendix V - RESEARCH LETTERS & FORMS.....	193
1. Letter to Participating Nurses.....	193
2. Method of Application of Ginger Compress.....	194
3. Information for Clients.....	195
4. Consent Form.....	197

INTRODUCTION

This study developed out of a passion for Anthroposophical Nursing. In 1998, I graduated as an Anthroposophical Nurse in New Zealand. For eighteen years previously I had studied and practised the Anthroposophical Nursing external applications so this was a significant highlight, a rounding off, a completion and a new beginning. The primary interest in this study is the use of external applications in nursing. External applications in nursing refer to the physical application of a substance by a Nurse to a patient's body. Substance can be, for example, ointment, wound dressing, oil, water, honey or ginger. Five years ago I was aware of a dearth in available research on Anthroposophical Nursing external applications. At this time I was able to locate one research study that had been translated and published in the English 'Circular Letter' from the Medical Section of the Goetheanum (Glaser 1996/1997). My task was to find the research and have this initially translated in summarised form. The Filderklinik Study was the most extensive research study available, primarily a quantitative study with a qualitative component, focusing on the ginger compress.

This Research Study is concerned with the phenomenon of the patient's experience of the external application of ginger, known as the ginger compress. A wealth of research is available on the use of ginger internally. Traditional and contemporary use finds it relieves indigestion, nausea, vomiting, inflammation and pain. Ginger has been found to be a promising antiemetic herbal remedy and trials continue on its use to relieve inflammation and pain, for example at the Herbal Medicines Research and Education Centre at the University of Sydney (Note Section 2.3 in text). *The Study of the External Application of Ginger* known as the Filderklinik Study is the only research study on the use of ginger as an external application. The Filderklinik Study, Schurholz, J., Vogeles, M., Heine, R., Muck, H., Sauer, M., Simon, L., et al. (Appendix I) (Schurholz et al. 1992/2002), was completed in 1992 in the Filderklinik, Filderstadt, a large German State hospital specialising in Anthroposophical Medicine and Nursing. The Filderklinik Study included a Pilot Study in 1990 with 300 experiments giving the ginger compress to staff and a Comprehensive Study, 1991 – 1992, when 800 ginger compresses were given to patients. The Filderklinik Study was a quantitative study with a limited qualitative component. It established a defined protocol for the method of treatment with clear indications for its use and found the ginger compress to have transformative and rejuvenating qualities leading to improved health and well-being particularly for the medical conditions of arthritis, bronchitis, asthma and kidney conditions. No negative side effects occurred and the ginger compress was found in principle to be a positive influence in most illnesses. Today, the ginger compress is the primary

Anthroposophical nursing treatment for arthritis patients at the Paracelcus Klinik, Bad Liebenzell, Germany, a clinic specialising in the care of arthritic patients. It is also regularly used in the other 26 hospitals in Europe that specialise in Anthroposophical medicine and nursing.

Before 1996, Europe was the only place where an Anthroposophical nursing education could be gained. Interested Nurses could visit the large European Anthroposophical hospitals but communication and education was severely restricted for those from English speaking countries who were not able to communicate in the German language. In 1998, after completion of a part-time three years' graduate diploma, twenty state Registered Nurses graduated in New Zealand (NZ) as Anthroposophical Nurses. The education these Nurses received is recognised in the European Anthroposophical hospitals. An Anthroposophical Nurse has undergone a prescribed course of study that views the human being in a holistic manner. Each patient's spiritual identity is different and this is seen to lead to unique experiences in life. There is a reverence, a deep respect, when caring for a patient who has a soul and spirit as well as a physical body (Anthroposophical Nurses Association New Zealand 1995 / 2002; 1996 / 2003; 1997 / 2004; Medical Section of the General Anthroposophical Society 2000). Since 1998, in New Zealand, Anthroposophical Nurses have practised in hospitals, nursing homes and private practices. Who are they? What do they do? What is the evidence base of their practice? These are questions asked and some answers are offered in this Research Study.

The purpose of my Research Study into the ginger compress is to elucidate the experience for the patient of having ginger applied to the body's skin. There appears to be a gap in the research on the use of the ginger compress, which relates to the patient's experience.

Phenomenology was the appropriate methodology because the main objective of phenomenology is to examine and describe the phenomena as human beings consciously experience them. The intention of the research was to hear the stories of the seven patients / co-researchers, to listen to their experience of receiving an external application of ginger, and to become aware of the meaning of their stories. This Research Study is focused in the Hawkes Bay of New Zealand where the four Anthroposophical Nurses who gave the treatments are based. Interviews were conducted in which open-ended questions were asked of patients participating in the study. The interviews were explicated using a phenomenological methodology based on Husserlian Phenomenology and informed by the methodological adaptation of Schweitzer in his PhD (1983) from Giorgi (1970; 1971; 1985; 1997).

Chapter 1. BACKGROUND

This chapter discusses Conventional, Complementary and Anthroposophical Nursing followed by external applications. A brief consideration of the research on external applications is given for Conventional and Complementary Nursing. Conventional Nursing external applications in wound management and Complementary Nursing external applications in wound management, aromatherapy, massage and hydrotherapy are summarised.

1.1. Nursing

Conventional Nursing

The history of nursing in Western Civilisation follows the changing status of women and begins with the revolutionary and far-sighted approach of Florence Nightingale. Today nursing education is moving from being hospital based to university focused and leading to professional status. At the time of the Industrial Revolution, 'good women' did not work outside the home and a nurse was seen as a domestic. Hospitals in western culture were coarse and unclean, a place to die rather than heal. Florence Nightingale was born into traditional Victorian England at a time when women were expected to marry and raise children. She was prosperous and well educated in both the arts and sciences, having travelled extensively in England and Europe. Florence felt a personal calling to relieve the suffering and burden from the sick, helpless and miserable. She was critical of the healthcare at the time and strove for improvement becoming an expert on hospitals and public health. An attitude of unbiased research was the cornerstone of her influence to bring about change in the care of the sick recognising nature and God's primary role in healing patients. The significance of sunlight, fresh air, warmth, quiet, cleanliness and diet were paramount. She committed her life to training nurses and improving public health, describing the profession as an art and science. (Huxley 1975; McCabe 2000; Palmer 1997; Selanders 1993).

The evolution of the modern Nurse is closely allied to the rising status of women in western culture. Nurse training began in hospitals where Nurses were seen as a cheap source of labour. The foundation for the first modern training was in 1860 at St. Thomas Hospital in England led by Florence Nightingale. Nurses have been challenged to become free of this legacy of being dependent on hospital training (Palmer 1997; Shames 1993). Today in the English - speaking world the hospital is generally seen as an inadequate facility for a comprehensive

nurse education leading to professional registration. Rather universities, colleges and higher schools of learning are more appropriate. The movement to educate nurses leading to nationally recognised qualifications has developed at different rates in England, Europe, U.S.A., Australia and New Zealand. Nonetheless, the Registered Nurse is recognised as a professional in all of these countries. Some Registered Nurses choose to extend their practice by offering additional complementary nursing therapies (Trevelyan 1996; Trevelyan & Booth 1994).

Nurses practising Complementary Therapies

Complementary Nurses are defined as Registered Nurses who practice complementary therapies. Complementary therapies can be defined as those health care practices available to the public and 'not readily integrated into the dominant healthcare model: they challenge diverse societal beliefs and practices' (Eskinazi 1998 p.1622).

These are therapies used as an adjunct to or in conjunction with traditional / conventional medical or nursing intervention to enhance client outcomes. Complementary therapies do not interfere or replace traditional therapies and it is in this sense they cannot be seen as alternative health care practice... commonly used complementary therapies used by nurses in practice are aromatherapy, massage, meditation, visualisation, reflexology, stress management, therapeutic touch. (McCabe 1995)

The Nurses Board of Victoria in Australia offers a definition for Complementary Nursing

Complementary therapies are defined as those approaches to healing which are chosen and used in nursing practice to promote health, healing and quality of life and are congruent with the aims, practice and scope of holistic nursing care. In the provision of holistic care, the nurse recognises the consumer's physical, psychological, social, cultural, environmental and spiritual needs and expectations. (Nurses Board of Victoria 1999)

Complementary therapies vary greatly. Their common goal is to help the body to heal itself by supporting the body's inner healing power and bringing about a feeling of well-being (Coward 1990; Donnellan 1993). A Complementary Nurse is both a Registered Nurse and a complementary therapist. A complementary therapist is occasionally a Registered Nurse and requires no specific training or certification in Australia, New Zealand or the United Kingdom. The required education and training for a Complementary Nurse in the country in which they practise needs to be fulfilled. The Royal College of Nursing in Australia and the United Kingdom have established clear guidelines for the practise of complementary nursing. These include documentation, informed consent, recognised training and support, standards, legislation and regulations for the professional complementary nurse (Danley 1995; McCabe, Ramsay, & Taylor 1994; Royal College of Nursing Australia (RCNA) 2000; B. Taylor 1996). The American Council of Nursing Practice recommends complementary nurses

incorporate into their practice the Holistic Nurses Association Standards of Holistic Nursing Practice and the American Nurses Association Code of Ethics.

In France, Germany and Switzerland only medically qualified doctors can practise 'therapy' where the word implies diagnosis and prescription of an appropriate treatment. Legally in England, Australia and New Zealand, current Common Law allows one to do anything as long as it is not against the law. In Europe, Napoleonic Law means no one can do anything unless the law approves it. Hence therapists are very restricted in Europe, for example in Zurich in 1992 a meeting lead by aromatherapists, perfumers and essential oil manufacturers decided instead of the term 'aromatherapy', 'aromatology' would be used; 'aroma' meaning smell and 'ology' meaning study of Johnson (2000), Price (1992), Tiran & Mack (1995), provide an interesting discussion on whether nurses should in fact practise complementary therapies as part of their practice. For the Anthroposophical Nurse, external applications are an integral part of their education and subsequent practice.

Anthroposophical Nursing

The beginnings of Anthroposophical medicine and nursing were founded between 1918 and 1920 in the Ita Wegman Clinic, Arlesheim, Switzerland. The foundations for the theories of Anthroposophical medicine and nursing are given in *Fundamentals of Therapy* by Drs Rudolf Steiner & Ita Wegman (1925/1967). European Anthroposophical Nurses have access to a range of texts supporting their practice (Fingado 2001; 2002; Heine & Bay 1995/2001). The education of Anthroposophical Nurses in New Zealand has necessitated the development of manuals that supplement the large volume of required reading (Anthroposophical Nurses Association New Zealand 1995 / 2002; 1996 / 2003; 1997 / 2004; Medical Section of the General Anthroposophical Society 2000). The Anthroposophical Nurse is a Registered Nurse who has developed an understanding of the human being that encompasses the Anthroposophical perspective. This acknowledges each person as bearing a body, soul and spirit as well as what is termed a fourfold being that is interwoven by a spiritual essence and a process of development with life illnesses and crises (Steiner 1904/1971; Steiner & Wegman 1925/1967). The anthroposophical ideas and concepts that have relevance to health and illness are discussed in Chapter 3. One of Steiner's most significant contributions to modern day nursing has been the definitions and descriptions he offers on spiritual terms such as soul and spirit used so freely in the humanistic/holistic nursing literature.

The Nurse works on deepening the understanding of what it means to be 'human' along with the awareness of the task of an Anthroposophical Nurse. Education is given in a wide range of external applications. External applications are taught such as wound management using pure, organic substances, compresses using a wide range of natural substances, rhythmical body oiling and hydrotherapy. Environmental factors such as restfulness, warmth and atmosphere are of great importance to the way the external applications are received. Anthroposophical Nurses work alongside medical practitioners and other therapists who are sympathetic to Anthroposophical ideals wherever possible. They often are the first to meet the patient and the one to support the patient through the healing process (Evans & Rodger 1992; Freeman & Friedlander 1996).

Of the 26 hospitals in Europe specialising in Anthroposophical medicine and nursing, four are Anthroposophical nurse-training hospitals in Germany and two in Switzerland. In the English speaking world there is a part-time three-year graduate diploma course in New Zealand. All trained Anthroposophical Nurses are recognised at the Anthroposophical Institutions around the world. In Europe, generally, Anthroposophical Nurses work in Anthroposophical Institutions while in Australia and New Zealand they work in hospitals, medical practices or are independent nurses in private practice. Ritchie (2001) has prepared a comprehensive study on Anthroposophical healthcare in the Primary Care setting of the United Kingdom (Medical Section of the General Anthroposophical Society 2000; Ritchie 2001).

Anthroposophical Nursing is an extension of nursing based on traditional nursing as well as present day scientific and nursing research. It developed out of a striving for a humane and caring nursing practice offering a wide range of external applications

1.2. External Applications

External applications relate to a substance directly applied to the skin with the intention of bringing a remedy for healing or improvement of an existing health condition. External applications in nursing refer to the physical application of a substance by a Nurse to a patient's body with the intention of improving an existing health condition. Substance can be, for example, ointment, wound dressing, oil, water, honey or ginger. The definition for external and application in the *Concise Oxford Dictionary* is pertinent:

- External: situated outside (of remedies etc.) applied to the outside of the body, consisting in outward acts. Belonging to the world of phenomena (external world), outside the conscious subject.
- Application: putting of one thing to another. Employment of means. Act of applying, especially medicinal ointment to the skin (H. W. Fowler & Fowler 1964).

At the University of Witten, Herdecke in Germany, literature and a dissertation on complementary nursing care interventions, particularly in the area relating to natural external applications is being researched (Ostermann, Blaser, Bertram, Matthiessen, & Kraft 2002).

A review of the research literature suggests the most significant area of external application in nursing is in wound management.

1.2.1. External Applications in Conventional Nursing

External applications in conventional nursing are primarily in wound management and include the use of lotions, dressings and ointments. The manufacturers of these applications have published numerous papers and books on this subject.

The *Handbook of Surgical Dressings*, produced annually by the Surgical Materials Testing Laboratory, Bridgend General Hospital, Wales, is a comprehensive guide to wound dressing selection and comes from the only centre of its kind in the United Kingdom (Thomas 2004). This laboratory has established an international reputation for its work in wound healing research and has undertaken numerous investigations for companies in Europe and elsewhere. They also distribute a bimonthly newsletter, *SMTL News*, and have established an online journal, 'e-Jottings', and a ready source of information that is regularly updated and revised. 'Worldwide Wounds' is another Internet electronic journal on wound management presenting updated information and research articles. Two further examples of comprehensive books with numerous references, research articles and case studies on wound management are Dealey (2003) and Morison, Ovington, & Wilkie (2004).

A number of nursing journals present current research papers on external applications in wound management. For example *Journal of Wound Care*, *Advances in Skin and Wound Care*: the journal of prevention and healing, *Home Healthcare Nurse* and *British Journal of Community Nursing, Research*, as evidenced in the following examples, used the quantitative methodology and focused on the use and efficacy of wound

dressings. 'A non-comparative multi-centre clinical evaluation of a new hydropolymer adhesive dressing' (A. Taylor et al. 1999); 'The influence of four wound dressings on the kinetics of human walking' (Chockalingam, Ashford, & Dunning 2001); 'A trial to assess the efficacy and tolerability of Hyalofill-F in non-healing venous leg ulcers' (Colletta, Dioguardi, DiLonardo, Maggio, & Torasso 2003); 'Diabetic Ulcers – use of Graftskin' (Thompson 2001); 'Wound care for persons with Diabetes' (E. Fowler et al. 2003); 'Wound care products: how to choose' (Ovington 2001); 'Treating pressure ulcers in the home' (Maklebust 1999); 'Hydropolymer dressings in the management of wound exudate' (K. Carter 2003).

Wound care is the most notable area of external application research found in conventional nursing and there is a large and comprehensive quantity. Primarily this research is coming from the manufacturers of the surgical materials used in wound management and is quantitative research. External applications in Complementary Nursing extend beyond wound care to such therapies as massage, aromatherapy and hydrotherapy.

1.2.2. External Applications in Complementary Nursing

The use of external applications in Complementary Nursing is focused in four areas; wound care, aromatherapy, massage and hydrotherapy. Several studies suggest that aromatherapy along with massage are the most commonly used complementary therapies by Nurses (Rankin-Box 1997; Trevelyan 1996; J. M. Wilkinson & Simpson 2002).

Wound Care

Most notable developments in modern complementary nursing wound management have been in the use of sterile larvae (biosurgery), honey and essential oils. Considerable clinical experience, based in the United Kingdom, describes use and results of sterile larvae reared especially to treat necrotic and sloughy wounds of all kinds. In 1996 a report described the use of larvae in six patients with infected or necrotic and sloughy wounds. It was concluded this technique promotes rapid cleansing of such wounds and controls offensive wound odour and prevents and controls infection. Clinical trials were considered necessary to confirm that larvae stimulate production of granulation tissue and are effective in healing wounds infected with antibiotic resistant bacteria such as methicillin resistant staphylococcus aureus (MRSA) (Thomas, Jones, Shutler, & Jones 1996 Feb). In 1998 there was an updated and detailed

guide on the use of sterile larvae in chronic or infected wounds. This was a comprehensive clinical trial giving more than 4000 treatments in over 350 centres throughout the United Kingdom. No serious adverse effects were recorded following use of sterile larvae. All wounds showed a decrease of slough and necrotic tissue with an increase in granulation tissue following three days of larvae therapy. It was found that the metabolic activity of the larvae increases wound pH and prevents the growth of organisms such as streptococcus and staphylococcus aureus, including MRSA (Thomas, Andrews, & Jones 1998 Nov). Recently a case study was presented offering insight into the practicalities and personal issues involved in the use of larval therapy in the community by District Nurses (MacDougall & Rodgers 2004).

Considerable research has been done in the use of honey's therapeutic effect in wound management (Hutton 1996; Keast-Butler 1980). Molan (1999) examines how the chemical and physical properties of honey facilitate wound healing and offers guidance on practical issues related to clinical use. "Advantages of honey as a wound dressing are, it provides a moist healing environment yet prevents bacterial growth, even when wounds are heavily infected. It quickly and effectively renders heavily infected wounds sterile without the side effects of antibiotic usage and it is effective against MRSA" (P. Molan & Brett 1998).

Nursing studies have been done on the use of essential oils in wound care. Reliable evidence is clearly lacking. "An evidence base must be established from guidelines so the safe and efficacious use of essential oils in wound care can be drawn" (Baker 1998 July). As Asquith notes, there appears to be a lack of research in the use of aromatherapy in wound healing. Based on current research along with clear guidelines for use the application of sterile larvae and honey looks very promising, particularly in the area of antibiotic resistant wounds (Asquith 1999). There is the need for both qualitative and quantitative research in this field to enable more in-depth discussions between interested health practitioners. The qualitative study in the larval research makes for a good comparison. The use of essential oils in wound management stands at the development stage. This is less so with aromatherapy and massage.

Aromatherapy

Rene Maurice Gattefosse, a French chemical perfumer, first used the term 'aromatherapie' in 1920. In Britain, aromatherapy developed from the beauty therapy angle rather than the medical perspective. Doctor Jean Valnet used essential oils in the First World War to treat burns and injuries with good effect. He is still considered one of the leading authorities on the therapeutic use of essential oils and his work titled *The Practice of Aromatherapy* is considered one of the definitive texts on the subject. Aromatherapy is the skilled and controlled use of essential oils for emotional and physical health and wellbeing. It involves pure essential oils and treatments many believe have a chemical effect on the body. The essential oils can be applied in massage, bath, air and externally to skin or tissue. Some oils have analgesic or relaxing qualities while some have antifungal or antiseptic properties (Battaglia 1995; Price 1993; Valnet 1980).

In Australian and United Kingdom nursing practice there is evidence that aromatherapy is being applied in massage, inhalation and hydrotherapy to induce relaxation and to reduce drug intake (Ersser 1995; Johnson 2000; B. Taylor 1996). From the aspect of external applications in nursing there is limited research in aromatherapy. Tiran and Mack (1995) discuss the use of essential oils in midwifery for baths, inhalations, compresses and massage.

A review of the literature reveals comprehensive studies on the use of aromatherapy and massage by Nurses for relaxation and the relief of anxiety. Buckle (1993) conducted a research study examining the effect of different varieties of lavender oil used to alleviate anxiety. Edge (2003) carried out a pilot study addressing the effect of aromatherapy massage on mood, anxiety and relaxation in adult mental health care. A trial was used to ascertain the physical and psychological effects on patients of foot massage after post-operative cardiac surgery. A Nurse trained in massage and aromatherapy carried out the therapy. Results showed significant reduction in respiration rate in the massage groups with a trend towards more lasting psychological benefits when essential oil was used (Stevenson 1994). Studies have been carried out to investigate the effect of aromatherapy and massage on the quality of life in the palliative care setting (Harrigan 1991; S. Wilkinson 1995). The Wilkinson study involved 51 patients randomised to massage with carrier oil alone or massage with carrier oil plus essential oil of roman chamomile. Three Nurses with

aromatherapy or massage qualifications carried out the massage. Clear guidelines ensured the same techniques were used. After three sessions of full body massage, patients felt they had benefited from reduction in pain, tension, anxiety and depression. These results were statistically significant in the aromatherapy massage group. Stringer (2000) reports on the beneficial effect of aromatherapy massage in a leukaemia unit at Christie Hospital in Manchester. Currently an English Nurse, Kath Ryan, is in the final year of a three-year trial at Birmingham Women's Hospital to establish the effect of using essential oils on patients to reduce high blood pressure pre-operatively. Ryan is trained in aromatherapy and massage and claims an aromatherapy massage can reduce the blood pressure of patients pre-operatively. She stresses the need for people to go to qualified aroma-therapists (Ryan 2003). Essential oils can be enormously beneficial and there are potential hazards as well. Martin Watt an English medicinal herbalist, educator and writer, endorses these cautions (Watt & Sellars 1996). In the past five years research in aromatherapy and massage has increased alongside their acceptance by Nurses. These are the most common complementary therapies used by nurses. As with wound management there is the need for both qualitative and quantitative research studies to present a more comprehensive picture of the overall effect and significance (Buckle 1993; Edge 2003; Stringer 2000).

Massage

Massage is the manipulation of muscles, soft tissue and connective tissue along with stimulation of the skin, nerves, blood and lymph systems. Massage helps fulfil our need for touch, removes bodily toxins, increases mobility and reduces stress on all levels and speeds recovery from injury. Massage is generally considered as a systematic form of touch using certain manipulations of the soft tissues of the body by the hand for therapeutic purposes such as the relief of pain and promotion of comfort (Tutton 1991). In this sense massage is seen as comprising specific strokes or techniques, for example, *effleurage* which is a longitudinal stroke where the hands are placed flat on the area to be massaged, usually the back, and moved slowly in a gliding motion with light to moderate pressure. Another stroke is *petrissage*, which involves deeper pressure applied by the fingers and thumb, often in a circular movement (Fraser & Kerr 1993; Tiran & Mack 1995). At the turn of the twentieth century there were a number of books on massage used in the training of

nurses. It was considered a basic requirement (Goldstone 2000; Hughes 1907). In research literature, promoting relaxation was clearly the single most common justification for using massage in nursing for both the survey and the literature. What exactly massage entails in terms of its physical technicality is not always clear (Fraser & Kerr 1993; Vickers 1996). Vickers (1996) analysed a survey in the United Kingdom completed in 1992 of the use of complementary therapies by Nurses in nine units of a district health authority. The use of massage and essential oils was the most common complementary therapy. It was found Nurses used massage as an aid to sleep, to help relaxation, to promote comfort, to improve movement in the care of patients with osteoarthritis and to enhance communication between Nurse and patient (Rankin-Box 1997; Vickers 1996). There are numerous accounts of massage with and without the use of essential oils in nursing practice (Maddocks 2000; Tiran & Mack 1995).

Massage studies in nursing have been shown to help the elderly by decreasing pain, alleviating stiffness and maintaining mobility (Fraser & Kerr 1993; Nelson 1996; Rosenfield 1998; Snyder, Egan, & Burns 1995). One study, (Snyder et al. 1995), looked at the efficacy of hand massage in decreasing agitated behaviours associated with care activities in persons with dementia. Tender touch was used and this was defined as the systematic structured use of slow, gentle massage, stroking and touching certain areas of the body including the forehead, neck, shoulders, back and hands. A one-year demonstration project, (Sansome & Schmitt 2000), studied the effects of gentle massage on two groups of elderly nursing home residents, those suffering from chronic pain and those with dementia who were exhibiting anxious or agitated behaviours. A licensed massage therapist trained certified nursing attendants. Pain and anxiety scores declined markedly. In addition to the potential physical benefits massage and touch have been found to have numerous psychosocial benefits appropriate for the nursing home resident. For example it "helps ground residents who are spatially disoriented or confused by connecting them with physical reality and that of others in their presence" (Nelson 1996 p.112-115).

Massage therapy reduces pain and stress experienced by most people. It has been found to assist in post-operative pain relief, diminishing the need for analgesics (Nixon, Teschendorff, Finney, & Karnilowicz 1997). A study was done in which five-minute foot massage was offered to twenty-

five critically ill patients in intensive care. A significant decrease in heart rate, blood pressure and respirations was noted during the massage (Hayes & Cox 2000). A further study evaluated the feasibility of workplace based massage therapy to relieve pain and tension experienced by Nurses. Twelve hospital staff volunteered to take part, ten of which were Registered Nurses. The massage given was Swedish massage by registered massage therapists. Pain and tension levels were significantly lower after the massage. In addition relaxation levels and overall mood state improved significantly after treatments (Katz, Wowk, Culp, & Wakeling 1999 June). The benefits of massage as a means of relieving occupational stress have only recently been recognised and some institutions are introducing massage for staff (Reeding 1991; Tiran & Mack 1995). Massage has also been used positively in maternity nursing with mothers and neonates, to relieve pain and tension and to assist in relaxation (Guenier 1992; L. Paterson 1990; Reed & Norfolk 1993; Tiran & Mack 1995). In the palliative care setting massage has been most beneficial (Gray 2000; Preece 2002; Stringer 2000; Wilkes 1992). An unpublished study, (Wilkes 1992), found that 70% of hospices were offering massage to their patients.

There is a wide range of studies on the effects of massage in nursing practice, particularly in aiding relaxation, relieving stress and tension. Additional research in the use of massage such as that conducted by Stringer (2000), given by a qualified Nurse with relevant massage qualifications, using a defined technique and combined with aromatherapy would be valuable (Goldstone 2000; Stuttard 2002). In contrast to massage, research in hydrotherapy is very limited.

Hydrotherapy

Hydrotherapy has been of special value in midwifery practice. It is seen as a gentle approach to labour and delivery, having developed out of the ideas of LeBoyer (1974/1995) *Birth without Violence*, further developed by Odent (1976/1984) in *Entering the World* and Ray (1985) in *Ideal Birth*. Approximately thirty countries in North and South America, England and Europe have centres where water births are conducted. In America the most renowned unit is Micheal Rosenthal's in Upland, California. A very clear discussion on policies, guidelines, techniques and required facilities are given by Tiran and Mack (1995) and Lichy & Herberg (1993). Some hydrotherapy units audit their own statistics and some have been

published (E. Burns & Greenish 1993; Garland & Jones 1994 March). Little pure research exists in hydrotherapy although there is much literature written by consumers and professionals (Tiran & Mack 1995).

1.3. Summary

Research in external applications has been reviewed for conventional and complementary nursing.

The most comprehensive research found was in the area of conventional wound management where books have been written giving up to date information and there are numerous research articles in nursing journals. There was a predominance of quantitative data and a general lack of qualitative research in external applications in nursing. This is especially significant in complementary nursing where the approach is one of holistic care. In complementary nursing rather than researching a single dressing or medication we must consider many variables. A more comprehensive picture will be gained when this aspect is addressed. Qualitative research opens up understanding from the Nurse/patient point of view; the subjective experience is considered as significant as the objective. As Carter says

The scientific paradigm provides a strong framework or frame of reference for research that responds well to a reductionist approach. It may be the most appropriate way of testing the efficacy of a single component, such as a single medication....how can the scientific paradigm cope with the complexity of a holistic intervention? Indeed it could be argued that complementary therapies are being sold short if individual elements of them are subjected to research that strips them of context and isolates them from their system of healing/medicine. (B. Carter 2003 p.135)

Few complementary nursing research studies were found to use qualified Nurses trained in a defined technique or holding an appropriate qualification. This is an important factor when comparing and evaluating the significance of research results. In this Research Study Registered Nurses, educated in Anthroposophical Nursing, give the external application of ginger following a defined technique to the patients and then the patient's experience is fully documented to illustrate how the patient experiences this therapy.

Chapter 2. EXTERNAL APPLICATIONS IN ANTHROPOSOPHICAL NURSING

Anthroposophical Nurses apply external applications to complement their nursing practice. When giving external applications environmental factors are considered crucial, such as atmosphere, peace and tranquillity and warmth. Biley & Freshwater (1998) discuss the significance for Nurses of recognising spiritual care by acknowledging the importance of environmental factors. This chapter discusses these Anthroposophical nursing external applications: treatments, rhythmical body oilings, hydrotherapy and external compresses, with an emphasis on the external application of ginger. Firstly an introduction to external applications in Anthroposophical nursing is given.

2.1. External Applications

External applications in Anthroposophical nursing are based on an understanding of physical and plant substances. Rudolf Steiner stressed that it was the abnormality, the deviation from the normal, which makes a plant medicinal (Steiner 1924/1948 ch.10; 1924/1991 ch.4-5). Disease develops when a process developing in the inner organism is similar to one in outside nature. In a sense, the plant world around us also presents images of all our diseases (Steiner & Wegman 1925/1967 ch.15). Medicine will be a science when it is able to establish a parallel between every single disease and a particular form in the plant world (Pelikan 1970/1997; Steiner 1947/1960 ch.12). Substances applied on the skin and used in external applications unfold their activity on the greater sense organ, the skin. The particular affinity of the outer applications to the nerve sense system expresses itself in the perceptions of touch, warmth, smell and movement, which occur to a much lesser degree with other modes of applications. The oral route begins with taste, a process that works deeply within the human constitution. Connected with this is a complicated breaking down process, which continues to unfold in the unconscious realm of the metabolism. With the injection, there is a sharp prick and pain for a very short time. The substance causes hardly any change in consciousness as it works into the circulation and the rhythmical system of the human being. Despite applying external applications to a specific area of the body, the effect is felt over the whole organism right into the consciousness. This effect may throw some light on an indication from Rudolf Steiner; he said that especially with the use of external applications, a special significance could be seen for the future of medicine. External applications form a major part of the Anthroposophical

medical and nursing approach (Schurholz et al. 1992/2002; Steiner 1924/1948 p.187-192 & p.205-211).

A twofold task can be seen in the external application of substances. One must have a real knowledge of the character and qualities of the substance as well as the individual personality and situation of the patient. Initial uncomfortable sense impressions stimulated by a substance can lead, eventually, to a feeling of well being and relaxation. Unpleasant side effects may indicate a need to change the way the compress is applied, a review of the situation, or more in-depth preparation and support of the patient by the Nurse and Doctor. The creative and conscious activity of the Nurse in preparing, performing and reviewing the application of the substance is an important part of the curative aspect of the remedy. This is the basis of the special nursing responsibilities concerning external applications (Appendix I p.128-130). Anthroposophical nursing external applications include nursing treatments, body oilings, hydrotherapy and compresses.

2.2. External Applications used in Anthroposophical Nursing

Treatments

Anthroposophically based nursing treatments use pure organic substances such as infusions, lotions, ointments and oils to treat skin problems, injuries and wounds. For example,

Arnica / for bruises, sprains, inflammation

Calendula / for antiseptic and healing

Combudoron / for burns and rashes

(Anthroposophical Nurses Association New Zealand 1995 / 2002; Bentheim, Bos, de la Houssaye, & Visser 1987; Glockler & Goebel 1984; Murphy 2001).

Anthroposophical Nurses choose to obtain the substances they use from the pharmaceutical company Weleda because of its understanding and commitment to Anthroposophical ideals. Weleda was founded in 1921 in response to the pharmaceutical needs of Anthroposophical Doctors and Clinics working with Rudolf Steiner's ideas on Anthroposophical medicine and nursing. The head office of Weleda is in Switzerland. There are manufacturing and distribution centres worldwide. Weleda uses high quality ingredients derived from natural sources; there are no synthetic fragrances, preservatives, emulsifying agents or petrochemical derivatives. It uses whole plant extracts rather than isolated extracts. They hold to the traditional herbal belief that using whole plant extracts

gives a synergism to its constituents that may produce greater healing results. Plants are grown biodynamically or sourced from organic farms that meet Weleda's standard (Fisher & Painter 1996; Newall, Anderson, & Phillipson 1996; Weleda 2000). Product safety and quality is monitored and researched both within Weleda companies worldwide and in relevant scientific literature. Weleda produces medicinal plants, tinctures, phytomedicines and Anthroposophical medicines that have been independently researched and evaluated by the scientific committees of Commission C and Commission E, established in 1978 by the German Ministry of Health. This is very different from the evaluation offered by the U.S.A. Food and Drug Administration, which passively evaluates based on data supplied by the manufacturer (Blumenthal 1998; Gesellschaft Anthroposophischer Arzte in Deutschland 1999). Weleda prepares the oils used in the rhythmical body oilings and hydrotherapy.

Rhythmical Body Oiling

Rhythmical body oiling works with light touch rather than deep massage, using warmth and rhythm in the application of the oil. When there are depleted life forces, pain, stress or confusion, a body oiling can invigorate, balance and restore energy. It offers additional form and boundaries, while helping to re-establish one's own space, which is so often lost in today's busy, stressful and polluted environment. An oiling can produce a feeling of well being and comfort in times of stress and confusion (Anthroposophical Nurses Association New Zealand 1996 / 2003; Fingado 2002). Mathias Bertram, a nursing educator at the University of Witten in Herdecke, Germany, is involved in the establishment of an institute for nursing and medical research at the University of Witten. He has participated in a research study on the Anthroposophical Nurses' rhythmical body oiling technique. From September 2000 to March 2002, 205 patients with chronic pain were treated with rhythmical body oilings using solum uliginosum oil. To investigate the outcome patients' mood and pain perception was measured before and after three treatments. The results of this study give remarkable indications that rhythmical body oilings with solum uliginosum oil significantly lower the intensity of chronic pain, lead to a more intensive body perception, initiate coping of pain and significantly reduce the subjective bad feelings in patients with high levels of chronic pain experience (Ostermann et al. 2002). Along with the rhythmical body oilings, hydrotherapy is used extensively by Anthroposophical Nurses.

Hydrotherapy

Hydrotherapy includes footbaths, inhalations and movement, nutritional, hyperthermic and oil dispersion baths. These treat a wide range of conditions including stress, anxiety, anorexia, rheumatic and arthritic conditions, metabolic weaknesses and autoimmune diseases. Following is a discussion of studies on the use of the oil dispersion and the hyperthermic baths.

The oil bath uses an oil dispersion unit, which disperses the oil into the water through a high-speed spiralling water flow. This eliminates the need for emulsifiers or chemicals and allows a high degree of oil absorption through the skin. A wide variety of conditions can be treated, for example stress, anxiety, rheumatic and arthritic conditions, metabolic weaknesses and autoimmune diseases (Anthroposophical Nurses Association New Zealand 1997 / 2004; Junge 1980; Steiner 1924/1948 p.190-198). Marko Roknic undertook a study in which he observed and recorded patients' experience of oil dispersion bath therapy over a five-year period at the Friedrich Husemann Klinik, Buchenbach, Germany. Some 250 individual baths were observed with seven patients involved. Six of the patients received additional therapies such as eurythmy, nursing, modelling or painting as well as allopathic and or Anthroposophical medicines. A child of six years received only the oil bath therapy. All seven patients were suffering from either emotional or psychiatric disturbances. There were four males and three females, aged from six to forty three years. The number of baths for each patient ranged from one to three each week and continued for between four to thirty-six weeks. Five different oils were used. There was no obvious relationship between the conditions of the patients receiving the same oil; rather it was the relevance of the characteristic properties of the oil for the particular patient. All patients showed a positive result to the therapy (Roknic 1999). Since 1983/85, a procedural method for researching oil dispersion baths has developed at the Herdecke Community Hospital in Germany. In a report on recent research, it was found that fifty patients with painful neuropathies benefit annually from a course of rosemary oil dispersion baths (Rimpau 1996; Roknic 1999).

The Hyperthermic Bath has been developed and assessed by such people as Friedrich Husemann (1986). It has been found to be especially valuable with psychiatric illnesses, such as compulsives and depressives, chronic cold conditions such as sclerotic illnesses, and cancer. There is seen to be a strong relationship between warmth and the human soul and spirit. Warmth is used to awaken and strengthen the ego forces (Steiner 1904/1971 p.26-39; Steiner 1928/1951 p.31; Steiner 1947; Steiner & Wegman 1925/1967 p.20-21 & p.59-60).

In the hyperthermic bath, the blood is forced to warm up quickly. Initially the "I" is brought further into the physical body and consciousness is dulled. The warmth reaction is a wakeup call, a shock, to the individual. The "I" or "Ego" is free to react and act in the hyperthermic bath, unlike electric shock therapy when the individual ego and will are numbed and ineffective. A study by Daniela Richers & Michael Conens (2000) records the observations made of three patients, two female and one male, all of whom received Anthroposophical Medicines during a course of hyperthermic baths. At the end of the report are recorded the personal experiences of the male patient. These patients were cared for at the Friedrich Husemann Klinik, Buchenbach, Germany. This is a clinic caring for the emotionally and psychiatrically disturbed. The three patients were psychiatrically disturbed and over thirty years of age. Each had a different number of baths: eleven, ten and six respectively. The report on the male patient expresses disturbing reactions, which continued for all six baths. Yet, this patient developed a positive attitude to life and people. He was discharged with a renewed enthusiasm for life. All patients were more relaxed, expressive and social at the conclusion of the course of therapy. Positive results have also been achieved in the use of external compresses.

External Compresses

External compresses using a wide range of natural substances can be applied to specific areas of the body to assist with various health problems. Substances used are as near to organic as possible.

For example,

Lemon for chest, throat, sinus infections and high temperatures.

Yarrow for strengthening liver processes.

Ginger for the lung, kidney and arthritic problems.

Mustard for heavy chest infections and pneumonia.

(Anthroposophical Nurses Association New Zealand 1995 / 2002; 1996 / 2003; Bentheim et al. 1987; Fingado 2001; Murphy 2001).

Two studies have been carried out concerning external compresses, both at the Filderklinik in Filderstadt, Germany. This is a State Hospital specialising in Anthroposophical Medicine. The first study was the Filderklinik Study, which researched the use of the external application of ginger (Appendix I). The second study was reported in the English translation of the Circular Letter from the Medical Section of the Goetheanum in 1996 and 1997. The author is a Nurse, Hermann Glaser, based at the Filderklinik, Filderstadt, Germany. The study

extended over three years and is 12 pages long and includes 19 German references and four English translated references from Rudolf Steiner (Glaser 1996/1997). This study is published in *Erfolgreiche Wundbehandlung Verlagerrachhaus* (Glaser 2000). The twelve patients were from twenty eight to seventy five years, seven female and five male. Nine patients received white cabbage applications and three savoy cabbage applications. All experienced an improvement in their condition within two days or less. Savoy cabbage was found to relieve pain from rheumatoid arthritis, necrotic toes and cancer secondaries in lymph nodes of the neck while white cabbage relieved inflammation from arthritis, lymphostasis, thrombophlebitis and ulcers from oedematous limbs.

2.3. The External Application Of Ginger

In Anthroposophical nursing, the Nurse develops a deep understanding of the character and qualities of the substance used for external applications. This leads to an appreciation of the appropriate treatment for the patient. Following is a discussion on the plant ginger, with special emphasis on its deviations from the normal that are seen to lead to its medicinal value, research on the therapeutic use of ginger, the history of the external application of ginger and the Filderklinik Study which informs this research study.

Ginger – Zingiber Officinale

Ginger belongs to the monocotyledon group and is the largest and most typical within its class. The family name is zingiberacea and the medicinal herb ginger's botanical name is zingiber officinale. Ginger is a cultivated plant, which never grows wild. It prefers hot, humid, shady conditions particularly the tropical rainforests. Historically ginger's distribution was Southern Asia, Indonesia and Malaysia. Ginger is a complicated and exotic plant demanding care in cultivation for it is very sensitive to extremes. It is a perennial that requires specialised pollination, namely through animals such as birds.

The entire ginger plant seems to display a downward thrust towards the root, which is a long lasting, thick and nutritious rhizome. The root lies flat on the earth and fresh roots multiply and grow as offshoots. There is a sense of 'compression' from above, a contraction towards the earth. The flower and leaf stems are relatively short, the fruit and seeds are insignificant while the root is a thick, spreading tuberous rhizome, which is pungent and rich with aromatic oils and starches. Leaf stems stand about a metre high and leaves are a dark green colour. The stem shows an ordered and structured appearance with leaves

forming horizontally out from the stem. The flower stem stands 20-30 cm high and the flower is orchid like and complex. The flower is compacted more like the ears of corn with only one axis of symmetry. Petals look like leaves at the top and the stamen look more like petals. The flower displays a secretive tendency, opening only at dusk and by morning it is spent. The petals are a yellowy green and the tongue of the flower is the same colour with purple spots, a moon-like rather than a sun-like appearance. In this plant the tropical sun does not stimulate large colourful flowers, rather the sun is internalised into the hot and spicy root. The fire of the plant is held within the rhizome. The leaves, flower stems and root have similar smelling and tasting plant juices. While the whole plant contains etheric oils, most are held in the rhizome. The life energies of the plant are all in the earth. The ginger root has volatile oils including zingiberene, camphene and acurcumene. These are in concentrations of 1-3% and give ginger its characteristic aroma. Analysis of the pungent principle identified cardiotoxic compounds called gingerols and shogaols. The shogaols form as the ginger root dries rather than being found in the fresh ginger. This pungent principle has been found to be responsible for ginger's pharmacological activity. The root also has plenty of starch substance in the form of silicates. The rhizome is harvested after all the flowers have withered. It is a pale yellow greenish colour. The fresh root is hard and juicy, smelling fresh, almost citrus like, and spicy sweet. When tasted it has a burning, sharp and spicy effect. *Zingiber officinale* is an herb, a powerful medicinal herb, and it is from the rhizome that its medicinal qualities are harvested. The ground rhizome or root of ginger is used in both the internal and external therapeutic treatments of ginger (Fingado 2001; Pelikan 1997; Schurholz et al. 1992/2002; V. E. Tyler 1987).

Research into the use of Ginger

Research in the use of ginger is on internal oral ingestion. The German Commission E Monograph for ginger, *zingiber officinale*, (Blumenthal 1998), states its use is internal for dyspepsia and the prevention of motion sickness. The actions of internal ginger are antiemetic, positively promoting secretion of saliva and gastric juices, affecting the force of muscular contractions, cholagogue and increasing tone and peristalsis in the intestines. Ernst and Pittler (2000) evaluated the efficacy of root ginger for clinical nausea and vomiting. They reviewed six randomised, controlled clinical trials meeting standard methodological quality criteria and in summary found internal ginger, at a dose of 1 gm daily, is a promising antiemetic herbal remedy, but the clinical data to date is insufficient to draw firm conclusions. Two further studies; randomised, double

masked, placebo controlled trials have found internal ginger to be effective relieving the severity of nausea and vomiting in pregnancy (Fischer-Rasmussen, Kjaer, Dahl, & Asping 1991; Vutyavanich, Kraissarin, & Runangsrir 2001). Research at the University of Sydney, the Herbal Medicines Research and Education Centre (HMREC), has found internal root ginger may reduce pain and inflammation. Research currently is focusing on the amount of ginger and the time between doses to be most effective. A randomised, double blind, placebo controlled, multicentre, parallel group, six week study of 261 patients with osteoarthritis of the knee concluded a highly purified and standardised ginger extract had a statistically significant effect on reducing symptoms. This effect was moderate (Altman & Marcussen 2001). A further study assessed the response of 56 patients; 28 with rheumatoid arthritis, 18 with osteoarthritis, 10 with muscular discomfort, taking powdered ginger internally for a period ranging from three months to two and a half years. To varying degrees all patients experienced relief of pain and swelling (Srivastava & Mustafa 1992).

These studies are a brief example of the numerous quantitative studies on the internal therapeutic use of root ginger. Only one research study was located researching the external use of ginger, the Filderklinik Study (Schurholz et al. 1992/2002). This is interesting as the history of both the internal and external use of root ginger goes back to ancient folk medicine.

History

The external application of ginger has its beginnings in ancient oriental medicine. It has been used for thousands of years in oriental folk medicine; since the sixth century BC it has been cultivated firstly by the Chinese then the Indians. Ginger made its way into Southern Europe via Arab traders before the rise of the Roman Empire. The name ginger was derived from 'Gingi' a district in India. Zingiber came from the Sanskrit word '*stringa vera*' meaning 'with a body like a horn as in antlers'. George Ohsawa was the first recorded to introduce the traditional, natural ways of oriental medicine and macrobiotic healing to the west after the Second World War. Ohsawa's students travelled to France, Spain, Germany and the U.S.A. Mischio Kushi, a student of Ohsawa's went to the U.S.A. in 1950. Both of his books *Natural Healing through Macrobiotics* (Kushi 1978) and *Macrobiotic Home Remedies*, (Kushi 1985) edited by Dr Marc van Cauwenberghe, offer a clear picture of the indications for the use of ginger compresses and the method of their preparation. Kushi in New York, at the East West Foundation, based these books on his seminars and lectures. Ginger compresses are the preferred choice of treatment for 'chronic intestinal

stagnation', arthritis, kidney stones, asthma, bronchitis and sometimes pneumonia. The ginger compress is used to warm the body, stimulate metabolism and increase circulation. A clear protocol for preparation along with indications, contraindications and advantages and disadvantages is given in Kushi's books, Karre Beere's *The End of Medicine* (Beere 2000) and Anthroposophical nursing literature (Anthroposophical Nurses Association New Zealand 1995 / 2002).

Study of the External Application of Ginger

The *Study of the External Application of Ginger* was completed in 1992 in the Filderklinik in Filderstadt, a large German State hospital specialising in Anthroposophical Medicine and Nursing. This study included a pilot study in 1990 with 300 experiments administering the ginger compress to staff, and a comprehensive study between 1991 and 1992 when 800 ginger compresses were given to 41 patients. The patients were all resident in the hospital and receiving Anthroposophical Medicines and other therapies as appropriate.

The purpose of the Filderklinik Study was manifold; to differentiate between the use of ginger and mustard in treating asthma, bronchitis, or pneumonia; to note how patients received the ginger compress with particular interest in warmth, pain, breathing, mobility, stimulation of metabolism and the effect on the skin; and to assess certain variables when giving the ginger compress. Factors monitored included time of day, warmth of feet, quantity of ginger, type of compress used (envelope or cotton cloth), duration of application of compress, application of oil after the compress is removed, duration of rest and regularity of the compress treatment. Thus, the procedure for applying the ginger compress varied between patients and was often modified during a course of treatments, depending on the patient's response. The Filderklinik Study established a defined protocol for the method of treatment with clear indications for its use. No negative side effects occurred and the ginger compress was found, in principle, to be a positive influence in most illnesses.

In the Filderklinik Study the plant ginger was studied and its characteristic properties evaluated. The principle effectiveness of an external application is found by looking at an illness, which could be helped or healed by these properties. This is just what was achieved in the *Study of the External Application of Ginger*. *Zingiber officinale* (ginger) was found to display an inhibited process as far as sexual propagation and production of fruit and seed were concerned. Reproduction takes place under the ground through a 'building on' process of the rootstock. Ginger holds on to its sulphuric, life and

reproductive forces in the rhizome underground without exhausting itself in the yearly cycle of vegetative processes that lead to a dying of the plant. Ginger has a subtle, long lasting warmth and activity within the root which, when taken into the body, spreads slowly and widely. Because of this, chronic inflammations can be activated and healed. The ginger compress has been especially effective where there have been chronic, compressed inflammatory conditions with diminished secretions, respirations and pulse beat. Conditions that result in cramping, pain and fear, hardenings and stagnations in the body can be stimulated and loosened. The ginger compress was found to be especially helpful in cases of kidney stones, bronchitis, asthma, pneumonia, arthritis and when the mood is depressed (Schurholz et al. 1992/2002).

Dr Matthias Sauer said in his summary (Appendix I p.128 - 130) that in order for a successful response to a compress, one must consider the characteristics of the plant as well as take the health condition and the constitutional aspect of the patient into account, including the temperament, consciousness, sleeping / waking rhythm and warmth condition. The constitutional type for whom a ginger compress was indicated was described as a person with strong nerve sense processes, neurasthenic, orientated to past memories with an emphasis on imagination and thought life, a passive person showing reserve and restraint (Fingado 2001; Schurholz et al. 1992/2002).

2.4. Summary

My study will focus on the patient's experience of the ginger compress. Previously no research has been done solely on the patient experience of this phenomenon. This thesis addresses this gap by examining and describing the phenomena of the ginger compress as consciously experienced by seven patients.

Chapter 3. THEORETICAL MODEL OF HUMAN BEING

3.1. Background

Nursing development over the past fifty years reveals a striving for independence and recognition. Out of this striving Nurse theorists have secured independent professional recognition by developing theoretical models of nursing. A model is like a mental picture of nursing practice and generally includes the human aspect, the role of the Nurse, health and illness. Depending on the author, these nursing models have a primary theoretical focus, for example; interactive (Peplau 1952; Rogers 1970; Sarter 1988), adaptive (Andrews & Roy 1986; Nightingale 1859/1946; Selanders 1993), human needs (Henderson 1966; Orem 1980) and humanistic (J. G. Paterson & Zderad 1976/1988; Watson 1988/1999). Very briefly the interactive model focuses on Nurse patient relationships and interaction in nursing care, the adaptive model on Nurse patient response to a constantly changing environment, the human needs model to the basis of human needs for health and life and the humanistic model on human aspects of relating. Whilst a predominance of focus can be ascertained there seems to be considerable mixing of models and sometimes a lack of clarity which model is being utilised. Ideally a model is alive and dynamic, ever changing and ever nourished by practice, education, research and philosophy (Fawcett 1993; King 1981; Meleis 1985/1991). This fluidity can be seen in the development of the models of Martha Rogers and Jean Watson where there is clearly a human, holistic and metaphysical aspect evolving. Watson considers when a professions emphasis is on humans and human caring it is inevitable there are metaphysical overtones. This spiritual dimension, the foundation of Watson's theory, has been scarcely studied in nursing. Anthroposophical Nursing extends these aspects; the human is seen as fourfold and threefold and there are models of health and constitutional differences that offer an insight into the nature of all persons and a further dimension to what it means to be a human being.

3.2. An Anthroposophical Perspective

Rudolf Steiner (1861 – 1925) an Austrian Scientist and Philosopher, was the founder of Anthroposophy, derived from the Greek anthropos (human) and sophia (wisdom). This wisdom is gained through human self-knowledge and Rudolf Steiner offered indications to achieve this in his books (Steiner 1904/1971; 1904/1976; 1909/1979). It is a spiritual / scientific view open to independent verification by following the path as given by Steiner and developed by many

others (Scharff & Leviton 1994). The beginnings of practical Anthroposophical Medicine and Nursing were founded 1918 – 1920 in what became known as the Ita Wegman Klinik in Arlesheim, Switzerland. Its roots can be found in the long history of empirical natural western medicine, herbalism, folk medicine and homeopathy.

Man is what he is by virtue of body, etheric body, soul (astral body), and ego (spirit). He must, in health, be seen and understood from the aspect of these his members; in disease, he must be observed in the disturbance of their equilibrium; and for his healing, we must find the remedies that can restore the balance. A medical conception built on such foundations is to be indicated in this book. (Steiner & Wegman 1925/1967 p. 23)

In the early 1920's, Rudolf Steiner gave a number of lectures to doctors. For example, in 1920 he gave a series of twenty lectures to thirty medical doctors in Basel, offering insights into human pathology and suitable therapies (Steiner 1924/1948). In October 1922, four lectures were given to doctors during the medical week in Stuttgart (Steiner 1928/1951). Today there are at least 26 hospitals in Europe specialising in Anthroposophical Medicine and Nursing: sixteen in Germany, five in Switzerland, two in the Netherlands, one in Sweden and one in Great Britain. The Filderklinik in Filderstadt, Germany and the Lukas Klinik in Arlesheim, Switzerland also train Doctors and Nurses in Anthroposophical Medicine (Medical Section of the General Anthroposophical Society 2000). In the English-speaking world there are a number of private clinics where Doctors, Nurses and therapists work together (Evans & Rodger 1992; Ritchie 2001). These include Park Attwood in Bewdley, and Blackthorn Trust, Maidstone, Great Britain; Spring Valley Fellowship Foundation, Spring Valley, New York, USA; Melbourne Therapy Centre, Australia; Raphael Medical Centre, Auckland and Novalis House, Christchurch, New Zealand. Doctors and Nurses have a conventional qualification endorsed by post-graduate Anthroposophical education. Seminars, including an introduction to Anthroposophical nursing, are held around the world for the English-speaking Doctors, Nurses and caregivers for example Philippines, India, New Zealand, Ukraine and Russia. Doctors and Nurses complement their practice by taking cognisance of insights gained from Anthroposophy and using natural plant, mineral, animal and metal remedies and well as referring to the artistic and counselling modalities. The Anthroposophical therapist, supporting the medical and nursing care, creates a series of exercises or treatments to counter the disorder and bring about necessary changes in the patient's constitution, guided both by the medical understanding of illness and what is expressed in the patient's response (Christeller 1985; Evans & Rodger 1992).

Anthroposophy offers ideas and concepts that have relevance to human disease and healing. Complex relationships exist between how we think, feel and act, and holistic models are given that offer insight into all aspects of the human.

3.3. Philosophical Models of Disease and Healing

3.3.1. Body, Soul and Spirit

The body, soul and spirit are seen to constitute the human being. The body is the physical form and structure, able to be seen by an observer. The environment is experienced through the physical senses of touch, smell, taste, hearing and sight. It is the instrument of the conscious person. In sleep the body manifests as alive, dependant on the healthy working of the natural physical laws. In death, after a few days, the body reverts irreversibly to the physical. The soul is that within the human that connects the experiences to the personal response, enabling the individual to make the world their own affair. What a person experiences when thinking, feeling and doing things is coloured by the individual and how they receive the impressions they meet and not necessarily shared with anyone else. The spirit is what is revealed when we look at external phenomena, as Goethe did, and allow the world to reveal its secrets to us, its laws and truths, these secrets stand independent of the person. For example, when we look to the starry heavens and comprehend in thought the eternal laws of the stars, these laws belong to the stars alone. In humans, thinking and acting are able to be relatively independent as well as conscious or unconscious. We do not always do what we think about and often we act before thinking. We have the ability to consider thoughts, actions, laws and truths. In humans the spiritual appears consciously and freely in our thoughts and actions, it gives us each our individual being. In nature the spiritual works through fixed, unfree natural laws. (Glockler & Goebel 1984 p.13-16; Steiner 1904/1971 p.1-10; 1950) Steiner posits;

Man is a citizen of three worlds. Though his body belongs to the world that he also perceives through his body, through his soul, he constructs for himself his own world; though his spirit a world reveals itself to him that is exalted above both the others. (Steiner 1904/1971 p.5)

3.3.2. The Three Fold Human Being

The three fold being was a discovery of Rudolf Steiner's that speaks of 'three-foldness' in the physical body. It could be called the spiritual anatomy of the body. It came out of intense work using imaginative

thinking in the understanding of the anatomy, physiology and chemistry of the human. Steiner saw three dynamic and interpenetrating systems. The first is called the nerve sense system, relating to all life processes relevant to perception, cognition, intellect and thinking. The second is the rhythmic system comprising the cardio/vascular system, lungs and the feelings of the soul life. The third is the metabolic system, which comprises the digestive / metabolic / eliminative organs and gives humans the ability to act. The metabolic system functions in polarity with the nerve sense system while the rhythmic system maintains the balance (Christeller 1985 p.59-67; Scharff & Leviton 1994 p.15; Steiner 1940/2000 ch.2; 1947/1960 p.37-39). Whilst the three fold being can be viewed as the spiritual anatomy, the four fold being could be viewed as the spiritual physiology of the living human being. It comprises a physical, etheric and astral body and an ego.

3.3.3. The Four Fold Human Being

The four fold being relates to a physical body, an etheric or life body, a conscious astral body and an individual ego. Each of these is related to the elements that constitute life: matter, the physical; water, the etheric; air, the astral; and warmth, the ego. The physical body is everything subject to the force of gravity. It is the physical component of the body that is shared with the mineral kingdom. Minerals and salts as seen in the hard, bony skeleton and the teeth enamel. It perceives the physical world through the physical senses for example the eye reflects light and the ear reflects sound. In the higher animals the senses become very refined and then the surrounding world becomes rich and varied. The human is the ultimate in this refinement. The more developed the physical senses, the deeper can be the appreciation and wonder of the physical world (Evans & Rodger 1992 p20-21; Steiner 1904/1971 p.13).

In proportion to the development of the senses in the higher animals does the surrounding world, which man also perceives, become richer and more varied. It depends, therefore, on the organs of the being whether what exists in the outer world exists also for the being as something perceptible (Steiner 1904/1971 p.13).

The etheric body builds up and "preserves the physical body from dissolution every moment during life," and is closely connected to time and space (Steiner 1904/1971 p.16). Through propagation and growth, what is living differentiates itself from the lifeless mineral. This is clearly seen in the plant world, which is dominated by etheric impulses. Look to the enormous life force, the incredible drawing up of sap in the mighty kauris. The etheric body is involved in the fluids of the plant, animal and

human. Everything solid, even the smallest bone cell, has fluid and this is permeated with the living etheric (Steiner 1928/1951 p.29-31; Steiner & Wegman 1925/1967 p.14-15). We can especially observe the living etheric in the smooth, rounded, rhythmically fluid forms of the muscle tissue (Steiner 1924/1991 ch.6, p.29-31). It is perceived through the development of a special organ that enables us to observe physical processes as life processes (Steiner 1904/1971 p.154-161; Steiner & Wegman 1925/1967 p.16-17). The specialised nervous system, once maturely developed, has the energy forces freed to serve the higher functions of thinking and consciousness. Thinking can be alive, imaginative and creative (Evans & Rodger 1992; Steiner & Wegman 1925/1967 p.15-22). "The human etheric body differs from that of plants and animals through being organised to serve the purposes of the thinking spirit" (Steiner 1904/1971 p.16).

The astral body brings a certain level of conscious awareness. Impressions from the outer world come to us. As we sense these we react, giving rise to likes and dislikes. Inner soul sensations arise in response to these. We have a life of emotions, feelings and instincts, which can be consciously and rationally reflected on. In the world of the animal, consciousness is driven by instinct. It is this conscious awareness that saps the energy and being of the human. While the plant sleeps the human is awake and burning up energy in consciousness, giving the constant tendency to illness (Evans & Rodger 1992 p.38-47; Husemann & Wolff 1982 p.3-6; Steiner & Wegman 1925/1967 p.21-22). The astral body lives in the gaseous interchange of the human and moves within the body's airy nature, especially in the lungs and kidneys (Steiner 1928/1951 p.30-31). The astral body is perceived by the development of a further organ.

Through a still higher organ, the inner world of sensation can become a special kind of super-sensible perception. Then a man not only senses the impressions of the physical and life world, but he beholds the sensations themselves. (Steiner 1904/1971 p.18)

The ego is unique to the human kingdom. It is the conductor, as it were, of our being. It is the master of the astral, etheric and physical bodies (Steiner 1904/1971 p.26-39). The ego penetrates variations of warmth in the body and brings about these variations working down into the physical, fluid and airy bodies (Steiner 1928/1951 p.31). The human has the quality of self-consciousness, the awareness of the self as an individual "I" separate to the world while intimately connected. This

individual “I” reflects the spiritual essence and through life works towards making the body its instrument (Husemann & Wolff 1982 p.4-5; Steiner & Wegman 1925/1967 p.20-21). When the humans consciously use their full intellectual capacity they can attain deep wisdom, Sophia, and find the eternal truth. “Sophia is the world’s spiritual essence, the wisdom that sees through the world and enables humans to comprehend the world” (Scharff & Leviton 1994 p.11).

3.4. Models of Health and / or Constitutional Differences

Models of health and constitutional differences refer to differences that can be distinguished between and within humans. We all are seen as varying combinations of these models. Comparisons can be made between Homeopathic and Anthroposophical constitutional types.

Homeopathy

Dr Samuel Hahnemann (1755-1843), a German doctor, founded homeopathy and first introduced his ideas in ‘Organon of the Art of Healing’ in 1820 (Hahnemann 1820/1989). Hahnemann developed the ‘law of similars’ based on his experiments and observations i.e. all substances; animal, vegetable and mineral cure their similar conditions’ (Coulter 1986a). The homeopathic approach to constitutional types is defined by personality types associated with well proven constitutional remedies or polychrests such as *calcarea carbonica*, *lycopodium*, *arsenicum album*, *sulphur*, *phosphorus* and *pulsatilla*. Constitutional pictures in homeopathy are based on the work of Dr Octavia Lewin who in a lecture in 1903 insisted it was the individual patient himself that becomes ill and the symptoms are merely manifestations of that fact and need to be recognised as such (M. L. Tyler 1942/1952). Dr Margaret Tyler has further developed these pictures and gives over 100 polychrests and constitutional pictures (M. L. Tyler 1942/1952). Specific constitutional states, including potential illness patterns, are considered inherent. Genetic endowment, childhood, racial and national background, external stresses and individual traumas all affect the constitutional picture. Constitutional states are not a basis of prescription; rather their value lies in the culture and experience of the homeopath (Coulter 1986a; 1986b; M. L. Tyler 1942/1952).

Comparisons can be made between anthroposophic and homeopathic constitutional types. The neurasthenic could be compared to the ‘*lycopodium*’. Both are reserved and restrained, melancholic thinkers, lean and lanky and lack body heat. The hysteric could be compared to the ‘*sulphur*’. Both are warm

blooded, flushed and heated, very engrossed in their own world with a tendency to be pushy.

Hysteric and Neurasthenic

The hysteric and neurasthenic are archetypal soul diseases where there is a disturbance of the astral body. The astral body contributes to the proper organisation of the physical body, directed by the ego. Hysteria results from an inflammatory over active metabolic pole while neurasthenia to a sclerotic over active nerve sense pole. Every human being is inclined to one or other direction and it is not uncommon to find a mixture of both tendencies. People with an over active nerve sense system are thin and angular, feel the cold, are more awake and conscious and look older than their years. For example people with multiple sclerosis and arthritis. Those with an over active metabolic limb system tend to be softer and rounder, to look younger, more dreamy and possibly be emotionally and intellectually immature. They have a tendency to a "hysterical" response to the world. For example people who develop migraine, adolescent problems and hysterical paralysis (Bott 1970/1982 p.45-53; Steiner 1965/1981 p.75-79; Twentyman 1989 p.227-231).

Melancholic, Phlegmatic, Sanguine, Choleric and Temperaments

The four temperaments; melancholic, phlegmatic, sanguine and choleric originated with the father of modern day medicine, Hippocrates, 2400 years ago. Hippocrates saw them as related to the four body fluids; melancholic to black bile, phlegmatic to phlegm, sanguine to blood and choleric to bile. Pictures of the four temperament types can also be recognised in homeopathic constitutional pictures; 'lycopodium' the melancholic, calcarea carbonica the phlegmatic, pulsatilla' the sanguine and 'sulphur' reflects the choleric (Coulter 1986a; 1986b). Florence Littauer, who makes no reference to homeopathic or anthroposophic understandings, in '*Personality Plus*' discusses these four temperaments and how best to utilise her pictures both personally and socially (Littauer 1983/92).

Anthroposophically everyone is seen as having a combination of all four temperaments, melancholic, phlegmatic, sanguine, ego with a dominant temperament often evident. The temperaments are closely connected to the four-fold man and the four elements. They relate to man's heredity and individual identity. People progress with age and the ideal is to achieve mastery of the temperaments (Steiner 1947/1960 ch.6).

Man brings with him from earlier incarnations the inner kernel of his being and envelopes it with what is given him by heredity... Temperament stands in the middle between what we

bring with us as individuals and what originates from the line of heredity. (Steiner 1910/1971 p 21-22)

In the melancholic temperament the physical element predominates; such a personality may be gloomy, thoughtful, introspective as well as capable of great sacrifice for others. These people have a tendency to be tall and slim, their step heavy and often shoulders are hunched. The most disturbed melancholy leads to madness. In the phlegmatic temperament the fluid element predominates such that a person seems unimaginative, enjoying living in comfort and harmony whilst being a reliable worker. Often these people have excess weight and their step is laboured and slow. In its extreme imbecility can develop. In the sanguine temperament the airy element dominates and the feelings are likely paramount. We can observe a fickle, restless and often artistic personality of an attractive average build with a light spring in the step. The most radical disturbance leads to insanity. In the choleric temperament the warmth element predominates and the will is especially strong. We may observe a fiery tempered personality, strong willed and courageous. The build is likely solid, strong and often short and they walk with a firm determined footstep. In its extreme, such a person can develop lack of self-control and frenzied behaviour (Edmonds approx 1970's; Steiner 1910/1971; Steiner 1924/1948 p.226).

All four temperaments are under the influence of the four elements; mineral the melancholic, fluid the phlegmatic, air the sanguine and warmth the ego. This is also as it is with the organ types; lung, liver, kidney and heart.

Lung, Liver, Kidney and Heart Types

The four-foldness of the human being affects the working of the organs of the body, which are under the influence of the four elements. Whilst all elements play a part in every organ, each has a predominance of one, and each organ can be seen to have different soul powers related to the four fold being of man (Holtzapfel 1990/1993; Husemann & Wolff 1982/1987 p.197-445; Steiner 1924/1948 p.153-160; 1924/1991 p.12-31).

The lung is considered intimately connected to the earth element. It is the coldest, hardest, most strongly formed organ. Rather than consisting of air, it is seen as a vessel through which air can pass. It is via the air that the earth element is carried into the lung. The lungs' tendency to hardness is seen in the larynx, trachea, and the alveoli, more like a hardened tree. Holtzapfel speaks of this consolidating tendency of the lungs leading to a soul capacity of 'firmness of thought'. If this soul tendency takes over ideas become fixed and obsessions dominate (Holtzapfel 1990/1993 p 45). The liver lives in the fluid element and is

characterised as the organ of will, the basis of courage for action, the mediator that enables the transforming of an ideal into a deed and in making an inner decision into an outer reality (Holtzapfel 1990/1993; Steiner 1924/1948; Steiner 1928/1951 p.35-39; 1965/1981 p.26-28). The kidney, adrenals and bladder are intimately connected to the emotional soul life. A healthy kidney leads to an energetic lively temperament. In contrast deep anger, fear and shock can lead to kidney failure. The kidney is connected to the upper ear passages and is seen as the regulator of the air element. Recently it has been found “if there is an ear missing or malformed in a newly born child, the kidney on the same side has to be examined because it too may be missing or deformed. The outer similarity of ear and kidney is no mere coincidence but reveals an inherent affinity” (Holtzapfel 1990/1993 p.50). (Steiner 1924/1948 p.154; Steiner 1928/1951 p.36-38) The heart is considered driven by the bloods movement. It is the feelings of the soul, the individual warmth that moves the blood. When we feel anxiety the heart beats faster. When we are calm, it has a healthy rhythm. The voice of the heart is intimate and when it speaks, it is the voice of our feelings and conscience (Holtzapfel 1990/1993 p.77). The heart and movement of the blood live in the element of warmth. “The heart, above all, is the organ of the human ego... in the warmth there lives the ego” (Steiner 1924/1991 p.10). (Holtzapfel 1990/1993 p.68-72; Steiner 1924/1948 p.25-26).

These Anthroposophical constitutional types are relevant when considering the appropriate external application for different health conditions. As an example related to this Research Study, Dr Mathias Sauer describes the typical patient for the ginger compress as one with a neurasthenic constitution (Appendix I p.128-130) and the different personality types are used to widen the pictures given in the patient profiles. Constitutional types offer an opportunity for increased understanding and insight in the nurse’s practise.

3.5. Summary

The Anthroposophical interpretation of health and illness leads to complex interrelated ideas and concepts which have proved to be a significant limitation in their availability to others. Whilst Steiner’s understandings have been interpreted into practice by Doctors such as Holzapfel, Husemann and Wolff they remain for most strange and esoteric. This brief introduction is an attempt to offer an overview into this perspective which an Anthroposophical Nurse takes full consideration of when relating to each patient. Primary attention is given to the interrelation of spirit and soul on the patient’s health and well being. Through the insights gained from Anthroposophy, the course of every human life is seen to

have a biological, psychological and spiritual aspect. The essential nature of every human being can be seen in every person's biography where these aspects act out. From birth to death, every person passes through stages or phases in all of these aspects. Just as everyone passes through the daily transitions of night to day, so they pass through these phases. At times come long nights when we lack the strength, will or knowledge to go forward. These can be times of crisis which when met with insight and professional support can offer the opportunity to change, a renewed potential for personal transformation. The Anthroposophical Nurse walks alongside the patient in these times of crisis, offering strength, support and guidance, as it is needed. When Nurses speak of holism in health care they include social, emotional and spiritual concerns as well as physical and psychological needs (Heine & Bay 1995/2001; Lievegoed 1979; Treichler 1989 / 96). Trevelyan argues holistic care is not offered by complementary nurses for "what nurse really has the resources to spend the sort of time with a patient that it would require to take their spiritual and emotional needs into consideration as well as physical and psychological symptoms?" (Trevelyan & Freshwater 2001 p.155). Through following a course of personal study, education and inner development the Anthroposophical Nurse imbues the intention of offering truly holistic nursing care.

Chapter 4. METHODOLOGY OF RESEARCH STUDY

This chapter presents initially the research design followed by the case for using phenomenology as a technique to research external applications in Anthroposophical nursing. Husserlian phenomenological research is based on a number of premises, the key ones being human experience, inter-subjectivity, intentionality, and phenomenological reduction. The phenomenological approach and each of the research premises are discussed along with their relevance to nursing and specifically anthroposophical nursing research.

4.1. Research Design

This Research Study developed out of a passion for Anthroposophical nursing. How and where to best start researching Anthroposophical nursing were the first questions? I chose to research the external application of ginger as given by the Anthroposophical Nurse after studying the Filderlinik Study (Schurholz et al. 1992/2002). Researching literature suggests this is the only research on the external application of ginger. Beere (2000) author of *'The End of Medicine'*, after 25 years of giving the external application of ginger therapeutically, knew of no research studies. This is not surprising, as the Filderlinik Study needed to be translated from the German before it could be referenced in this Research Study (Appendix I). As the Filderlinik Study was primarily a quantitative study, establishing a clear technique and indications for the use of the external application of ginger, there was the opportunity to increase understanding by a study looking at the experiential aspects. It was an appropriate external application to research with the New Zealand (NZ) Anthroposophical Nurses because the ginger compress is taught in the Anthroposophical Nurses education and in the later months of 2001, the NZ Anthroposophical Nurses practised the ideal technique, as proposed in the Filderlinik Study, and established clearly the method used in this Research Study (Appendix II p.140-142, Appendix V p.194).

Following approval of the Master's Research Proposal, for *A Phenomenological Inquiry into the Patient's Experience of the External Application of Ginger*, from the Faculty of Regional Professional Studies, Higher Degrees Committee Edith Cowan University, an application was made for ethics approval. In December 2002 the advice came acknowledging the proposal complied with the provisions of the university's policy for the conducting of ethical research and approval for ethics clearance was given for the period 16 Dec 2002 – 31 Dec 2003. Ethics approval was then obtained from the Hawkes Bay Health and Disability Ethics Committee after completion of the National Application for ethical approval of a

research project. This approval was valid from 23 Dec 2002 – 23 Dec 2003 after which a progress report was provided.

My role in this Research Study is as researcher, planner, organiser and analyser rather than as Nurse giving the actual practical treatment. This practical component is carried by four other Anthroposophical Nurses who have their own private Anthroposophical nursing practices as well as being actively involved in the education of Anthroposophical Nurses in NZ. They are all NZ Registered and Practising Nurses who have extended their practice to include Anthroposophical Nursing. They are also mothers of children involved in the Rudolf Steiner School in Hastings and are active participants in the Anthroposophical community in the region. I chose to conduct this research study in the Hawkes Bay region of NZ because of the local interest and sympathy towards Anthroposophical ideas and concepts. There are about 100,000 people living in this attractive and fertile cultural and farming region on the east coast of the North Island. In this area are based; the Anthroposophical nursing education institution, ten of NZ's twenty Anthroposophical Nurses, three Anthroposophical medical practices, Taruna training college, Rudolf Steiner school, Hohepa Homes for the disabled and Prometheus Foundation to mention a few of the Anthroposophical initiatives in the area.

In February 2002, as researcher, I went to the Hawkes Bay to meet the four Nurses and to present and discuss the research project. Each individual Nurse would select 1 - 3 appropriate patients to participate in the study. The Anthroposophical Nurse was responsible for explaining the procedure and protocol to each potential patient and for monitoring the patient's condition both before and after the treatment by making written notes and recording temperature, pulse, respirations and blood pressure. Whilst there are no known side effects to the external application of ginger, the Nurses ensured appropriate supervision of the patients. Each Nurse in this study had already participated in clarifying the procedure and protocol for the treatment and was given the appropriate number of packs, depending on how many patients they would select to receive the ginger compress experience. The pack included; a letter detailing the procedure and protocol, method of application of the ginger compress, information for clients forms (two), consent form (Appendix V), stamped addressed envelope to researcher, translation of 'Study of the External Application of Ginger' (Appendix I), one compress cloth (28 cm x 21 cm, cream brushed cotton, previously laundered and prepared for use), one thermometer measuring -20 to 110 degrees Celsius, 1 tablespoon of ground ginger from 'mediherb', 10 ml's of extra virgin cold pressed olive oil and the researcher's

contact details. One of the four Nurses took on the role as primary Nurse and she received additionally a copy of the completed 'National application form for ethical approval of a research project in NZ' and the two ethics approvals, from the Hawkes Bay Health and Disability Ethics Committee and the Human Research Ethics and Post-graduate Research Committee for Master and Doctorate students at Edith Cowan University (ECU) in Western Australia. The primary Nurse was resident in the Hawkes Bay so could act as a liaison for the Nurses participating in the study as necessary. The researcher resides in Wellington, about 300 km's away.

Selection of Sample

The patient sample came from the Hawkes Bay region and was selected by the Anthroposophical Nurses participating in this Research Study based on patient suitability. The patients were all consenting adults, three male and four female, with no known diagnosed mental illness, physical disability (such as loss of limb or limiting deformity) or drug addiction. They were each informed in writing of the procedure and protocol and given consent and information for clients forms to sign. The patients consented to being: part of the research, interviewed on audiotape, and the interviews being transcribed. Each patient retained a copy of these forms and the researcher was mailed the other copy. The benefits to the patient participating in the research study were considered to be the opportunity to experience the external application of ginger, potential improvement in their health and well being, possible enhancement of their understanding of the ginger compress and the opportunity to participate in pioneering research. All seven patients lived in the Hawkes Bay and were connected to the Anthroposophical community, educationally, medically or personally. Hawkes Bay is a relatively small region and the Anthroposophical Nurses who selected them to receive the treatment in their private practice knew all the patients for whom this treatment was considered suitable. Consequently, as the researcher, I was very conscious of the need for confidentiality and privacy in all aspects of this Research Study, bracketing was essential and the Journal was the basis of this process (Appendix II). Patient selection was based on health status, willingness to participate and share experiences, and availability. The ages of the seven patients in the sample ranged from 21 to 54 years and comprised: a male student, two mothers working part-time in the massage profession, two fathers of older children (one working in the building industry and the other who had just moved out of the teaching profession), and two single professional women. All patients were Caucasian, middle class and, like most of those interested in Anthroposophical health care,

open minded, free thinkers who put value on their physical, emotional, mental and spiritual health. Their attitudes could not be termed purist - for example, more than half the sample smoked regularly. Characteristically they fitted the constitutional type given by Dr Mathias Sauer (Appendix I p.128-130) in his summary of the Filderlinik Study. This type of person has strong nerve sense processes, passive manner showing reserve and restraint, orientated to past memories with an emphasis on imagination and thought life and has a tendency to depression. Whilst not all characteristics presented in every patient there, a strong similarity to these tendencies was noted.

Interview Process

At the end of February 2003, the seven interviews were completed within three days. Each interview took between 10 - 40 minutes speaking time and occurred within 1 - 3 days of the compress treatment. At the interview a series of primary open-ended questions were used as a basis for the conversation. These were;

1. What is your experience of receiving a ginger compress?
2. Could you describe any physical changes in your body?
3. Could you tell me about any changes in your thought life?
4. How has this experience affected you?

The interviews were audio taped using an Olympus DS330 digital voice recorder, with an attached microphone. When transcribed they were read and verified by each of the patients before the explication process (Appendix III, Appendix IV). Two examples of the explication process are included in the Appendix, Interview 1 and Interview 6. They make for an interesting comparison of the difference in interviews of this Research Study. Interview 1 was restrained and precise while Interview 6 relaxed and expressive. The first interview was scarcely ten minutes speaking time yet succinct and relevant. There were many supplementary questions intending to clarify and encourage more data. Interview 6 was 30 minutes speaking time and was relevant in an expansive and comprehensive style. The transcribed data were analysed following a phenomenological reduction process and the resultant interpretative themes were explored and reflected on, alongside relevant literature in the field. Following is a discussion on the decision to select phenomenology as the most appropriate technique to research external applications in Anthroposophical Nursing (Engebretson 1997; Lutz, Jones, & Kendall 1997; Newman 1997).

4.2. The Phenomenological Approach

Research has been dominated in the last hundred years or more by what is commonly known as the scientific method, also known as quantitative research, where the emphasis is on objectivity, neutrality, measurement and validity. It has only been in the last thirty years or so that this domination of the scientific method has been found wanting in research in the social sciences, including nursing. Quantitative research uses objective control to identify and limit the problem to be researched. It requires instruments and tools that will generate numerical data that is statistically analysed. The researcher maintains an objective detachment from the study and findings are generalisations. The focus of quantitative research is precise and reductionist, the whole is reduced to parts that are examined. Qualitative research uses subjective shared interpretation and requires communication and observation to generate words as the basic data for analysis. The researcher has an active subjective role in the study and analysis is by individual interpretation. Findings are unique to the phenomena being studied. The focus of the research is detailed and broad, the whole rather than the parts is examined, life experiences rather than cause and effect relationships. Qualitative researchers are more interested in understanding complex phenomena than in determining cause and effect relationships among specific variables (N. Burns & Grove 1993; Meleis 1985/1991; Morse 1989; Stewart & Mickunas 1974/1990). Increasingly qualitative researchers in the social sciences are using the qualitative methodology of phenomenology. Phenomenology has its origins in the European philosophical tradition. It was Edmund Husserl (1859-1938), a German philosopher and mathematician, who developed the ideas of Franz Brentano (1838-1917) to establish phenomenology, as it is known today. There are a number of schools of thought in phenomenology, three will now be discussed; Husserlian, Heumeneutical and Existential.

Husserlian phenomenology was first introduced to the academic world in Edmund Husserl's (1859-1938) official inaugural lecture in 1917 on his appointment as Professor ordinaries at the Albert Ludwigs Universitat, Freiburg (Husserl 1971/1981). Phenomenology was introduced as a science of pure phenomena, a science of objective phenomena of every kind. It would investigate something perceived, remembered, fantasised, pictorially represented or symbolised, these acts being taken, just as they present themselves to intuitive reflection. The main objective being to examine and describe phenomena, as human beings consciously experience them. Phenomenology was also introduced as the science of pure consciousness, drawing upon pure reflection and excluding

external objective experience. Human consciousness determined the meaning and being of everything (Husserl 1971/1981 p.12).

Pure phenomenology draws upon pure reflection exclusively and pure reflection excludes, as such, every type of external experience and therefore precludes any copositing of objects alien to consciousness....phenomenological reduction is the method for affecting radical purification of the phenomenological field of consciousness from all obtrusions from objective actualities and for keeping it pure of them. (Husserl 1971/1981 p.14)

As well as introducing phenomenology as a science of pure objective phenomena and pure consciousness, Husserl introduced the concepts of phenomenological reduction and bracketing and designed a method that would have a radically altered perspective on the world, "we must go back to the things themselves" (Husserl 1900/1970 p.252). The objective external world was placed in brackets. Husserl spoke of refraining from judgement and all positing must be bracketed (Husserl 1931 pt2 ch1&4).

We are forbidden to make use of the actuality of the objective world; for us the objective world is as if it were placed in brackets. What remains to us is the totality of the phenomena of the world, phenomena which are grasped by reflection as they are absolutely in themselves. (Husserl 1971/1981 p.15)

What Husserl did was to contrast the natural attitude and the scientific attitude. In the natural attitude, nature is not investigated scientifically and the individual is involved in many subjective relationships with the world. In the scientific attitude, nature is investigated scientifically and the theorising individual, for example, observes, selects and judges objectively. The scientific attitude narrows the range of human experience namely to objective physical nature. For example when psychology attempts to describe the total human subject in quantitative terms, it can be accused of eliminating the importance of consciousness itself. The science of phenomenology complements and completes the natural sciences. (Husserl 1931 pt2 ch1) Human nature would struggle to be described objectively because the objective scientific approach gains validity through quantification and conceptualisation rather than the subjective human experience. To study human experience vigorous methods need to be used that do not become distorted by trying to conform to natural science criteria. This is what was behind Husserl's phenomenological methodology (Husserl 1912/1980; 1931; Morse 1989; Sokolowski 2000; Spiegelberg 1975; Stewart & Mickunas 1974/1990).

Husserl outlined phenomenology in his book *Logical Investigations* (Husserl 1901/2001). He proposed a fresh approach to concretely experienced phenomena, attempting to describe them as faithfully and as free from conceptual presuppositions as possible. Husserl made the point that the mathematical natural sciences are founded on the objective physical world, reality exists

independently of human beings. This he challenged; rather science is dependent on human beings and presupposes a 'life world', a world of human concern and meaning, a 'Lebenswelt' (Husserl 1954/1970). 'Lebenswelt' can be seen as the link between Husserlian, Hermeneutic and Existential Phenomenology.

Martin Heidegger (1889-1976), Husserl's personal assistant, developed the basic structure of the 'life world' in *Being and Time* (Heidegger 1926/1962) and further progressed hermeneutical phenomenology as a philosophical methodology by developing the meaning of 'being' for human beings. (Benner 1994; Heidegger 1926/1962; Sokolowski 2000; Spiegelberg 1975) Heidegger in *Being and Time*, contrary to Husserl, claimed that being cannot be bracketed; people are experienced as being in the world. They live and are situated and experienced in the world. 'Being' took precedence over 'consciousness' and thinking about being in the world comes before any thinking about the world. (Heidegger 1926/1962; McCall 1983 p.60-66) Heidegger eloquently expresses the phenomenological approach in '*Being and Time*'. "Thus we must keep in mind that the expression 'phenomenon' signifies that which shows itself in itself, the manifest. The phenomena are the totality of what lies in the light of day or can be brought to the light" (Heidegger 1926/1962 p.51).

Hermeneutics is the science of interpretation, originally the interpretation of biblical texts and more recently interpreting the world. Phenomenology became hermeneutical "when it argued that every form of human awareness is interpretative" (Nicholson 1997 p.304). Max van Manen makes the distinction between "phenomenology (as per description of lived experience) and hermeneutics (as interpretation of experience via some text or via some symbolic form)" (Van Manen 1990 p.25).

Existential Phenomenology, as with hermeneutical phenomenology, focuses on being in the world and sees the self and consciousness as inseparable. It describes phenomena as experienced by humans existing in their life world. For example Merleau Ponty claimed the world already exists and humans are fully situated and experienced as being in the world (Spurling 1977). Existential phenomenologists view "human relationships in the world in terms of the individual's concrete experience" (Stewart & Mickunas 1974/1990 p.64) and are concerned with a person's existence.

Existentialism considers a person as a unique being and the sum of all undertakings. It does not purport to find out the 'why' of a human experience but just describes the 'is' of it. It views human existence as inexplicable and emphasises the freedom of human choice and responsibility for one's acts. (Meleis 1985/1991 p.353)

In phenomenological research; the Husserlian approach describes human phenomena using techniques of reduction and bracketing to explicate the nature of experience, the Hermeneutical approach describes and interprets phenomena, claiming bracketing 'being' is not possible as people are intimately experienced in the worlds they live in and the Existential approach describes phenomena as experienced by humans existing in their life world. Whilst there are a number of schools of thought, Phenomenology has primarily two basic assumptions; it is interested in both physical and conscious human experience, thus building a bridge between objective and subjective realities, and it searches for the nature of the human experience. From the phenomenological perspective, reality is dependent on humans rather than existing independently. The lived human experience is seen as the basis of this reality. In order for Nursing to define itself as a separate and different discipline from the rational, scientific, medical model, it has increasingly used phenomenology to research previously un-investigated areas. According to Paley (1997) there are three tiers of phenomenology in nursing literature. Husserl (1931) makes up the first tier. Merleau-Ponty (1945/1962), Spiegelberg (1982) and Ricoeur (1981) form the second tier. The third tier is occupied by philosophically minded social scientists such as A Giorgi (1970) and Van Manen (1990).

Phenomenology can be seen in the philosophical base of three Nursing theories' Paterson and Zderad's theory of Humanistic Nursing (J. G. Paterson & Zderad 1976/1988), Parse's theory of Man-Living-Health (Parse 1987; 1999), Watson's theory of Caring (Watson 1988/1999). Paterson and Zderad first introduced Phenomenology to the nursing audience in 'Humanistic Nursing' when they defined their theory as an approach that aims at the reality of a person and how he or she experiences his or her world. Their method was directed primarily towards the description of the clinical experiences of the Nurse and patient focusing on the human encounter, namely the interaction between Nurse and patient. Existentialism and phenomenology combine in the evolution of this nursing theory (Meleis 1985/1991 p.353). "Staying with a chosen phenomenon over time by weaving back and forth between the experiencing, reflecting and describing realms will generate rich phenomenological descriptions of essential nursing concepts and will reveal the relatedness among these concepts" (J. G. Paterson & Zderad 1976/1988 p.84). The practice of Nursing, according to the theory of Man-Living-Health is concerned with the subject to subject interrelationship; the loving and sincere presence of the Nurse with the patient for the purpose of promoting health and quality of life (Parse 1987 p.169). This theory is interested in commonly lived experiences of human beings. Topics

studied are health related experiences relating to the quality of life for the Nurse, patient and family, such as 'Hope' (Parse 1999) and 'struggling through a difficult time for unemployed persons' (Smith 1990). Parse's theory offers a specifically developed research methodology based on existential phenomenology (Parse 1987 p.175-179; Parse, Coyne, & Smith 1985 p.9). Watson's theory of Caring (Watson 1988/1999) is orientated to the phenomenological-existential -spiritual and is most certainly associated with Eastern philosophy. Watson speaks of incorporating the mind, body and soul (spirit) trilogy in her theory (Watson 1988/1999 preface). This theory uses a descriptive phenomenological methodology to describe and understand human experiences as they appear in awareness. Experiences include phenomena such as human care, loss grieving, spiritual self and a higher sense of consciousness

Nurse researchers argue that a human phenomenon differs from natural phenomena and requires understanding and interpretation. The research approach of phenomenology can unite, in a meaningful way, the subjectivity and objectivity of the science of nursing (Benner 1994; Leininger 1985; Munhall 1994).

A meaningful way to unite subjectivity and objectivity in the science of nursing is through phenomenology. As an approach to nursing research and practice, phenomenology can offer continued growth and revelation, attentiveness and awareness. It will explicate the meaning of nursing as that meaning continually comes into existence. Phenomenology is an answer to the enduring process of the ever experiencing, ever-changing reality of those involved in the world of nursing. (Leininger 1985 p.90).

As with a large volume of qualitative nursing research today, the phenomenological methodology unites in a meaningful way with the Anthroposophical nursing approach. It is an ideal research design to recognise the complex understandings that are part of Anthroposophical nursing.

Phenomenology and Anthroposophy

Like phenomenology, Anthroposophy searches for the 'nature' of the lived human experience. It does this by using a methodical approach to understanding man's physical and spiritual being, seeing both as equally significant and inseparable. Man, using abilities that generally lie latent, acquires knowledge of the spiritual world. Natural human faculties and forces, with active exercises, can be transformed into higher ones enabling research of the spiritual world through conscious observation of the phenomenon in the external world. Rudolf Steiner was convinced science could only progress if the dichotomy between physical and spiritual, man and nature, subjective and objective were overcome. Science has become dehumanised in the sense that it has turned its attention from human experience and human values. Modern science has taken the world of living

things and separated this from the true nature of man. This is not seen as wrong, rather while such an objective analysis of things can lead to some understanding of physical nature it cannot lead to an understanding of the human being. Steiner points out that one can only have an inward understanding of physics and chemistry, for example, if man consciously experiences the phenomenon. To objectify and abstract world phenomena teaches man nothing of his inner relationship to these phenomena. I consider Rudolf Steiner understood it was through phenomenology, rather than abstract metaphysics, that we attain knowledge of the spirit. Knowledge is gained by consciously observing what otherwise we do unconsciously, especially observing how through the sense world the spiritual forces enter our being and work formatively upon it. According to Steiner this approach leads to a true understanding of what it means to be human (Steiner 1920/83 ch.2-8; 1920/85 ch.6-8).

Anthroposophical Nursing is an extension to conventional Nursing, acknowledging both the physical and spiritual sides of the human as seen in natural and spiritual science. It is based on the worldview of Anthroposophy seeing a close connection between man's spiritual activity and his bodily functions. Material processes are linked with spiritual ones within the human organs. In 1917, Rudolf Steiner gave his discovery of the threefold nature of the human being and described the physical and spiritual interdependences (Holtzapfel 1990/1993; Scharff & Leviton 1994; Steiner 1917/21; 1947/1960). Phenomenology offers a methodology to examine and describe phenomena as human beings consciously experience them. This same approach is used by Rudolf Steiner to research the spiritual worlds of man and nature. For the Anthroposophical Nurse it offers the opportunity to take a truly holistic approach to research by acknowledging man is both a physical and spiritual being.

4.3. Phenomenological Premises

The phenomenological premises of human experience, intersubjectivity and intentionality are recognised in all phenomenological research. Phenomenological reduction is specific and fundamental to the Husserlian methodology.

4.3.1. Human Experience

Human experience is seen in phenomenology to be a legitimate and essential source of knowledge about the human being. It is seen as the starting point of understanding. Husserl demanded that each experience be taken in its own right as it shows itself and as one is conscious of it.

This approach gave an expansion to the meaning of the term 'experience'. Instead of just those physical things known through sense perception it applied to anything of which one is inwardly conscious, for example natural objects, mathematical concepts, values, moods, desires, feelings and thoughts. All these things Husserl called phenomena. The aim of phenomenology is to turn to the content of consciousness itself, to the phenomena, and to see the task as being to describe the essences of phenomena, and their interrelationships. Phenomenology became a programme of systematic investigation of the phenomena as they present themselves to conscious experience (Heidegger 1926/1962; Stewart & Mickunas 1974/1990). The phenomenological approach is one of the best of the qualitative methods to understand the interrelationship and interdependence of the human experience and the science of nursing. Phenomenological research is a quest for what it means to be human. The more deeply a person understands human phenomena and human experience the more fully and uniquely he or she becomes human (Leininger 1985).

Phenomenological research is the attentive practice of thoughtfulness, a minding, a heeding, a caring attunement, a wondering about the project of living. When the language of a lived experience awakens a person to the meaning of the experience, he or she gains a fuller understanding of what it means to be human. (Munhall 1994 p 17)

Phenomenological inquiry is concerned with what this or that conscious experience is like and it aims to understand the experience. By knowing the conscious experiences of the patient in a specific situation the Nurse is more able to approach the patient with insight and understanding. Nurses need to understand what an experience is like for an individual patient in order to promote a sense of wellbeing and care (Munhall 2001). Anthroposophy is concerned with the phenomena of being human and phenomenological research is the quest to understand the conscious experiences of being human. The Anthroposophical Nurse wants to understand the conscious human experience for the patient receiving an external application. The patient must be seen from an Anthroposophical perspective. Individual patients will have a different response to the experience depending on their personality and different makeup. Phenomenology has the approach that can enable recognition and understanding of the effect of an external application on all aspects of the patient. Thoughts, feelings, actions and conscious awareness, in fact all experiences are acknowledged. The truth of the experience is what phenomenology aims to understand and it has the ways to explore this.

4.3.2. Intersubjectivity

The phenomenologist maintains that human beings create meaning in interaction with each other. The purpose of phenomenology is to describe the lived experience of people, to describe the subjective world. The subjective experience is seen as significant as objective observations. Phenomenology looks to the human being as the place in the world where truth occurs (Benner 1994; Morse 1989; Sokolowski 2000). "Subjectivity means that the world becomes real through our contact with it and acquires meaning through our interpretations of that contact" (Munhall 2001 p.86). The subjective experience consists of a direct relationship with the world and things in it as well as a direct relationship between one another. Many selves experience the world and things in it so we not only appreciate the world experienced by others, we can also appreciate the experiences of others as though they are our own. In phenomenology the life world is experienced in common with others both on a perceptual and an intellectual level. This is called 'intersubjectivity'.

Humans live in two worlds, the world we live in and experience through our senses and the world described by the mathematical sciences such as physics and geometry. It is said that the former is totally subjective while the latter is totally objective. Phenomenology tries to show that the mathematical sciences are based in the lived world and what they do is present the world using a specific method: they complement our existing knowledge with additional truth and verification by evaluating ideal objects in an exact and precise manner. Phenomenology is "a science of the life world, and it tries to show how the life world serves as a foundation and a context for the mathematical sciences" (Sokolowski 2000 p.151). Not everything in the world we live in can be looked at with an objective scientific exactness, for example, memory or the experience of another's mind. Phenomenology has the terms and concepts to discuss experiences such as these. It enables the client experience to be explained and described in such a way that both the researcher and client can recognise and appreciate the experience. The truth is revealed for all to acknowledge. Such an open approach enables the lived experience and subjective world to be shared and understood as frankly and honestly as possible between peoples (Benner 1994; Sokolowski 2000).

J. G. Paterson & Zderad (1976/1988) saw the nature of nursing reality as objective, subjective and intersubjective all at once. Objective reality can be thought of as occurring 'out there', it can be observed and examined at

a distance, it can be considered intellectually. Subjective reality is known from the 'inside out', it is the reality that can be thought of as awareness of one's own experience. Intersubjective reality is experienced in the 'between' the subject-to-subject relating. Responding to one another gives rise to the realm of 'between' as a living reality. While recognising this trilogy they primarily saw the subjective and intersubjective realms as needing recognition in the nursing world. 'Intersubjectivity is the verbal and nonverbal interplay between the organised subjective worlds of two people, in which one person's subjectivity intersects with another's subjectivity' (J. G. Paterson & Zderad 1976/1988 p 85). To know the subjective world of another, the Nurse needs to 'listen' to their experience. The patient needs our interest, our recognition, of his or her individual experience. What is disturbing for one is not necessarily so for another. A person with a serious physical disability may face the world in despair and hopelessness. Another person, with the same disability, may respond to the experience as a challenge to be overcome, leading to optimism and courage and a meaningful life. In the interrelationship or dialogue between the Nurse and patient, meanings surface from the depths of experiences. By searching for meanings, the Nurse increases the understanding of the patient's feelings and experiences. The phenomenologist maintains that human beings create meaning in interaction with one another. This attitude has immediate implications for the Anthroposophical way of viewing humans where relationships between people are considered the most meaningful experiences in life (Munhall 1994).

Anthroposophy speaks of the law of karma; personal karma, social karma, national karma and world karma. Karmic laws encompass the entire cosmos and every human life. Karma is the law of compensation. In social relationships it is to do with who comes towards us and how they relate to us. What appears to be chance may be karmic necessity. Man is not an island rather he is a social being. Meetings take place between two personalities; this may be a destiny meeting. What appears chance may be willed unconsciously. This includes health, social meetings and our whole life path. The Anthroposophical Nurse sees interrelationships between people as fundamental to life's experiences. When the purpose of phenomenology is to describe people's lived experiences and their subjective world then this has to be a most relevant approach to research

Anthroposophical nursing (Merry 1945; Prokofieff 1995; Steiner 1924/1948; 1924/1977/1975/1983/1984/1989).

4.3.3. Intentionality

Intentionality is fundamental to phenomenology. It is an epistemological concept and does not refer to purposive activity or goal-orientated behaviour. Franz Brentano's concept of intentionality tried to distinguish psychological from physical phenomena. Husserl took Brentano's work to the heights of phenomenology that we know today. Husserl showed that the significance of the basic structure of consciousness was intentional, meaning consciousness is always directed towards an object. Basic to phenomenology is the contention that the world has no meaning apart from consciousness and consciousness has no meaning apart from the world. Consciousness is nothing apart from its objects.

The core doctrine in phenomenology is the teaching that every act of consciousness we perform, every experience that we have, is intentional; it is essentially consciousness of or an experience of something or other. All our awareness is directed toward objects. (Sokolowski 2000 p.8)

We have many different 'intentionalities' in phenomenology e.g. pictorial, perceptual, judgemental and certainties. Intentionality focuses on our consciousness and where our consciousness goes. It is the conscious relationship we have with an object. Every intending has its intended object. Phenomenology teaches that every act of consciousness we perform, every experience we have is intentional. Intentionality is essentially a 'property' of all acts. It recognises that acts are directed towards an object and consciousness of the object is intentional, that is, consciousness is always conscious of something (Sokolowski 2000; Stewart & Mickunas 1974/1990).

Intentionality gives the opportunity that everything we do as a Nurse is connected to someone or something. There is a connection to the relationship between the patient and the Nurse and a connection to the experience being observed (Leininger 1985). For both the conventional and Anthroposophical Nurse, the intentional activity is directed towards caring for a patient and towards uncovering the meaning of the specific caring interaction.

4.4. Phenomenological Reduction

Phenomenological reduction is a philosophical analysis, a systematic methodology, used to understand the complexity of human experience. In this

Research Study a process based on Husserlian phenomenological reduction is used (Chapter 5). Phenomenological reduction makes possible the leading back to the source of meaning of the experienced world. It is a particular manner of rigorous reflection, which refrains from judgements. Judgements are put aside so the researcher can fully connect to the human experience. The methods of bracketing and epoche enable the researcher to come closer to the truth of the experienced reality while making it possible for another to come to the same or similar phenomena. It is a slow and sure approach used to validate the truth of both objective and subjective human experiences.

Bracketing

The concept of bracketing is a term introduced to phenomenology by Husserl. It is a technique of withholding our beliefs and assumptions and making us conscious of our human biases in order that we can understand the precise meaning of a particular experience for an individual. The researcher explores the meaning the particular experience has to them. For example, have they personally had the experience or why are they interested in the experience. Essentially, if you 'get out of your own way' of perceiving something you can explore how it is for the other. Bracketing involves reflecting on one's past and present experiences to keep these separate from the experiences of research participants. The researcher needs to set aside the natural attitude to the world, the one their biography has given them, and the link must be exposed. "Our ties to the world in roles, knowledge, belief, habit, common sense, and the like, are disrupted so as to make them apparent" (Munhall 2001 p.99). Bracketing enables the researcher to focus exclusively on the experiences of participants. There is no clouding or distraction. The data obtained can speak for themselves (Crotty 1996; Munhall 1994; 2001; J. G. Paterson & Zderad 1976/1988; Sokolowski 2000).

Anthroposophy sees that behind all world phenomena lies the spiritual. Man can develop an awareness of this spiritual world through his attitude of mind. Knowledge and understanding come when every inner prejudice, judgement and criticism is silenced. Such an attitude calls for a laying open of oneself to external phenomena, to make oneself an empty vessel into which the world flows. A complete inner selfless surrender and open mindedness to the world phenomena will reveal inner secrets and truths (Schurholz et al. 1992/2002; Steiner 1904/1971 p.159-165).

Intersubjectivity relates to the experience of the world and things in it as appreciated by others as though our own. For example, as an Anthroposophical

Nurse, if I bracket my assumptions on Anthroposophical Nursing by becoming aware of them and not allowing them to interfere with this Research Study of the ginger compress then another mainstream Nurse, doing the same research, could expect to come to the same conclusions as I have done. In this Research Study an attitude of open mindedness was essential to allow the data to speak for itself and to assist in this a Journal was maintained throughout the process (Appendix II). To offer a summary:

I am a fifth generation New Zealander of European descent. My grandmother and mother were Nurses, so it was no surprise to find I chose the same profession. There was an ethos of valuing culture, education and spiritual truth in my family, which lead to my attitude of questioning and researching. I have five children all of whom were educated at Rudolf Steiner schools where I met the understandings of Anthroposophy, the answer for many of my questions. For twenty-five years I have studied Anthroposophy and in 1998 graduated as an Anthroposophical Nurse. In 1997 my interest took me to Anthroposophical hospitals and clinics in England and Europe where I observed the use of the ginger compress. Since 1996 I have used the ginger compress on the kidneys with much success for chest complaints. The method used in N.Z. was different than that used in some institutions in Europe and England which lead to my interest in other techniques of application and the translation of the Filderklinik Study of 1992. My challenge was how to keep my personal biases and experiences separate from a research study of the ginger compress. This was especially highlighted in 2002 when I did a 'Practice Study' with two Nurses as 'co-researchers'; my role was colleague, Nurse and researcher. Carrying these combined roles was a good learning experience and one I chose not to repeat in the actual Research Study. This Study also exposed my lack of confidence and competence as a researcher; interview technique, technical equipment and explication of the data required study and practise. In 2003 I was prepared for the Research Study. Four Anthroposophical Nurses would give the treatment to seven patients that they selected. My role was solely researcher and this proved a task in itself. The ECU Bunbury phenomenology research group offered every encouragement and support.

This journal (Appendix II) was my attempt to make overt the covert; to make public biases in relation to this Research Study.

Phenomenological Epoche

Epoche is the term used to describe the suspension of all assumptions and judgements about the phenomenon in question until they can be founded on a

more certain basis. This is the core to Husserlian phenomenology which is the theoretical approach framing my research. Suspending the natural attitude, as Husserl called it, was known as the 'phenomenological epoche'. The phenomenological epoche enables the description and clarification of consciousness free of all judgements and assumptions. Consciousness is not an empirical phenomenon that can be investigated by natural sciences' quantitative methods because consciousness, itself, is not an object among other objects in nature and there are conscious phenomena, which cannot be dealt with adequately by the quantitative methods of experimental science. Phenomenologists make no assumptions about what is or is not real, rather they begin with the content of consciousness as valid data for investigation. The phenomenologist, by using the phenomenological method of 'epoche', places himself at a distance from all previously held theories, assumptions and judgements and becomes a non-participating observer of his own conscious experiences of the world. By undertaking reflective thinking and discarding all limiting theories and presuppositions, the phenomenologist is open to the full range of conscious experience. By doing this, consciousness is purified and only the pure phenomena of the experience remain (Crotty 1996; Sokolowski 2000).

For the Nurse to care for patients in an understanding and compassionate manner assumptions and judgements must be suspended. How can the Nurse understand the meaning of an experience to a patient unless their preconceptions, their biases, are consciously withheld? When the Nurse researcher uncovers a phenomenon, of which a great deal is known, prior knowledge needs to be consciously kept from being imposed on the patient. Rather the individual experience needs to be expressed and exposed in its uniqueness. Phenomenological reduction gives a systematic methodology to enable the Nurse researcher to consciously withhold personal biases, to be open and non-judgemental in order that there is a true and valid understanding of the patient's experience, hence the choice of the Husserlian method of phenomenology (Leininger 1985; Munhall 2001).

4.5. Summary

Anthroposophical Nursing external applications need a research method that connects to the whole lived human experience. Phenomenology studies both the physical and conscious human experience, placing an equal emphasis on each, thus building a bridge between objective and subjective realities. It sees no separation between the two realities of perceiver and object rather it searches for the true nature of the lived experience. Anthroposophy also searches for the true

nature of the human experience. It strives to overcome the separation in consciousness of subjective and objective realities of material and immaterial phenomena in order to understand human conscious experience. Phenomenology, as a philosophy and research method, is ideal to research Anthroposophical Nursing external applications. It is the same attitude used in Anthroposophy to research the human spiritual and psychological being and it thus lends itself to considering the 'whole experience' of an external application where the four fold and three fold being of the patient is acknowledged.

Chapter 5. EXPLICATION OF DATA

The phenomenological approach is discussed in Section 4.2; this chapter discusses the explication of data.

5.1. Phenomenological Reduction

Husserl introduced the concepts of phenomenological reduction and bracketing whereby the observers objective external world was placed in brackets so the totality of world phenomena could be examined and described. Hermeneutical phenomenologists, such as Heidegger, claim one can never bracket the observer's world. People are experienced as being in the world. The Husserlian response to this is for material to be verifiable and valid then bracketing is essential. Husserlian phenomenologists examine and describe world phenomena while Hermeneutical phenomenologists examine, describe and interpret world phenomena.

The data from the transcribed interviews in this Research Study were analysed using a phenomenological reduction process based on Husserlian Phenomenology. This study was informed by the methodology adapted by Schweitzer in his PhD & research paper (1983; 1998) from Giorgi (1970; 1971; 1985; 1997) and used by Sherwood & Silver (1999), Devenish (2001). This methodological process adhered to six clearly defined stages. Following is a discussion of these stages and a diagrammatic representation of the process used. The aspect of rigour is fundamental to the reliability of this Research Study and is included at the end of the chapter.

Stage 1 Intuitive/holistic understanding of the raw data

This involved repeated readings of the transcribed interviews to gain an intuitive and holistic grasp of the raw data (Appendix III). At this stage all data were in the idiographic mode. From the commencement of this research process all personal preconceptions and judgements were bracketed and this process was recorded in the Journal (Appendix II).

Stage 2 Forming a Constituent Profile

The raw data from each of the co-researchers were summarised and refined into a constituent profile.

Natural Meaning Units, NMUs, were initially identified. NMUs are self-definable, discrete segments of expression of individual aspects of the

participant's experience. They can be seen as the archetypal experience. NMUs were numbered according to their interview number and sequence enabling consistent cross-referencing to be maintained throughout the explication process. Redundant NMUs were eliminated then each NMU was further reduced to a Central Theme.

Central Themes, CT's, express the intention of each NMU as concisely and accurately as possible. They reduce NMUs to recognisable sentences conveying a discrete expression of experience. Finally Central Themes were formed into a Constituent Profile.

The Constituent Profile reorders Central Themes bringing greater consistency to the data. There are now single Central Themes that provides a non-repetitive list of descriptive meaning statements for each participant. Central Themes that are either repetitive or not relevant to the research phenomena are now bracketed and removed from the explication process (Sherwood & Silver 1999).

Stage 3. Forming a Thematic Index

The Thematic Index comprises all of the data. It could be usefully manipulated to give access to data in the constituent profile. This was a critical step in the process and it is further described in Section 5.2. The delineated natural meaning units for each constituent profile were combined and ordered into emergent themes. Constituent Profiles were then searched for research keys and referents. Referents are similar to themes and they retain the "original mode of expression" (Schweitzer 1998). Referents are specific words highlighting the experience being researched.

All data were sorted under the research keys for each interview. A succinct summary of the CT's for each interview under each research key was examined and individual profiles developed for each patient as in Section 5.3.

The Thematic Index established a non-repetitive, sequenced list of meaning statements and referents. From this point on the data whilst in idiographic mode could move to the nomothetic mode and be examined collectively (Appendix IV).

Stage 4 Searching the Thematic Index

All data could now be combined and this enabled a comparison of Referents, Central Themes and Constituent Profiles along with the

forming of a set of Interpretative Themes. Interpretative Themes are statements that succinctly capture the meaning through the Constituent Profiles, they do not necessarily retain the original mode of expression (Sherwood & Silver 1999).

Stage 5 Arriving at an Extended Description

Interpretative Themes are used to rigorously explicate meaning attributed to the phenomena under investigation (Sherwood & Silver 1999).

Stage 6 Synthesis of Extended Description

This is a summary of the Interpretative Themes to produce a comprehensive picture of the experience of receiving an external application of ginger (Van Manen 1990).

Diagrammatic Representation of Explication

Stages	Steps	Procedures
Original Data	<ul style="list-style-type: none"> • Experience of receiving ginger compress • Transcriptions of seven interviews 	<ul style="list-style-type: none"> • Gain intuitive holistic grasp of data in interviews • Data in idiographic mode
Constituent Profile	Natural Meaning Units	<ul style="list-style-type: none"> • Delineate original data into NMUs • Eliminate redundant NMU's
	Central Themes	<ul style="list-style-type: none"> • Extract CT's from each NMU • Eliminate redundant CT's
Thematic Index	<ul style="list-style-type: none"> • Delineation of Constituent Profile • Identification of Research Keys and Referents • Individual Profiles • Construct Thematic Index 	<ul style="list-style-type: none"> • Repeat 1-4 above • Sort data under research keys for each interview • Succinct summary of NMU's and CT's under research key • Individual Profiles • Data in idiographic mode now moves to nomothetic mode
Searching Thematic Index	<ul style="list-style-type: none"> • Searching the Data • Identifying Interpretative Themes 	<ul style="list-style-type: none"> • Data is combined and treated in the nomothetic mode • Using research keys data is explored
Extended Description	Explicate Interpretative Themes	<ul style="list-style-type: none"> • Interrogate data according to Interpretative Themes • Rigorously Describe Interpretative Themes
Synthesis of Extended Description	Summarise Extended Description	Present main themes in a succinct and clear manner

5.2. Thematic Index

Forming the Thematic Index was crucial in the process of analysis. It was a repetition and validation of previous steps along with a bringing together and ordering of previous data collection. The 'thematic index' was initially indexed by the NMU's (Appendix IV p.164-179). Once the 'constituent profile' had been established a 'research key' was selected that enabled the grouping of data under headings relevant to the research question. This seemed to offer no constraints in searching the data, rather an ability to observe the experience for the patients with openness and insight. The 'research key' made possible a meaningful ordering of data and cross-referencing of experiences giving clarity to the experience of receiving a ginger compress.

Data were sorted into categories of 'before treatment', 'treatment' and 'after treatment'. This initial sorting was further subdivided into categories. Under 'before treatment' there are two categories '*expectations*' and '*client picture*'.

These data are relevant to understanding the patient and patient's attitude to the experience. None of the participants had experienced the ginger compress before and three gave details concerning their personality types relevant when searching the 'thematic index'.

Under 'treatment' and 'after treatment' the same categories were maintained as there was a development of experiences and this gave an additional clarity. In addition, 'after treatment' needed the categories 'initiative to be active' and 'significant comments'. There was the experience for patients of increased desire to be active and certain factors seemed very relevant and needed recognition.

The 'research key' developed through the analysis of the 'constituent profile' and enabled all data to be categorized in the 'thematic index' using the Research Key to index the data (Appendix IV p.180-190). The 'referents' developed out of the sorting of the data under the 'research keys'. They were words gleaned from the original data that encapsulated the themes. They were words that seemed to stand out conspicuously. As with the 'individual profiles', the 'referents' were significant in discovering the 'Interpretative themes'. The following table gives the 'research keys' used and the 'referents' isolated.

Research Keys and Referents

Before Treatment

1A	Expectations	Novel, anticipation
1B	Client Picture	Personality

Treatment

2A	Physical	Lopsided, cool, comfortable, tingling, pressure
2B	Feeling	Relaxed, pleasant
2C	Thoughts	Present, future, active
2D	Awareness	Sense self consciousness, pain, senses
2E	Warmth	Comfortable, intense, chemical, radiating, activating
2F	Sense of Vitality	Restful, metabolism

After Treatment

3B	Feeling	Equanimity, calm, good
3C	Thoughts/Consciousness	Stimulated, objectivity, stillness

3D	Sense of Self	Incarnated, wellbeing
3E	Warmth	Internal, prolonged
3F	Sense of Vitality	Sleep, rhythm
3G	Initiative to be Active	Physically slow, mentally alert, energized
3H	Significant Comments	Recommendations, future experiences

The 'thematic index' was used as a flat index showing, for example, all the experiences related to the theme 'warmth' for all patients in the study. These could be analysed and correlated with all experiences related to 'thoughts'. All data could be compared in a linear format and as needed overlapped and explored for meaningful relationships. A Microsoft Excel spreadsheet, version Office 2000, was used to record the 'constituent profile' and the 'thematic index'. It enabled all data to be organised and viewed collectively moving from the idiographic mode to the nomothetic mode (Appendix IV). Searching the 'thematic index' is fundamental in the explication process. Now all data is treated in a nomothetic mode and searched in order to discover its 'Interpretative themes'. These themes form the basis of the 'extended descriptions'.

The need for the 'individual profiles' developed out of the categorising into 'research keys' of the 'constituent profile'. They encapsulate the experience for each patient. Whilst still in the idiographic mode brief profiles were written of the total experience of the phenomenon for each individual. I became immersed in these 'individual profiles' whilst taking cognisance of the NMU's and CT's leading to their development. This gave the ability to identify intimately with the experience for each patient and to be aware of similarities and differences in the data.

5.3. Patient Profiles

An integral part of searching the 'thematic index' was the development of the 'individual profiles'. Now all the patients return into the analysis picture and a move can be made from the idiographic, individual, to the nomothetic mode. There were seven patients and following are summaries of each of these profiles. For ethical reasons there are limits on the depth of these profiles (Appendix II).

Profile 1 - Jane

Jane is a forty four year old mother of four children, working from a clinic adjacent to her home as a massage therapist. She is of average build, about 160 cm and 60 kg, with light brown coloured hair and fair skin. Her dress is comfortable and she has a pleasant, healthy appearance. Her stance is sure and confident and her walk relaxed. Jane's voice is direct and forthright, clear expression saying what she means very precisely. Her manner could be described as reserved and restrained. Her warmth organism is good, energy level strong and she sleeps well. Medically she has a history of rheumatoid arthritis since 1993. For five years, until 1998, she experienced active inflammatory periods. Jane described the ginger compress experience as causing a slow radiating warmth throughout her body. During the treatment, whilst relaxed and comfortable, she became very awake and aware of her body. She also had reoccurring thoughts, like a persistent record track, on the theme of an imminent court hearing. This she had not thought about previously and she found it valuable in gaining clarity of the situation. Following the treatment and for the next few days she felt a sense of equanimity and centreing. She felt sharp in her thinking, awake in her body and mobile in her soul. It was as if she were contained in her soul responses to the world and people she met rather than being drawn out. Jane felt capable and calm and ready for what was coming. Overall it was a good experience.

Profile 2 - Donald

Donald is a fifty four year old father of five grown up children. He has reasonable health but lately has become weary. Sometimes he has difficulty sleeping, worrying about 'what next' and becoming agitated, and may feel down on waking. He tends to stay up at night and then sleep in late. His hands and feet are often cold and he is a moderate smoker, about fifteen cigarettes a day. He has just changed his work after 25 years as a sports/gymnastics teacher. He is Caucasian with thinning, brown hair, 190 cm and 78 kg. A tall, thin, agile man with a stance that is well balanced and athletic. He is strong and wiry from regular exercise and sport. He describes his skin as tough and leathery. His tendency would be to be more in his head and less in his feelings and feet, somewhat melancholic. He was interested to 'critique the experience' and suggested ideas for further research while he said little about how he felt. He could be described as reserved and restrained as far as emotional

expression is concerned. His voice is clear and direct and he seems a quick thinker. Constitutionally he would be the neurasthenic type. Donald was aware of a comfortable treatment given in a caring, nurturing and competent manner. He experienced a marked inner reaction of warmth from the compress. This increase of warmth was felt below the kidneys and resulted in an increase in his body temperature and blood pressure. There was a sense of increased activation and stimulation of the metabolic pole. During the treatment Donald experienced a low grade, frontal lobe headache that remained until he mobilised. This was not unpleasant rather he was aware it came with the treatment and passed afterwards. His thought life was active and focused particularly on present and future events, rather more to do with what was coming next than what had happened. He wondered if this could have been because of the activation of the metabolic pole.

Profile 3 - David

David is a twenty one year old student. As a child, from a large family in New Zealand, he experienced different external applications when unwell. This is the first time he has had a ginger compress. His height is 190 cm and he weighs 80 kg. He has a healthy appearance with brown hair and fair skin. His stance is well co-ordinated and movements are relaxed and comfortable. David's voice is very slow, almost paced, and sometimes it is muffled as he talks. The phlegmatic temperament can be noted in his appearance and personality. His manner is reticent and emotionally he is restrained. He uses scientific terminology to describe the experience and seems very aware of his body responses. A person especially connected to his head and body awareness. He has a tendency to have cold feet and constitutionally would be of the neurasthenic type. In his last year at school he had a series of sore throats and developed an abscess. A regular young person who is up late, skips meals, enjoys physical activity and a normal social life. David experienced the compress as soothing, relaxing and enjoyable. It was one of those natural, comfortable feelings. It was definitely warming, initially at the compress area then it spread to warm his feet. His joints felt warmer, especially the ankles and knees. It seemed that there was an increased blood flow to the peripheral joints. David described the warmth as a chemical reaction sort of heat, 'mercury warmth'. He was sure this warmth came from the ginger and not just the warm water as such. The warmth moved from the compress up his back

and then internally down his legs to his feet. There were also tiny muscle spasms as the muscles relaxed and let go. His thought life was fairly mundane, relaxed sort of wandering about friends and the TV programme about to come on the screen. After the treatment he felt physically relaxed and very alert in his thinking.

Profile 4 - Janet

Janet is a thirty two year old female professional Nurse who lives independently and alone. 'I find it hard to be looked after... I am used to looking after people'. She is Caucasian about 160 cm and of average build. Her hair is auburn, short and straight. During the treatment she became very aware of her aches and pains and said 'I am quite a physical person, I am quite aware of my physical body all the time'. Janet has a friendly manner and seemed to enjoy talking and generally socialising. She is generally happy but has a tendency to do too much and then rushes and becomes anxious. She suffers experiences of swings in mood, between manic and depressive, and described, 'I am quite an X person, a sanguine, excarnated sort of person, which has gone by the wayside a lot of the time... I am not the joker so much any more. Usually I am hysterically silly and funny with people. Now people keep asking me if I am all right because I am not doing that. The ginger compress was almost like I need more of that to keep myself contained like this.' Her warmth organism is disturbed and she is often not aware when her body is cold. Janet said she loved the compress experience. It was very relaxing and near the end of the rest time she almost 'dropped off'. She found it exceedingly hot and tingly, feeling deeply warm inside, something she really appreciated. The warmth reached to her lower back, where she had a back spasm last year, and to her shoulder, which had been hurt doing yoga. This warmth lived on at least two days. Her thought life, during the compress, was very busy, like 'what is going to happen today'. Following the treatment she felt physically stimulated and full of energy, really wonderful. Then for the next two days she felt an inner sense of containment a real grounding. It was like the 'full stop at the end of the sentence...it was definitely not an out there experience like I couldn't get out.'

Profile 5 - Harriet

Harriet is a forty six year old teacher of young children who lives alone. She has much stress in her profession with considerable work, study and tutoring responsibilities. Balance between work and rest is inconsistent. She suffers from hay fever in the spring and is a moderate smoker; increasingly she has developed upper respiratory tract infection, with an accompanying wheeze. Physically she is of large, round build about 165 cm tall and tending towards the hysteric constitution. Her skin and hair are soft and fair, yet she says she does not have sensitive skin. Her stance is solid and strong and her step is surprisingly light for one so heavy. She seems to love to talk and her way with words shows one with a generous imagination. In describing the pressure tingling from within her body she said 'a contrary experience would be how you would press on the keys of a piano'. She seems to play with verbal expression, for example she said 'it seemed to be a shift from one's daily business of the thoughts thinking me to actually coming to a calming with my body and myself, at peace'. When Harriet saw the transcript she was shocked by how she 'talks on so'. She has many traits of the sanguine/phlegmatic personality. Harriet found the compress very hot, a tolerable though intense heat. It had a concentrating in feeling rather than a spreading out effect throughout her body. During the compress application her thoughts were 'flying around' in her head, very busy. She was surprised that in this time she fell asleep twice. There was an unusual sense of shifting in 'how I am in my body' during the treatment. The lower part of her body seemed to have an extra cushioning, as if there were a layer of air between her body and the bed, and her fingers felt an inner pressure pushing outwards. As well there were abdominal noises, normally associated with metabolic activity, and twice she burped, a most unusual experience for her. Following the treatment Harriet found she could quickly engage again. She could mentally assess what needed to be done and do it, body and mind were very active and focused.

Profile 6 - Joanne

Joanne is a forty two year old mother of two young school aged children. She is a European immigrant who experienced a very strict upbringing. She has a distinct accent and works as a massage therapist. Physically she is of slight build, about 165 cm and 55 kg, and a smoker. Her manner is attractive and lively, almost child like. Joanne loves to talk and she is

very expressive using words like 'love, woo and ah experiences'. In describing the ginger compress experience she said 'the whole experience is yummy and delicious', suggesting in her response a strong connection to the metabolic. Much of the sanguine personality can be seen in her manner and constitutionally she would be the neurasthenic type. She said she has a very full and busy life. Her tendency is to be a giving person who is not accustomed to being looked after 'self care is not a big part of my life'. The description she gave of herself is 'a nerve sense person with a very busy little head'. She has the tendency to go straight to an activity, becoming busier and busier and then overwhelmed. She lacks the capacity to digest things in relation to her feeling life. During the compress her thoughts were initially all over the place, she had a very busy head. The days after the treatment she found her head less busy and she was not so overwhelmed by outer events. She feels the cold acutely 'I usually run more cold, I have the tendency to be cold'. Joanne experienced the treatment as warm and nurturing in a comfortable way. It was an 'ah experience, really good'. She said it was really relaxing being all cocooned up and warm. The warmth was quite strong, like a mild 'tiger balm' effect. The warmth seemed to spread out in the body and eased the achy parts in the back and hips. She has a history of non-specific aches and pains and found tension and discomfort was eased. Joanne also has a history of nocturnal urination and for the first time in years this did not happen the night after the compress. Since the first treatment she has found herself running on the warmer side. She described it as 'my warmth organism is definitely heating, heating hot, most unusual for me'. She was more socially balanced and felt a certain stillness and inner calm after the compress. This was the first compress of a series and she was really looking forward to her future progression in health.

Profile 7 - Barry

Barry is a fifty three year old father of two teenagers. He is a long time smoker and consumes a diet heavy in animal protein and daily consumption of beer. He has a history of gastritis and occasional emotional movement between periods of deep pessimism and great optimism. His personality shows one with a very sensitive gesture despite the attitude of 'getting on with it'. Last year his brother died from a heart attack and during the interview he said 'stress is a killer, over the years I

have seen friends of mine suffer and I had a brother die at the early age of 53, yes stress is shocking'. He described a happy, good family life and said he loves to spend his weekends fishing, 'all my life I have been happy with who I am... I like being by myself'. He is about 175 cm tall, of solid build and fair skinned with greying hair. Barry's stance and walk are relaxed and comfortable. His voice is friendly and clear and he is openly expressive about the experience of receiving a ginger compress. He seems very conscious of the effect on his body, for example he said when describing the incredible warmth in his legs, 'my legs felt full of blood, suffused with blood'. Barry felt comfortable and happy with the treatment. He experienced a deep-seated inner heat focused in the kidney area. There was a tremendous feeling of warmth in the legs and his hands and feet were warm and tingling. He could almost see the pulse at the end of his fingers and toes. Whilst he appears to have a relaxed, phlegmatic temperament he has the tendency to be hypersensitive to the external environment. During the treatment there was a heightened sense of awareness to outside stimuli, particularly the wind and voices, an unusual experience as he has worked for years with heavy machinery and wouldn't have expected this. The night after the treatment he had a disturbed night's sleep. It was as though he had taken problems from work home and into his sleep. The following day he had 'flu-like' symptoms of nausea, aches and pains for the first three hours. These symptoms passed and he felt quite normal in the afternoon and ready for a weekend fishing.

The individual profiles show personality characteristics and health conditions similar to the patients in the Filderlinik Study. All patients experienced an overall comfortable treatment and improvement in condition. These profiles were fundamental in the explication and discussion of the Interpretative themes.

5.4. Establishing Rigour

Throughout the research process, attention to rigour was fundamental. A. Giorgi (1971) points out that a scientific methodology must be accountable. He discusses the different assumptions between a phenomenological and an empirical approach saying criteria for validity and reliability need to be receptive to phenomenological epistemology. Giorgi understood validity and reliability to be achievements of intentionality and since the relation to intentionality does not exist in empiricism the terms cannot mean the same things. In phenomenological

research Giorgi translates phenomenological validity to mean that the essential description of the experience has been captured to convey the intuited essence and phenomenological reliability means this is achieved when one uses the essential description consistently. In relation to establishing rigour in this study, key aspects were adhered to that ensured reliability in the methodology.

- By bracketing personal biases and adopting a reflective attitude it is possible to remain open and understand the client's experience (Appendix II).
- Interview questions used as conversational prompts are identical for each co-researcher (Section 4.1 above).
- Transcripts of recorded interviews are read and verified by co-researchers prior to the explication process (Appendix III).
- In analysing the data research colleagues are involved in offering critique and guidance.
- Systematic connections are sought in other branches of knowledge and inquiry pertaining to the same subject matter, the external application of ginger.

5.5. Summary

Husserlian phenomenological reduction enables one to establish rigour and by using a defined methodology observer bias is minimised. The activity of intuition, description and reflection are all part of explication. The process of explication used was a disciplined reflective method enabling a deep connection to the essence of the phenomenon. Transcriptions were critically analysed. Forming a 'constituent profile' through isolation of NMU's and CT's offered the opportunity of a basic audit trail. Intersubjective reliability is achieved by such detailed analysis. Through developing 'individual profiles' the co-researchers are brought back into the research picture for the final stage of the explication. It is the 'Interpretative themes' that, combined with the 'individual profiles', tell the individual story that reveals the essence of the experience of the phenomenon of the patient receiving an external application of ginger.

Chapter 6. DISCUSSION OF INTERPRETATIVE THEMES

In this discussion 'Interpretative themes are used to vigorously explicate meaning attributed to the phenomenon under investigation' (Sherwood & Silver 1999 p 13). Interpretative themes are statements that capture the essential experience for the patient. The 'thematic index' was crucial to identifying the 'Interpretative themes'. A Microsoft Excel spreadsheet was used to organise, search and compare the 'thematic index'. The use of the 'research key', 'referents' and 'individual profiles' enabled searching of the data for 'interpretative themes' which formed the 'extended description'. Four themes have been isolated as follows:

- Patients experience warmth in the body as increasing in intensity and radiating outwards
- Patients experience an increasing stimulation of internal activity within their body
- Patients experience changes in thought life, sensory perception and bodily tension
- Patients experience centredness within themselves and a greater sense of personal boundary in relation to the world.

Once the 'Interpretative themes' had been determined comparisons were relevant and made with the general findings of the 'Filderlinik Study' as well as the experiences, observations and discussions in literature on the ginger compress application. Macrobiotic and Anthroposophical Medicine use the ginger compress as a primary compress for healing and *The End of Medicine* by Beere (2000) was written after 25 years of using the ginger compress therapeutically. Following is a discussion of the 'Interpretative themes' offering a description of the experience for the patient of receiving an external application of ginger then comparisons are made in relation to research and literature in the field.

6.1. Patients experience warmth in the body as increasing in intensity and radiating outwards

The warmth experienced develops gradually from a mildly cool, prickly sensation over the kidney area to a sense of deep inner warmth. Warmth is initially experienced externally on the skin and then gradually internally. The warmth sensation is perceived as coming from the ginger, it is like a 'chemical heat'. Gradually it spreads throughout the body reaching the extremities and continuing long after the treatment has been completed.

Initially the warmth response is very mild and slowly this progresses to a marked inner reaction. Jane commented 'it was a surprise that it was so gentle. Just the physical warmth of the warm cloth initially. Then came this prickly, almost cool heat of the ginger, onto the kidney area.' While Joanne expressed her feeling as 'a little bit of prickling, but very mild. At a certain point it goes into a nearly cool experience. Then it goes warm again.' The response was firstly slow and subtle. There was the warmth from the warm water on the compress then the awareness of the cool, prickly ginger. It was not uncomfortable, perhaps a little unexpected that there was so little impact. Jane captured this: 'I had expected it to feel hotter. To feel the radiating fire of the ginger'. As the warmth built up it was experienced as a deep, inner warmth that was quite intense and remained for a long period once the compress was removed. A deep seated heat was felt within the body. This sense of warmth was both external and internal. The extreme intensity of the warmth was a surprise. Patients asked the Nurse to check their back lest it was very reddened. Harriet explained 'after a while it got really hot, like a hot water bottle. If it had been as hot as it felt you would have had to take it away. It was quite a tolerable, intense heat... I actually did put my hand underneath to feel the heat and there was none. That was a real surprise to realise the heat was inside me... I asked the Nurse to have a look, can you look if it is red. She said no there is nothing to be seen there... cause it is such an intense, you have to say heat, it is not warmth, it is heat. Quite mysterious how it would come from this compress'. Janet expressed 'it was definitely external where I felt it but I could sense it being deeper... the heat was quite startling, I was quite amazed. I asked the Nurse to look afterwards and see if it was red. There was no redness on my skin and I was sure there would be, I was amazed.' Patients were astonished at the strength and depth of the heat generated. There was concern the skin would burn. Harriet described it as like having a hottie on your back while Joanne said it was like 'tiger balm'. Two patients put their hands under the compress to feel the heat and it was not there. They realised it was inside them and this seemed incredible. This sense of surprise at the intensity of heat was expressed by Barry 'you wouldn't believe the amount of heat that was generated by the compress, even after it had obviously cooled down, it didn't seem to just be a muscular or skin heat. It seemed to be quite deep seated.' Donald experienced a rise in body temperature 'I think officially the temperature did go up a couple of points'.

The warmth was experienced as coming from the ginger rather than the warm water. It was as though a relationship were developed with the substance ginger. Ginger was no more a mere plant; it was experienced as a medicinal substance

affecting a powerful response within the patient. Harriet captured this sense 'you do have the feeling that the stuff is there and there is this corresponding dialogue'. There seemed to be a meeting in the experience and a response was stimulated within the patient's body. There seemed to be a distinct awareness that the ginger rather than the warm water was the cause of this incredible heat that penetrated the body. David said 'the ginger was definitely warming as the ginger worked, definitely warming. Not warmth because of the water but because of the actual plant itself.... At one stage, it was quite intense, not uncomfortable, but you definitely noticed more and really felt it and really knew it was not because of the water but real heat from the ginger.' Scientific terminology was used to describe the experience. Ginger seemed to cause a chemical heat response rather than a thermal heat response. Donald explained 'it was quite a deep inner sense, quite tangible, you could describe it as a chemical reaction warmth' while David expressed 'the compress itself was definitely more of a chemical reaction sort of heat than a thermal heat from water'.

The warmth was also experienced as radiating deeply throughout the body. Starting on the kidney region of the back and penetrating the body to spread as far as the limbs. This sense of body warmth continued long after the treatment was completed. Jane explained 'during the compress it was a surprisingly slow radiating warmth through my body, the warmth from the ginger' and Joanne said 'while I was lying there the warmth seemed to have spread out... actually it went down the muscles right down to the bone of the hip'. Donald expressed 'there was quite a marked inner reaction of warmth response, long after the compress ceased being warm as it were. It was quite a deep inner sense, quite tangible... that continued right through the rest period and even after the rest period... definitely the legs got warmer. Sort of below the kidneys themselves felt a general increase of warmth'. The warmth experience was soft and subtle, spreading over the back as well as out to the extremities. It was felt in the muscles and bones. David described 'it was really warming, a definite feeling, a sort of fuzzy sort of warm... when the compress was taken off, I still felt that warmth. Sort of around the compress area but also it moved down my legs and my feet and up my back. So I could actually feel it was making an effect internally... I actually noticed that my joints felt warmer, particularly in my ankles and knees more than elbows. My peripheral joints they felt the warmth there'. This warmth was experienced as lasting hours and days after the compress was removed. Janet said 'warm lived with me at work that afternoon'. Joanne said 'so I think it has improved my warmth body, it must have because there is no

other explanation for that one... I have suddenly become one of those people who runs hotter'.

The ginger compress aroused a new relationship for patients of their own warmth. Externally warmth was so great there was a concern for the possibility of skin burning. Internally the warmth penetrated the whole body as far as the extremities. One patient experienced a conscious rise in body temperature and another felt she had become 'one of those people who runs hotter'. This increase in body warmth and radiating outwards was both comfortable and satisfying. In this Study patients commented on the activation of a deep-seated heat, even using scientific terminology to describe the chemical heat response. There was a definite awareness this internal heat response, that radiated outwards, was caused by the ginger compress, remaining long after the treatment and stimulating internal body activity.

6.2. Patients experience an increasing stimulation of internal activity within their body

This interpretative theme encompasses all experiences related to an enlivening of internal activity within the digestive, excretory and circulatory organs of the body. Increased activity within the circulation moves and energises the metabolism. Patients spoke of a consciousness of their metabolism and circulation. The increased activation aroused patient awareness.

The metabolic system includes digestion and absorption. Essentially all those processes associated with the digestion of food materials and the deposition of the nutrients absorbed into the blood following digestion. Normally the metabolic system is stimulated by increased exercise, a rise in body temperature, hormonal activity or the action of eating a meal (Miller & Keane 1972 p.578). In this situation, during and after the ginger compress, patients experienced stimulation of their digestive processes as well as increased energy. One patient had a unique experience; for the first time in years the night after one compress she had no nocturnal urination. The circulatory system is primarily concerned with the movement of the blood and lymph. It carries to the tissues and organs of the body all the substances necessary for normal functioning and activity as well as taking away all waste products (Miller & Keane 1972 p.205). During and after the ginger compress patients experienced an activation of the body circulation. There was an awareness of increased blood flow throughout the body accompanied by a sense of an opening up within. Patients were aware of increased stimulation of the metabolism. Whilst it was a different stimulation than

normally experienced, they were clearly conscious of what was happening within their bodies. Donald described 'I am quite happy to accept it, that could have been the metabolic pole, as it were, always warmed up and the kidneys activated... you knew the metabolic pole, as it were, was stimulated and activated'. Patients experienced varying physical signs of increased activity and changes such as digestive disturbances, cessation of a habitual nocturnal urination and increased energy. These experiences were notable because of their uncharacteristic nature for the patients. Harriet continued 'I had at the beginning of the compress those noises in your abdomen of at times when you go to bed, if you have eaten late, you have those sort of noises of a change in coming to rest, but the activity is still there. So even though I didn't feel hungry there were these noises associated with metabolic activity. I think I turned over and burped twice, which is very unusual for me to do'. Barry's experience was uncomfortable and followed on from a restless night's sleep 'this morning I felt the first three hours at work I had almost flu-like symptoms... you start to feel just ever so slightly nauseous and just off colour... by 11 o'clock it had gone'. Joanne experienced a shift in her regular nocturnal urination. Since having her young children disturbing her every night she had developed this irritating habit which she termed an 'allergic reaction'. This was a significant breakthrough for her and she was excited. 'Apart from the physical result of not having to get up and pee... I am so pleased to have that small change of not having to get up, actually slept through the night... it does something (the ginger compress) it definitely affects the whole body''.

The body circulation became warmed and activated. There was a sense of a relaxing and an inner 'opening up' within the body. Blood is experienced as warmth and energy rather than the scientific concept as a carrier of substances. For Jane 'warmth came from the feeling of activity through my body... even sort of in a way as though my circulation was very active and I was aware of it... I felt aware of my whole circulation in a way'. Warmth here is experienced as coming from the activated circulation. There seemed to be a sense of an increased volume of blood. According to David 'it just felt as though it just like increased blood flow, just sort of warmed it. Sort of opened it up, a bit like a histamine effect really. Just sort of not swollen or stiff or anything, just sort of opening up in a warmth'. The comparison with a histamine effect encapsulates what David experienced. Histamine normally functions as a stimulant to the production of gastric juices as well as dilating the small blood vessels (Miller & Keane 1972 p 438). David was aware of a change in the activity within his metabolism and circulation. Increased blood flow seemed to open up the body. There was a

sense that the warmed blood radiated through the body to the extremities. Barry described the change in his legs 'I had a tremendous feeling of warmth in my legs where I had been hot. My legs felt as though they were full of blood, you know suffused with blood'. Later he went on to describe the experience 'if you pushed yourself too hard climbing up a hill or running up a hill or something like that, your head started going boom, boom, boom and that was like you could almost see your pulse at the ends of your fingers and toes'. Patients had a sense of increased energy after the treatment, which resulted in an increase in vigour and mental alertness. Depending on the individual, this was either just immediately following the compress or the next day. Although Harriet had a particularly stressful week following the compress she commented 'I had the sense that I could quickly engage again and get on with it. It seemed I could more easily choose one thing and just do it... I could do that, then came back and did the next thing and the next thing'. The day following the treatment Janet said 'I came home last night and gosh I felt extremely good.... 'I felt like I stayed up late and vacuumed and cleaned and had a lot of energy. I really felt wonderful'. It was like a boost of energy. Patients experienced clarity of thinking, they knew what to do, and had the stamina to do it. The body received something extra that enabled a movement internally.

There was a sense of an internal activity within the body that aroused increased awareness of the metabolism, circulation and nerve sensory organs for the patients in this Study.

6.3. Patients experience changes in thought life, sensory perception and bodily tension

Encompassed under this 'Interpretative theme' are patients' experiences of a stimulated thought life including a transition from a dreamy to a wakeful state, changing sensations within the skin, activation of the senses and a relief of aches and tensions within the body.

Thoughts are stimulated during the treatment and this enlivening of thoughts continues afterwards. There is a general exciting of the thought life. Thoughts move between past, present and future and were related to matters of everyday life. Jane explained 'during the compress I had reoccurring incidents from the past which relate to a court hearing I have coming up next week, that I haven't thought about for a long time... it felt like the thoughts were quite persistent playing on this track during the compress and the rest time'. Donald described the experience as 'I was actually quite reflective. Then found, as the compress

was on, my thoughts came more to present and future, more sort of thinking about what was coming next rather than what had been'. It is as if there is an ordering of thoughts, an increasing lucidity. This thinking process is experienced as being relevant and appropriate. For some these thoughts were relaxed and pleasant while for others they were disturbingly busy. The thoughts were about daily life, nothing life changing. David described 'I experienced relaxed sort of thinking... I did not think of any life changing sort of ambitions, just fairly mundane, you could say, thought processes'. Barry explained 'the thought processes were very pleasant. I had the normal dreams about fishing'. Janet and Harriet initially experienced agitation and increased activity in their thought life. Their day's business was flying all around. Janet described 'my thoughts in my mind were going brooo... all the accumulation of anxiety and things to think about, just huge pictures for no reason, just what is going to happen in the day... I remember thinking it was just busy busy'. Harriet captured the sense 'I was aware of my thoughts flying around, it took a while just to come to rest, stillness... I had the sense that they were flying around in an anticlockwise direction a meter above my body. I could see and hear the thoughts. I knew they were connected with me. It seemed a shift from ones daily business of thoughts'. It was as if thinking became enlivened and invigorated. Totally in the moment yet reawakened. Following the compress thinking was experienced as sharp and astute. This was somewhat a surprise to patients. Jane described 'I thought I am going to be dreamy for the rest of the day. I was sharp in my thinking', while David upon getting up and moving around after rest period, said 'I don't feel at all drowsy in my mind. I feel almost more alert... I feel physically relaxed but mentally quite sharp still'. Thought life was alive and active rather than creative and life changing. Dealing with life's regular questions and challenges, 'busy' rather than momentous.

This activated thought life disturbed sleep for two patients the night after the compress treatment. Whilst Barry and Harriet were relaxed in their thinking during the compress, the night after the treatment they suffered a restless night. They were both plagued by thoughts concerning work, issues normally left at work and yet this night not so. Barry explained 'I had a very disturbed night's sleep afterwards. I do have disturbed night's sleeps for some reason or rather depending occasionally but last night was almost as though I had taken something home with me and hadn't got rid of it which I try not to do'. Harriet commented 'that night, I think because I have got so much going on, I did wake up. Allowed to sleep for so long and then I had to come back and process the work. It is not something I can process at night'. As both Barry and Harriet

received their treatment in the afternoon this may have influenced the disturbances in their sleeping rhythm. During the treatment process in this Research Study, patients were very relaxed and a little sleepy. Some were aware of slipping in and out of sleep. Barry spoke of 'one of the periods sort of between dozing and sleeping' and Harriet explained 'in the first half hour of having the compress on I did drift off, I snored just a bit. I woke up and that happened twice. I was surprised in that short time that I did go off a bit to sleep'. Patients were surprised by this seeming change in consciousness. Particularly for Harriet and Barry there was this change in sleeping consciousness during the compress treatment. Could this be connected to their disturbed sleep the night after the treatment?

Patients experienced a changed consciousness in the skin. A tingling pressure sensation and a lopsided response, a tangible experience that seemed to come from within. The sensory system was awoken with changes in perception of touch, pain and hearing. Janet expressed 'the physical feeling was all on my skin, really tingly and felt warm' while Barry described 'I got tingling in my hands, my hands felt heavy... I had a bit of tingling in my feet... I suppose it was almost like a pressure tingling.' The tingling sensation seemed to come from within and cause a sense of pressure, as if there was an internal activation of the dermis. Harriet captured this 'a strange experience around my fingertips.... quite a real pressing, similar as if from the inside when you press on a piano key but it was coming the other way'. This sensation of tingling seemed to focus in the extremities. There was a sense of weightiness. Barry's hands felt so heavy he needed to uncross them from his chest and lay them by his side. There was also a sense of a lopsided response. When the compress was first applied, it affected the skin on the left side of the back first. Initially the external response was more intense on this side. Barry explained 'I had a feeling of lopsidedness...I was lying there I got more of the sensation on the left hand side' while Joanne made the point clearly 'I noticed with my ginger compress my left side responds differently to my right side... it starts on the left and it takes quite a while...then the reaction is on the right side, it starts on the left and it goes to my right... I also found that again on my left side a little bit of prickling, it got a little itchy'. This effect on the left side was just initially and only related to the skin response on the back. Gradually the sensation spread to the right side then the extremities.

Both a stimulation of the senses of touch and sound were experienced. One patient experienced a new relationship to external sounds. The outside world seemed nearer than it had done previously. There was a comfortable feeling of balance and firmness. Janet expressed this as a pleasant 'sensation of being

securely 'cocooned'. Joanne said 'the wrap gets wrapped round quite firm. It felt really balanced to feel the firmness but it is like a holding together. I said it is like wearing corsets. It goes with the sense of touch as well. It is like touch all around through the firmness all through that hour'. Patients received the warm wrapping positively. There was a sense of security and relaxation. It allowed the patient to let go and ease into the compress treatment. For Barry there was a heightened sense of awareness of sound while resting. He became aware of sounds of the wind outside and family conversation downstairs that he had not been able to hear previously. 'The first thing that I noticed was that I became very, very aware of the stimulus from outside. It was a particularly windy night and the noise of the wind was quite clear and seemed to be above everything else, I thought to myself, oh you know I hadn't listened to wind like that for a while... I heard very very clearly what was going on downstairs and because I have worked with heavy machinery all my life I thought to myself you have not been able to hear them before ... I could hear what was going on downstairs I could hear what they were talking about and they were talking no louder than you and I are talking'. This was an unusual experience for Barry particularly as his hearing had been affected by heavy machinery in the past. Donald developed a headache and questioned 'was that coincidental or totally unrelated'. He also experienced a measurable increase in body temperature and a change in blood pressure. 'I must say within 4 or 5 minutes I had a low grade frontal lobe headache especially behind the nose.... it wasn't marked, I mean it wasn't uncomfortable, I was just aware it was there and I was aware it hadn't been there before the compress went on. It stayed basically until I stood up and started moving around after the rest period.'

For those with body discomforts before the treatment there was an awareness of the compress easing and relaxing the body. This was accompanied by a desire to move the ginger compress nearer the painful area of the body. It was as though the compress was experienced as being able to relieve the sore parts of the body. Janet described 'I felt like the compress was reaching down to that area, down my lower back as well.... I kept thinking I wanted to move it up higher that is what I thought... I was trying to move myself down inches, I had the feeling I wanted it up more up here (indicates shoulder) I wanted it all over my back'. While Joanne commented 'I have got a lot of lower back pain, a bit of right side hip, actually I have a lot of joint ache anyway... the warmth seems to have spread out which eased the sort of tension and achy bits in my lower back... actually it went down the muscles right down to the like the bone of the hip'. Warming and relaxing of the muscles and joints relieved tensions and aches in

the body. David explained 'I had tiny sort of wee muscle spasms from the muscles letting go'. There was a 'letting go' within the body, a calming and easing of stress. The compress was experienced as deeply relaxing.

The compress treatment resulted in a release of body tension, stimulated thought life in relation to daily life and work issues. Accompanying this was an increased connectedness to the outside world developed both in the thoughts and sensory perception. There seemed to be an opportunity to reawaken one's thinking and response to the world. While the compress was on there was a settling in the thought life. Harriet described this as a need 'to come to rest, stillness'. This needed to happen so the patient could truly relax into the compress. After the treatment, thinking was still alert and active.

6.4. Patients experience a centredness within themselves and a greater sense of personal boundary in relation to the world

This 'Interpretative theme' relates to an awareness of the self both in relation to one's own individuality and the life world. In this study, patients experienced a consciousness of being centred, of being more connected to themselves and more aware of their physical body. There was an increased awareness of the self as both autonomous and socially independent. Relationships within the patient's life world seemed to become more harmonious.

The deepened sense of self was experienced as togetherness, an oneness within one's inner being. This was experienced as a good and comfortable space to be in. Janet explained 'A sense of containment, a grounding, very good. It was definitely not an out there experience, like I could not get out'. It was like a meeting with the self, with one's inner core, one's true centre of being. Outside distractions were contained by the patient's inner focus. Jane remarked 'I felt really incarnated and part of my body and present... centred is the word that keeps coming up because I felt contained in my soul responses to things and not drawn out'. There was an increased sense of awareness within the physical body, an awakening within, along with a sense of being totally present. This was experienced as something different from normal. There was a consciousness of the whole body; head, torso, limbs everywhere seemed to awaken. Jane captured this 'a shift in how I am in my body... a feeling of being awake and aware through my whole body. I felt just as present in my lower limbs as in my belly, shoulders, arms, everywhere I felt aware of my whole body.' Harriet simply expressed this consciousness as 'it just was a shifting of how I am in my body'. To truly feel the physical body was a shift in the normal daily awareness. There

was a sense of being at one with the self in a place of calm and equanimity. It was experienced as a place of inner peace. Joanna stated 'If I would have to put it in a nutshell, calm would be the word I put there, yes it is a certain stillness, calmness'. This sense of equanimity lasted a long time and patients said how they would have liked to receive more ginger compress treatments to prolong or repeat the experience. Janet explained 'that ginger compress was almost like I need more of that to keep myself contained like this. This is very good, this is the full stop at the end of the sentence sort of thing'. The experience lasted days for at least two patients. They would have liked it to continue. Jane captured this wish 'that sense lasted three or four days, that sense of equanimity, the sense of well being and equanimity... Well it was a sense I would like to have all the time actually and I would like to repeat'. Patients felt in touch with themselves and a sense of inner composure in relation to the world and others. Patients experienced an increased objectivity towards others. It was not an attitude of being separate rather an empathetic rapport, the ability to recognise one's individuality and to be still interested and responsive to others. In Jane's description, 'my soul was not flowing outwards in a sympathetic or antipathetic reaction. But aware of the world around me and aware of everything that was happening around me. Participating but not in any way judging or losing myself in other experiences or the experiences of others'. There was an awareness of the world and the entire 'goings on' and still the ability to maintain one's sense of self-identity. It was a good space to be in when interacting with others, stress free. Janet explained 'I managed work really well. I managed to juggle six new mothers and their babies and that was all fine all manageable. I didn't get stressed.' According to Joanne, 'this last week has been pretty good if it comes to that. I was so overwhelmed it wasn't funny. That has improved significantly... social balance, interacting, socially balanced without getting stressed'. Patients experienced the opportunity to revisit their inner self, their inner core being. Finding this space of still and calm was like an inner meditation. When the treatment was completed, for hours and in some cases days, the patient was conscious of an improved ability to relate to others socially.

6.5. Synthesis of Extended Description

The ginger compress experience was comfortable on all levels for the patients in the study. Most notable were the descriptions of the warmth that increased in intensity and radiated internally throughout the body as far as the extremities. It was felt in the muscles and joints of the legs. The heat was so intense patients thought their skin must be reddened or even burnt and this did not happen. This

warmth was perceived as coming from the ginger and it continued long after the compress was removed, for some hours and even days. Ginger was spoken of as a medicinal substance causing a chemical heat reaction. Patients with a strong awareness of cold within their bodies experienced this stimulation of warmth as surprisingly pleasant. For all patients there was a change in their relationship to their body's warmth and a sense of a renewed animation within their body. For some, initially, the compress aroused a 'lopsided response' on the back, consciousness being first on the left then both sides. At first it felt cool, somewhat uncomfortable and then gradually the heat penetrated. Patients experienced a stimulation of activity within their metabolism, circulation and sensory perception. Digestive processes were agitated and there was an increase in energy, vitality and blood flow throughout the body. The circulation was warmed and activated. There was a sense of increased volume of blood. Barry said 'you could almost see your pulse at the end of your fingers and toes'. Blood was experienced as warmth and energy rather than the usual scientific concept as a 'carrier of substance'. The body seemed to warm, relax and expand internally. It was as if there was an inner opening up and aches, pains and tensions eased. David described it as like a 'histamine effect' as the muscles and joints relaxed and let go. Whilst the compress was on patient's thought life varied from dreamy to very active. Thoughts were related to what was happening in the patient's world, relevant and concerning 'day to day' life. Where the thought life was busy and agitated it was calmed. After the compress there was an active and alert thought life as well as an increased awareness of the outer world. There developed a renewal and an ordering in the thought life as well as in the patient's 'life world'. Patients experienced centredness within themselves and a greater sense of personal boundary in relation to the world. There was a sense of being totally present and fully incarnated, of being able to find a place of inner calm and peace in one's true centre of being. In re-connecting with the self, patients experienced an inner composure in relation to the world and others. There was a renewed ability to recognise one's individuality and to still be interested and responsive to the world and the people in the world. Patients were conscious of experiencing a sense of inner balance and harmony. Patients said how they would have liked to receive more ginger compress treatments to prolong and develop the experience.

6.6. Comparisons with Literature and Research in the field

The Filderlinik Study is the only research study on the external application of ginger and was conducted quantitatively not phenomenologically. It is the

primary comparison in this discussion. In the summary of the health questionnaire from the Filderlinik Study it was found that out of a total of 94 compress treatments to patients; 85 experienced increased body warmth, 88 sensed localised overheating and 62 had warmer feet (Appendix I p.124-125). The initial cool and somewhat uncomfortable prickly sensation of the ginger compress on the skin experienced by the co-researchers in this study was described in both Schurholz (1992/2002) and Fingado (2001). This phase could be expected to last between 5 - 10 minutes. Within 15 - 20 minutes, externally and internally, a surprising change was experienced. Fingado (2001) speaks of the fire of ginger being isolated in the root, rather than in the flower or seed. The rhizome carries an inward, long lasting and glowing ember of warmth. When ginger is taken into the body through the skin this warming activity glows and spreads widely.

The Filderlinik Study found that after a latent period of five to fifteen minutes

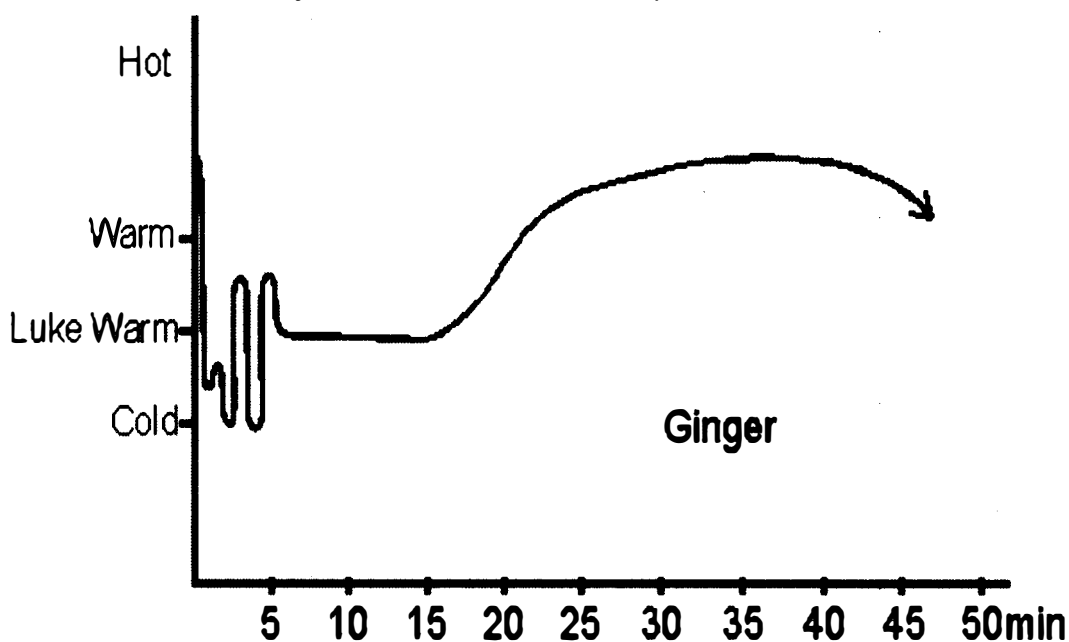


Diagram 1 – Warmth Response

there was a gradual development of warmth from the compress. This increased to a gentle burning sensation. The phenomenon of warmth originated just below or on the surface of the skin and spread deep into the body. Simultaneously the extremities warmed, generally the hands first. The patients described this warmth as penetrating and comfortable and said it lasted till the end of the compress and the rest period. For some patients the sensation of warmth only came during the rest period or it intensified at this time. The impression of continuing warmth from the skin surface and the extremities passed deep into the body and lasted generally another one to two hours, sometimes longer. The subjective dynamic of the intensity of the warmth response is expressed in the

accompanying graph – Diagram 1 – Warmth Response (Appendix I p.122). The summary of the Filderlinik patients' response to a ginger compress in relation to the experience of warmth seems consistent with those of the patients in this Research Study.

Increased stimulation of internal activity within the body is also found in the Filderlinik Study as well as macrobiotic literature on the ginger compress. "The heat activity of the (ginger) compress stimulates the blood and tissue circulation in the area being treated, which then facilitates the bearing of the dispersed toxins away to be excreted...mucus deposits are gradually dissolved and toxins flushed into the bloodstream" (Beere 2000 p 91-92). The Filderlinik Study reports one of the responses to the ginger compress, when applied to the kidneys, are an increased urinary output (Appendix I p.123). Whilst no patient spoke of this in the Research Study Joanne did experience a shift in her nocturnal urination – a big positive for her. Was there an increased urinary output after the treatment? Case studies in the Filderlinik Study record an increased urinary output (Appendix I p.131-136). David Jackson, when presenting a workshop on the abdominal ginger compress in 1996 at the 32nd Pacific Macrobiotic Conference, said

"The ginger compress works because of the etheric or chi activities of the heat and the ginger root... the compress focuses these etheric forces on the abdominal cavity in which the intestines lie, and they penetrate into the tissues by means of the root activity and break up the mucus stagnations encountered in the tissues by means of the strong dispersive activity. Furthermore, the etheric forces of the ginger stimulate the etheric formative forces of the intestines, thus stimulating their proper activity. The heat activity of the compress stimulates the blood and tissue circulation in the area being treated which then facilitates the bearing of the dispersed toxins away to be excreted." (Jackson 1996)

Kushi says "we can characterise the main purpose of the ginger compress as creating a strongly increased circulation of blood and body fluids... ginger will disperse stagnated yin substances such as mucus and fat accumulations... ginger will further increase circulation because it opens the blood vessels" (Kushi 1985 p.121-122). The external application of ginger in this study agitated the digestive processes for some patients. Harriet experienced abdominal noises and burping and Barry nauseous flu like symptoms, which lasted a few hours the following morning and passed as suddenly as they started. Literature in the field of the ginger compress offers some insight into these responses. As Jackson (1996) said, the ginger compress stimulates the formative forces of the part of the body where it is applied.

When a substance is applied externally on the skin the activity stimulates the nerve sense system as expressed in the perceptions of touch, warmth, smell and movement. These same responses occur to a lesser degree when a substance

is taken into the body orally or by injection. The effect of an external application is felt throughout the whole organism right into the consciousness (Appendix I p.105-106). Kushi says, "due to its yin nature, ginger easily penetrates into the body. We sometimes noticed a ginger smell in the breath of a person who had been treated with ginger compress on the kidneys" (Kushi 1985 p.122). The ginger compress results in warmth stimulation in the body, thus activating and healing chronic inflammations. Tensions, hardenings and stagnations can be loosened and healed. Increased blood flow warms and arouses a sense of an inner 'opening up' which energises the body and leaves the patient comfortable and relaxed while still able to actively engage in life with a renewed vigour. (Beere 2000; Fingado 2001; Schurholz et al. 1992/2002). Some of these same responses described by Kushi were notable in this experiential study. David, Joanne and Janet described the experience of relief from physical tension and discomfort. Janet described how she would like to move the compress nearer the painful areas of her body. The sense of calming and letting go of tensions in response to the ginger compress is described in the *Study of the External Application of Ginger* (Schurholz et al. 1992/2002) and *Macrobiotics and Home Remedies* (Kushi 1985). Patients with severe rheumatic arthritis received ginger compresses, around the swollen joints, which lead to the relief of pain, a diminishing of the swelling and above all the patients experienced increased mobility. Many types of acute and chronic pains can be relieved by ginger compresses such as rheumatism, arthritis, backaches, cramps, kidney stones, toothaches, stiff neck and similar problems... it can dissolve muscle tensions (Kushi 1985 p.122)

Changes in thought life and sensory perception are also discussed in the Filderlinik Study. The external application of ginger to the kidney region was found to be most significant as regards changes in the sense of consciousness. Initially there was a 'loosening of consciousness' phase when thinking was fleeting, light and imaginative and senses very acute. There could be an alternation of waking, dreaming and sleeping. Memories could arise with unusual intensity. This 'loosening between the body and soul' enabled a new orientation, a renewed ordered connection for the patients. This first phase progressed to a second phase when there was an 'incarnation process'. There was a renewal of the thought life and an impulse to be active (Schurholz et al. 1992/2002). In this Research Study patients found, after the treatment, they were alert and energised. Findago speaks of a ginger compress to the kidneys as being very effective where mental processes are agitated and need calming or patients need stimulating on waking. A compress in the morning left patients feeling really

awake and eager to be active (Fingado 2001). The Filderlinik Study states the ginger compress is preferably done in the morning, when done in the evening many patients have suffered from sleeplessness (Appendix I p.126). This was the experience for Harriet and Barry who both suffered a restless night after the treatment and yet were very relaxed and slept at the time. In the Filderlinik Study questionnaire, four patients experienced either increased pressure in the head or a headache. Findago speaks of caution when giving a ginger compress to hypertensive patients. It seems very important that blood pressure recordings are monitored during the treatment. Donald was aware of a rise in his body temperature and blood pressure and experienced a low-grade frontal lobe headache during the treatment. It passed as soon as he stood up after the rest period.

In the Filderlinik Study some patients are recorded as having a disassociation between imagination and reality. There seemed to be a false impression of comfort even when the position was changed. Some patients experienced positional asymmetry in their body. There were reports of 'feeling not in the middle' in relation to the axis of symmetry or a one sided development of warmth. Case studies show patients spoke of experiencing limbs like lead, webbed fingers and a sense of body expansion like yeast dough growing (Appendix I). Barry and Joanne expressed this sense of lopsidedness and Barry's hands felt very heavy. Harriet spoke of an inner pressure within her hands resulting in a tingling.

Patients in this Research Study experienced a change in awareness of the self, both in relation to one's own individuality and the life world. Jane remarked she felt really incarnated and centred while Joanne spoke of a sense of inner stillness and calm. Macrobiotic and Anthroposophical literature on the topic offers some insight into this change in consciousness. Kushi (1985 p.121) writes 'in terms of energy, we can describe the purpose as follows: to actively disperse stagnated energy and to re-establish a good energy exchange between the body and the environment.' According to Sauer, (Appendix I p.128), if we look at the effect of ginger as an external application, we can observe after the initial 'loosening of consciousness' phase an incarnation process through which the patient is led to an enlivening of the soul life and an impulse for action that is connected to a general feeling of well being. This change in consciousness process could be compared to a shortened dreaming or sleeping experience. The incarnating process seems to affect the astral body or soul of the higher human being rather than the ego. The loosening of the body/soul relationship seems to enable a new orientation, a renewed ordered connection. In the literature on kidney types of people, the organs of the kidney and adrenal glands are said to be intimately

connected to the emotional soul life (Holtzapfel 1990/1993 p.48; Steiner 1924/1948 p.154; Steiner 1928/1951 p.36-38). This helps in explaining the profound effect on the soul life from the ginger compress application to the kidney region. Is it this loosening of consciousness and incarnation process along with activation and re-energizing within the person that allows a healthier balance in one's relationship towards the world and others? Is this behind a calming and inner peace experienced within by the patients in this Research Study?

Comparisons between the Filderlinik Study, Anthroposophical and Macrobiotic literature enable interesting correspondences to be drawn such as the internal activation of warmth accompanied by an inner opening up and relaxing of muscles and joints. Whilst primarily quantitative, the Filderlinik Study, with its extended descriptions and discussions, offers the opportunity to be very relevant to comparisons with an experiential patient study.

6.7. Summary

This Research Study is the first to focus solely on the patient's experience of the external application of ginger. The interpretative themes, as identified, epitomise the experience of the ginger compress for the seven patients in this study. The themes are determined through a process of contemplation and intuitive grasp of the raw data. The Microsoft excel spreadsheet used to organise, search and compare the thematic index and the research key establishes a structure in the data that leads towards finding the referents. Out of this process is created the four interpretative themes, which describe the patient's experience of this Research Study. The patient experiences are akin to those discussed both in the Filderlinik Study and the macrobiotic and Anthroposophical literature on the use of the ginger compress. The Study's findings are limited by the study focus, the qualitative methodology selected and the sample structure.

This Study focused totally on the patient's experience. Previous research studies, aside from the Filderlinik Study, have concentrated on the internal chemical response when ginger is taken orally as a herbal medicine. Aspects of the internal therapeutic effect of ginger have not been considered in this Study. Brief mention of examples of the numerous quantitative studies on the internal therapeutic use of root ginger is given in Section 2.3 of the text. A thorough search has revealed no exclusively qualitative studies on the therapeutic use of ginger.

This Study analyses the experience for seven patients of the external application of ginger. Being a small sample 'generalisability' is not possible for a larger

population. The phenomenological methodology was selected as it allows all physical, emotional, mental and spiritual experiences to be described and analysed. As this is not a quantitative study the sample cannot support statistically based generalisations. Nonetheless the establishment of rigour, as discussed Section 5.4 in text, enables a degree of 'intersubjectivity' to be maintained. Adherence to the Husserlian phenomenological reduction process, maintaining the same interview questions for all co-researchers and having all transcripts verified by the co-researchers prior to the explication process enables interpretative themes to be derived of the human experience of receiving a ginger compress.

This Study analyses the experience for seven patients of the external application of ginger. As this is a small sample 'generalisability' is not possible for a larger population. Due to the small sample size of a phenomenological study there are necessarily limitations due to culture, gender, age and occupational differences. The findings from this Research Study are limited to seven patients between the ages 21-54 years. The participants were all Caucasian living in one region of New Zealand. 'Generalisability' is not possible to other groups of a different culture, age or gender profiles. The experiences of the ginger compress discussed are relevant to this participant profile and future studies will be needed to offer a more comprehensive picture. In addition, the current research did not limit the choice by precise client symptoms. There is the opportunity for further experiential study to research a series of ginger compresses prescribed for a specific condition. How effective is the ginger compress for conditions such as arthritis and chest complaints? A study, with Nurses using a prescribed method and procedure, over an extended period on such patients is recommended. Future research on the ginger compress, both quantitative and qualitative, would assist in addressing the limitations of this study.

Chapter 7. CONCLUSION

This Research Study offers a phenomenological study on the experience of a receiving a ginger compress treatment for seven patients in the Hawkes Bay community of New Zealand. The purpose of this Study was to elucidate the experience of a ginger compress for the patient. To achieve this Anthroposophical Nurses gave the treatment and a phenomenological methodology was selected to describe and analyse the experience. Comparisons were made with research and literature on the use of the ginger compress.

The ginger compress experience is relaxing and comfortable for the patients in this study. Patient descriptions of the heat from the ginger reveal an intense response that leads to a sense of an inner warming, relaxing and expanding. Aches and tensions ease and the inner warmth lives on for hours or even days. Blood is experienced as warmth and energy rather than the usual scientific concept as a carrier of substance. There is a renewed stimulation of activity within the metabolism, circulation and sensory perception. Digestive processes are agitated and there is a general sense of invigoration within the body. While the thought life was enlivened during the compress afterwards there was a sense of calm and inner centredness. Patients are aware of experiencing a sense of inner balance and presence. While responses are individual the experience for the patients revealed clear themes.

This study offers a phenomenological study on the ginger compress for the nursing profession. Anthroposophical Nurses gave the ginger compress to the patients in the Study as they are Registered Nurses who have undergone a defined course of study and practise leading to conformity and competence in their technique of applying a ginger compress (Anthroposophical Nurses Association New Zealand 1995 / 2002). This ensured a high level of consistency in the treatment and fewer intervening variables. The Anthroposophical Nurse understands each person as bearing a body, soul and spirit. Such awareness leads towards a reverence and deep respect when caring for a patient. The Research Study was focused in the Hawkes Bay of New Zealand where there is a relatively large and active Anthroposophical community. Being an Anthroposophical Nurse and part of the New Zealand Anthroposophical community myself it became important as researcher that I maintain a journal both before and during the Research Study prior to bracketing (see Appendix II).

The concept of bracketing was crucial in this Study due to the many personal biases that could influence my understanding of the experience of the ginger compress for the patient. This Study is phenomenological and based on a Husserlian approach. This methodology was selected as it allows everything to be experienced, described and

analysed; physical, emotional, mental and spiritual experiences. The phenomenological approach is concerned with the whole experience for the patient that is all material and nonmaterial phenomena. This makes it an ideal method to research holistic nursing practice as with the ginger compress. Phenomenology looks at the human experience, at the way we relate to our environment; to ourselves, the world and those living with us. This lived human experience is seen as the basis of reality, the true experience, which forms the data of this phenomenological research study (the phenomenological reduction process and bracketing used to explicate the data has its basis in the Husserlian phenomenological methodology as described in Chapter 4).

Because this Study is specifically interested in the human experience for the patient of the phenomenon of one external application of ginger, recordings and health status monitored by the Nurses do not enter into the data. As this is not a quantitative study the sample cannot support statistically based generalisations. Normally a patient requiring a ginger compress would have at least one to two a week for a number of weeks (Beere 2000). In this study, the normal progressive treatment process has not been followed through. Possibilities for future research on this topic are vast. A progressive research study following a complete course of treatments, either qualitative or quantitative, would be significant. Data from the health assessment, patient constitutional picture and the monitored recordings would be relevant. Donald made this point when he said "it would be interesting, if there were no other intervention, what the longer term or ongoing response to a series of compresses would do to those facts and figures... I do think that probably height and build needs to be recorded, it would help to define too what the effect of ginger would be on various temperaments'. It is worthwhile to note there were no side effects in this study and in fact, there are no recorded side effects to the external application of ginger. In the study Joanne said 'Comfortable right through on all levels, totally safe, non-threatening, no major rashes turning up afterwards no unpleasant side effects absolutely not'.

This Research Study is both the first to research the patient experience of the ginger compress and the first research of the ginger compress in an English speaking community. The Filderklinik Study, the only other research on the ginger compress, was primarily a quantitative study completed in a public hospital in Germany. This Research Study was a qualitative study completed in the Hawkes Bay community of New Zealand. Patient responses are discussed in the Filderklinik Study, Anthroposophical and Macrobiotic health literature. Patients are reported as responding to warmth with a lasting reaction of relaxation, relief of symptoms, increase in mobility and relaxation in breathing. In the Filderklinik Study the ginger compress was found to be especially helpful in cases of kidney stones, bronchitis, asthma, pneumonia, arthritis and when the mood is depressed. Dr Matthias Sauer said in his

summary of the Filderklinik Study (Appendix I, p.128-130) that in order for a successful response to a compress, one must take the constitutional aspect of the patient into account, including the temperament, consciousness, sleeping / waking rhythm and warmth condition. In this Research Study, this constitutional type can be recognised in the patients. While not all characteristics can be observed in every patient there is clearly a similarity (Beere 2000; Fingado 2001; Kushi 1985; Schurholz et al. 1992/2002).

As there is only one research study experiences, observations and discussions from literature in the field have been included in this discussion. A chapter in one of the Anthroposophical Nurse's German texts was translated and books on macrobiotic medicine were used. Of interest is the book *The End of Medicine* by Beere (2000), an Anthroposophical macrobiotic health practitioner based in New York. This is an area that is well documented in English and very active in the USA, particularly at the East West Foundation in New York. The book *The End of Medicine* inspired by the use of the ginger compress and written by Beere (2000) is evidence of this development.

It has been challenging researching the external application of ginger as used in Anthroposophical Nursing because there is so little information in English. In 1997, I went to Europe and visited the Filderklinik in Germany, the Ita Wegman Klinik and Lucas Klinik in Switzerland and Park Attwood in the United Kingdom. This gave a valuable opportunity to experience Anthroposophical Nursing practically and observe the use of the ginger compress, as well as meeting colleagues at the Anthroposophical Nurses Conference in Dornach, Switzerland. Much time and energy has been expended in translating both the Filderklinik Study and the relevant chapters in the books *Therapeutische Wickel und Kompressen* (Fingado 2002) and *Anthroposophische pflegepraxis* (Heine & Bay 1995/2001). Nonetheless researching alongside such obstacles has been both rewarding and inspiring. Many more people have been involved than would have been otherwise and this study has been a catalyst for my future interest in the therapeutic use of the external application of ginger. This Research Study began out of a passion for Anthroposophical Nursing. It now includes a passionate interest in the therapeutic use of the external application of ginger.

REFERENCES

- Altman, R. D., & Marcussen, K. C. (2001). Effects of a ginger extract on knee pain in patients with osteoarthritis. *Arthritis & Rheumatism*, 44(11), 2461-2462.
- Andrews, H. A., & Roy, C. (1986). *Essentials of the roy adaption model*. Norwalk, USA: Appleton Century Crofts.
- Anthroposophical Nurses Association New Zealand. (1995 / 2002). *Anthroposophical nurses training handbook year 1*. Unpublished manuscript.
- Anthroposophical Nurses Association New Zealand. (1996 / 2003). *Anthroposophical nurses training handbook year 2*. Unpublished manuscript.
- Anthroposophical Nurses Association New Zealand. (1997 / 2004). *Anthroposophical nurses training handbook year 3*. Unpublished manuscript.
- Asquith, S. (1999). Use of aromatherapy in wound care. *Wound Care*, 8(6), 318.
- Baker, J. (1998 July). Essential oils a complementary therapy in wound management. *Wound Care*, 7(7), 355-357.
- Battaglia, S. (1995). *The complete guide to aromatherapy*. Virginia, Australia: The Perfect Potion.
- Beere, K. (2000). *The end of medicine*. Albany, California: Transtana Alchemysts.
- Benner, P. (1994). *Interpretive phenomenology*. U.K: Sage Publications Inc.
- Bentheim, T., Bos, S., de la Houssaye, E., & Visser, W. (1987). *Caring for the sick at home*. New York: Floris Books, Anthroposophical Press.
- Biley, F., & Freshwater, D. (1998). Spiritual care and the new environment: a new paradigm for nursing. *Complementary Therapies in Nursing and Midwifery*, 4, 98-99.
- Blumenthal, M. (1998). *The complete German commission E monographs: therapeutic guide to herbal medicines* (V. E. Tyler, Trans.). Texas, U.S.A.: American Botanical Council.
- Bott, V. (1970/1982). *Anthroposophical medicine*. London: Rudolf Steiner Press.
- Buckle, J. (1993). Aromatherapy. *Nursing Times*, 89(20), 32-35.
- Burns, E., & Greenish, K. (1993). Pooling information. *Nursing Times*, 89(8), 47-49.
- Burns, N., & Grove, S. K. (1993). *The practice of nursing research; conduct, critique and utilisation*. USA: W.B. Saunders Co.

- Carter, B. (2003). Methodological issues in complementary therapies: researching intangibles. *Complementary Therapies in Nursing and Midwifery*, 9, 133-139.
- Carter, K. (2003). Hydropolymer dressings in the management of wound exudate. *British Journal - Community Nursing*, 8(9), 10-16.
- Chockalingam, N., Ashford, R., & Dunning, D. (2001). The influence of four wound dressings on the kinetics of human walking. *Journal of Wound Care*, 10(9), 371-374.
- Christeller, E. M. (1985). *The practice of artistic therapy*. New York: Mercury Press.
- Colletta, V., Dioguardi, D., DiLonardo, A., Maggio, G., & Torasso, F. (2003). A trial to assess the efficacy and tolerability of hyalofill-f in non-healing venous leg ulcers. *Journal of Wound Care*, 12(9), 357-360.
- Coulter, C. R. (1986a). *Portraits of homoeopathic medicines - psychophysical analyses of selected constitutional types* (Vol. 1). Berkeley, USA: North Atlantic Books.
- Coulter, C. R. (1986b). *Portraits of homoeopathic medicines - psychophysical analyses of selected constitutional types* (Vol. 2). Berkeley, USA: North Atlantic Books.
- Coward, R. (1990). *The whole truth - the myth of alternative health*. United Kingdom: Faber and Faber.
- Crotty, M. (1996). *Phenomenology and nursing research*. Melbourne: Churchill Livingstone.
- Danley, M. (1995). Complementary therapies: the position of the UKCC. *Complementary Therapies in Nursing and Midwifery*, 1, 106-109.
- Dealey, C. (2003). *Care of wounds-a guide for nurses*.
- Devenish, S. (2001). *The mind of christ?: a phenomenological explication of personal transformation and cosmic revision in christian converts in western australia*. Unpublished PhD, Edith Cowan University, Bunbury, Western Australia.
- Donnellan, C. (1993). *Alternative medicine*. United Kingdom: Cambridge Independence.
- Edge, J. (2003). A pilot study addressing the effect of aromatherapy massage on mood, anxiety and relaxation in adult mental health. *Complementary Therapies in Nursing and Midwifery*, 9, 90-97.
- Edmonds, L. F. (approx 1970's). *The essentials of Rudolf Steiner education*. Armadale NSW Australia: Parkes the Printer.
- Engebretson, J. (1997). A multiparadigm approach to nursing. *Advances in Nursing Science*, 20(1), 21-33.

- Ernst, E., & Pittler, M. H. (2000). Efficacy of ginger for nausea and vomiting; a systematic review of randomised clinical trials. *The British Journal of Anaesthesia*, 83(3), 367-371.
- Ersser, S. J. (1995). Complementary therapies and nursing research: issues and practicalities. *Complementary Therapies in Nursing and Midwifery*, 1, 44-50.
- Eskinazi, D. (1998). Factors that shape alternative medicine. *Journal of the American Medical Association*, 280(18), 1621-1623.
- Evans, M., & Rodger, I. (1992). *Anthroposophical medicine*. London: Thorsons.
- Fawcett, J. (1993). *Analysis and evaluation of nursing theories*. Philadelphia, USA: F.A Davis Co.
- Fingado, M. (2001). *Therapeutische wickel und kompressen (therapeutic cloths and compresses)*. Goetheanum, Dornach, Switzerland: Natura Verlag.
- Fingado, M. (2002). *Rhythmische einreibungen (rhythmical oiling)*. Goetheanum, Dornach, Switzerland: Natura Verlag.
- Fischer-Rasmussen, W., Kjaer, S. K., Dahl, C., & Asping, U. (1991). Ginger treatment of hyperemesis gravidarum. *European Journal of Obstetrics & Gynecology*, 38(1), 19-24.
- Fisher, C., & Painter, G. (1996). *Materia medica of western herbs for southern hemisphere*. Auckland, N.Z.: C. Fisher/G.Painter.
- Fowler, E., Vesely, N., Johnson, V., Harwood, J., Tran, J., & Amberry, T. (2003). Wound care for persons with diabetes. *Home Healthcare Nurse*, 21(8), 531-540.
- Fowler, H. W., & Fowler, F. G. (1964). *The concise oxford dictionary of current english*. Oxford, Great Britain: Oxford University Press.
- Fraser, J., & Kerr, J. R. (1993). Psychophysiological effects of back massage on elderly institutionalised patients. *Journal of Advanced Nursing*, 18, 238-245.
- Freeman, J., & Friedlander, K. (1996). Anthroposophical nursing. *Anthroposophy at Work*(3), 10-11.
- Garland, D., & Jones, K. (1994 March). Waterbirth: first stage immersion or non-immersion? *British Journal of Midwifery*, 2, 113-120.
- Gesellschaft Anthroposophischer Ärzte in Deutschland. (1999). *Anthroposophische arzneimittel: aufbereitungsmonographien der commission C. (anthroposophical medicine: monographies prepared for commission C)*. Goetheanum, Dornach, Switzerland: Medical Section.
- Giorgi, A. (1970). *Psychology as a human science: a phenomenologically based approach*. New York: Harper and Row.

- Giorgi, A. (1971). A phenomenological approach to the problem of meaning and serial learning. In A. Giorgi & W. Fischer & R. von Eckartsberg (Eds.), *Duquesne Studies in Phenomenological Psychology* (Vol. 1, pp. 88-100). Pittsburgh: Duquesne University Press.
- Giorgi, A. (1985). Phenomenology and experimental psychology. *The Review of Existential Psychology & Psychiatry*, 5(3), 6-16.
- Giorgi, A. (1997). The theory, practice and evaluation of the phenomenological method as a qualitative research procedure. *Journal of Phenomenological Psychology*, 28(2), 235-260.
- Glaser, H. (1996/1997). *White and savoy cabbage for external use*. CH 4143 Dornach, Switzerland: Medical Section Goetheanum.
- Glaser, H. (2000). *Erfolgreiche wundbehandlung verlagerachhaus (successful treatment of wounds)*. Stuttgart, Germany: Verlag Urachaus.
- Glockler, M., & Goebel, W. (1984). *A guide to child health*. Edinburgh, Great Britain: Floris Books.
- Goldstone, L. A. (2000). Massage as an orthodox medical treatment past and future. *Complementary Therapies in Nursing and Midwifery*, 6, 169-175.
- Gray, R. (2000). The use of massage therapy in palliative care. *Complementary Therapies in Nursing and Midwifery*, 6, 77-82.
- Guenier, J. (1992). Essential obstetrics. *International Journal of Aromatherapy*, 4(1), 6-8.
- Hahnemann, D. S. (1820/1989). *Organon of the art of healing*. USA: Richard West.
- Harrigan, C. (1991). Complementary cancer care. *International Journal of Aromatherapy*, 3(4), 15-17.
- Hayes, J. A., & Cox, C. (2000). Immediate effects of a five minute foot massage on patients in critical care. *Complementary Therapies in Nursing and Midwifery*, 6(1).
- Heidegger, M. (1926/1962). *Being and time*. Bloomsbury Street, London: SCM Press Ltd.
- Heine, R., & Bay, F. (1995/2001). *Anthroposophische pflegepraxis (anthroposophical nursing)*. Stuttgart: Hippokrates Verlag.
- Henderson, V. (1966). *The nature of nursing*. New York, USA: National League of Nursing.
- Holtzapfel, W. (1990/1993). *The human organs*. Great Britain: Lanthorn Press.

- Hughes, A. (1907). *Nursing as a vocation* (Vol. 1). London: Waverley Book Company.
- Husemann, F. (1986). *Das bild des menschen als grundlage der heilkunst (a picture of the human being as a basis for the art of healing)*. Stuttgart, Germany: Verlag Freies Geistesleben.
- Husemann, F., & Wolff, O. (1982). *The anthroposophical approach to medicine volume I*. New York: The Anthroposophic Press.
- Husemann, F., & Wolff, O. (1982/1987). *The anthroposophical approach to medicine volume II*. New York: The Anthroposophic Press.
- Husserl, E. (1900/1970). *Logical investigations* (J. M. Findlay, Trans.). New York, USA: Humanities Press.
- Husserl, E. (1901/2001). *Logical investigations* (J. M. Findlay, Trans.). London: Routledge.
- Husserl, E. (1912/1980). *Ideas pertaining to a pure phenomenology and to a phenomenological philosophy (3rd book)* (T. E. K. W. E. Pohl, Trans.). The Hague, Netherlands: Nijhoff Publishing.
- Husserl, E. (1931). *Ideas: general introduction to pure phenomenology*. London: Allen and Unwin.
- Husserl, E. (1954/1970). *The crisis of european sciences and transcendental phenomenology; an introduction to phenomenological philosophy* (D. Carr, Trans.). Evanston, USA: Northwestern University Press.
- Husserl, E. (1971/1981). Inaugural lecture, freiburg, breisgau (R. W. Jordan, Trans.). In P. McCormick & F. A. Elliston (Eds.), *Husserl shorter works*. Indiana, USA: University Notre Dame Press.
- Hutton, D. J. (1996). Treatment of pressure sores. *Nursing Times*, 62(46), 1533-1534.
- Huxley, E. (1975). *Florence Nightingale*. London: Weidenfeld and Nicolson.
- Jackson, D. (1996, March 21-24, 1996). *Ginger compress*. Paper presented at the 32nd Pacific Macrobiotic Conference, Phoenix, Arizona.
- Johnson, G. (2000). Should nurses practise complementary therapies? *Complementary Therapies in Nursing and Midwifery*, 6(3), 120-123.
- Junge, W. (1980). *The oil dispersion bath*. New York: Mercury Press.
- Katz, J., Wowk, A., Culp, D., & Wakeling, H. (1999 June). Pain and tension are reduced among hospital nurses after on site massage treatments - a pilot study. *Journal of Perianesthesia Nursing*, 14(3), 128-133.
- Keast-Butler, J. (1980). Honey for necrotic malignant breast ulcers. *Lancet*, 11, 809.

- King, I. N. (1981). *A theory of nursing; systems, concepts, processes*. New York, USA: John Wiley & Sons.
- Kushi, M. (1978). *Natural healing through macrobiotics*. New York: Japan Publications.
- Kushi, M. (1985). *Macrobiotics and home remedies*. New York: Japan Publications.
- LeBoyer, F. (1974/1995). *Birth without violence*. Rochester, Vermont: Healing Arts Press.
- Leininger, M. (1985). *Qualitative research in nursing*. USA: Grune and Stratton Inc.
- Lichy, R., & Herberg, E. (1993). *The waterbirth handbook*. United Kingdom: Gateways Books.
- Lievegoed, B. (1979). *Phases - crisis and development in the individual*. London: Rudolf Steiner Press.
- Littauer, F. (1983/92). *Personality plus*. USA: Fleming & Revell (division of Baker Book House Co.).
- Lutz, K. F., Jones, J. D., & Kendall, J. (1997). Expanding the praxis debate: contributions to clinical inquiry. *Advances in Nursing Science*, 20(2), 23-31.
- MacDougall, K., & Rodgers, F. (2004). A case study using larval therapy in the community setting. *British Journal of Nursing*, 13(5), 255-260.
- Maddocks, W. (2000). *Soft tissue massage in nursing practice: an analysis*. Unpublished Unpublished Masters Thesis, Victoria University, Wellington.
- Maklebust, J. (1999). Treating pressure ulcers in the home. *Home Healthcare Nurse*, 17(5), 307-315.
- McCabe, P. (1995). *Study of nurses in independent practice using complementary therapies*. ACT 2600, Australia: Deakin University.
- McCabe, P. (2000). Naturopathy, nightingale and nature cure: a convergence of interests. *Complementary Therapies in Nursing and Midwifery*, 6, 4-8.
- McCabe, P., Ramsay, L., & Taylor, B. (1994). *Complementary therapies in relation to nursing practice in australia*. ACT 2600, Australia: RCNA, Deakin University.
- McCall, R. J. (1983). *Phenomenological psychology; an introduction*. USA: University of Wisconsin Press.
- Medical Section of the General Anthroposophical Society. (2000). Arlesheim, Switzerland: Goetheanum.
- Meleis, A. I. (1985/1991). *Theoretical nursing; development and progress*. Philadelphia: J.B. Lippinott Co.

- Merleau-Ponty, M. (1945/1962). *Phenomenology of perception*. London: Routledge & Kegan Paul.
- Merry, C. E. (1945). *Rudolf Steiner and anthroposophy*. London: Anthroposophical Publishing Co.
- Miller, B. F., & Keane, C. B. (1972). *Encyclopaedia and dictionary of medicine and nursing*. London: W.B. Saunders Co.
- Molan, P., & Brett, M. (1998). *Honey has potential as a dressing for wounds infected with MRSA*. Paper presented at the Second Australian Wound Management Assn, Brisbane, Australia.
- Molan, P. C. (1999). Role of honey in the management of wounds. *Journal of Wound Care*, 8(8), 423-426.
- Morison, M., Ovington, L., & Wilkie, K. (2004). *Chronic wound care*. London: Mosby.
- Morse, J. M. (1989). *Qualitative nursing research - a contemporary dialogue*. U.K.: Sage Publ. Inc.
- Munhall, P. L. (1994). *Revisioning phenomenology - nursing and health science research*. USA: National League Nursing.
- Munhall, P. L. (2001). *Nursing research - a qualitative perspective*. USA: Jones and Bartlett Publ.
- Murphy, C. (2001). *Practical home care medicine*. New York: Lantern Books.
- Nelson, D. (1996). The use of touch in alzheimers care. *Massage Therapy Journal*(1996, Summer).
- Newall, C., Anderson, L., & Phillipson, J. (1996). *Herbal medicines: a guide for health-care professionals*. London: The Pharmaceutical Press.
- Newman, M. A. (1997). Experiencing the whole. *Advances in Nursing Science*, 20(1), 35.
- Nicholson, G. (1997). Hermeneutical phenomenology. In L. e. a. Embree (Ed.), *Encyclopedia of Phenomenology* (pp. 304-308). USA: Kluwa Academic Publishers.
- Nightingale, F. (1859/1946). *Notes on nursing; what is & is not*. London: Churchill Livingstone.
- Nixon, M., Teschendorff, J., Finney, J., & Karnilowicz, W. (1997). Expanding the nursing repertoire - the effect of massage on post operative pain. *Australian Journal of Advanced Nursing*, 14(13), 21-26.

- Nurses Board of Victoria. (1999). *Guidelines for use of complementary therapies in nursing practice*. Victoria, Australia: Nurses Board of Victoria.
- Odent, M. (1976/1984). *Entering the world*. New York: Marion Boyars Inc.
- Orem, D. (1980). *Nursing; concepts of practice*. New York, USA: McGraw-Hill.
- Ostermann, T., Blaser, G., Bertram, M., Matthiessen, P., & Kraft, K. (2002). *Effects of rhythmical oiling therapy with solum uliginosum oil for chronic pain patients - a perspective observational study*. Unpublished manuscript, University Witten, Herdecke, Germany.
- Ovington, L. (2001). Wound care products: how to choose. *Home Healthcare Nurse*, 19(4), 224-231.
- Paley, J. (1997). Husserl, phenomenology and nursing. *Journal of Advanced Nursing*, 26(1), 193-197.
- Palmer, I. S. (1997). Florence Nightingale: reformer, reactionary, researcher. *Nursing Research*, 26(2), 84-89.
- Parse, R. R. (1987). *Nursing science; major paradigms, theories and critiques*. Philadelphia, USA: W.B. Saunders Co.
- Parse, R. R. (1999). *Hope-an international human becoming perspective*. London: Jone & Bartlett Publishers.
- Parse, R. R., Coyne, H. B., & Smith, M. J. (1985). *Nursing research; qualitative methods*. Maryland, USA: Brady Communications Co.
- Paterson, J. G., & Zderad, L. T. (1976/1988). *Humanistic nursing*. New York: National League of Nursing.
- Paterson, L. (1990). Baby massage in the neonatal unit. *Nursing Times*, 4(28).
- Pelikan, W. (1970/1997). *Healing plants*. New York: Mercury Press.
- Pelikan, W. (1997). *Healing plants*. New York: Mercury Press.
- Peplau, H. (1952). *Interpersonal relations in nursing*. New York, USA: Pitman.
- Preece, J. (2002). Introducing abdominal massage in palliative care for the relief of constipation. *Complementary Therapies in Nursing and Midwifery*, 8, 101-105.
- Price, S. (1992). The position of aromatherapy in european countries. *Aromatherapy World - Summer 1992*, 16-17.
- Price, S. (1993). *Aromatherapy workbook*. Hammersmith, London: Thorsons.

- Prokofieff, S. O. (1995). *Rudolf Steiner's research into karma and the mission of the anthroposophical society*. London: Temple Lodge.
- Rankin-Box, D. (1997). Therapies in practice: A survey assessing nurses use of complementary therapies. *Complementary Therapies in Nursing and Midwifery*, 3, 92-99.
- Ray, S. (1985). *Ideal birth: a spiritual approach to childbirth*. Berkeley, California: Celestial Arts.
- Reed, L., & Norfolk, L. (1993). Aromatherapy in midwifery. *Aromatherapy World*, 1993 Summer.
- Reeding, D. (1991). When massage is just the job. *The Independent - on Sunday Feb 10, 1991*, pp. 8.
- Richers, D., & Conens, M. (2000). *The hyperthermic bath*. Buchenbach, Germany: Friedrich Husemann Klinik.
- Ricoeur, P. (1981). *Hermeneutics and the human sciences*. U.K.: Cambridge University Press.
- Rimpau, M. W. (1996). Rosemary oil dispersion bath in the treatment of painful neuropathies - steps towards a record keeping system. *Journal of Anthroposophical Medicine*, 13(2), 28-36.
- Ritchie, J. (2001). *A model of integrated primary care: anthroposophical medicine*. London: National Centre for Social Research.
- Rogers, M. E. (1970). *An introduction to the theoretical basis of nursing*. Philadelphia, USA: F A Davis.
- Roknic, M. (1999). *The oil dispersion bath*. Buchenbach, Germany: Friedrich Husemann Klinik.
- Rosenfield, A. P. (1998). Massage for the elderly. *Massage Therapy Journal*, 1998 Spring, 50-52.
- Royal College of Nursing Australia (RCNA). (2000). *Complementary therapies in Australian nursing practice*. ACT 2600, Australia: RCNA, Deakin University.
- Ryan, K. (2003). Aromatherapy hazards warning, *BBC News - Health* (Feb 11 2003 ed.).
- Sansome, P., & Schmitt, L. (2000). Providing tender touch massage to elderly nursing home residents - a demonstration project. *Geriatric Nursing*, 21, 303-308.
- Sarter, B. (1988). *The stream of becoming, a study of martha rogers theory*. New York, USA: National League for Nursing.

- Scharff, P. M. D., & Leviton, R. (1994). *Essentials of a human centred medicine*. New York: Mercury Press.
- Schurholz, J., Vogeles, M., Heine, R., Muck, H., Sauer, M., Simon, L., & et al. (1992/2002). *Study of the external application of ginger*. Lower Hutt, New Zealand: Rato Health. NB: Authors "et al" are un-named Drs & Nurses of Filderklinik 1990-1992.
- Schweitzer, R. D. (1983). *A phenomenological explication of dream interpretation among rural and urban nguni people*. Unpublished PhD, Rhodes University, South Africa.
- Schweitzer, R. D. (1998). *Phenomenology and qualitative research: method in psychology* (Unpublished research paper). Perth: Edith Cowan University, Bunbury Campus.
- Selanders, L. C. (1993). *Florence nightingale: an environmental adaption theory*. California, USA: Sage Publications.
- Shames, K. (1993). *The nightingale conspiracy - nursing comes to power in the 21st century*. New York: Power Publications.
- Sherwood, P., & Silver, A. (1999). *Client experience in psychotherapy, what heals and what harms* (Unpublished report). Perth: Edith Cowan University, Bunbury Campus.
- Smith, M. C. (1990). Struggling through a difficult time for unemployed persons. *Nursing Science Quarterly*, 3, 18-28.
- Snyder, M., Egan, E., & Burns, K. (1995). Efficacy of hand massage in decreasing agitated behaviours associated with care activities in persons with dementia. *Geriatric Nursing*, 16(2), 37-39.
- Sokolowski, R. (2000). *Introduction to phenomenology*. U.K.: Cambridge University Press.
- Spiegelberg, H. (1975). *Doing phenomenology - essays on and in phenomenology*. The Hague, Netherlands: Martinus Nijhoff.
- Spiegelberg, H. (1982). *The phenomenological movement: a historical introduction*. The Hague, Netherlands: Martinus Nijhoff.
- Spurling, L. (1977). *Phenomenology and the social world; the philosophy of merleau-ponty and its relation to the social sciences*. London: Routledge & Kegan Paul.
- Srivastava, K. C., & Mustafa, T. (1992). Ginger (*zingiber officinale*) in rheumatism & musculoskeletal disorders. *Medical Hypotheses*, 39(4), 342-348.
- Steiner, R. (1904/1971). *Theosophy*. New York: The Anthroposophic Press.

- Steiner, R. (1904/1976). *Knowledge of the higher worlds*. London: Rudolf Steiner Press.
- Steiner, R. (1909/1979). *Occult science*. London: Rudolf Steiner Press.
- Steiner, R. (1910/1971). *The four temperaments*. New York: The Anthroposophic Press.
- Steiner, R. (1917/21). *Riddles of the soul or von seelenratseln*. Goetheanum, Dornach, Switzerland: Anthroposophic Press.
- Steiner, R. (1920/83). *Boundaries of natural science*. Spring Valley, New York: Anthroposophic Press.
- Steiner, R. (1920/85). *The origins of natural Science*. Spring Valley, New York: Anthroposophic Press.
- Steiner, R. (1924/1948). *Spiritual science and medicine*. London: Rudolf Steiner Press.
- Steiner, R. (1924/1977/1975/1983/1984/1989). *Karmic relationships*. London: Rudolf Steiner Press.
- Steiner, R. (1924/1991). *Eight medical lectures*. Park Attwood, Bewdley, Great Britain DY12IRE: The Anthroposophical Medical Association.
- Steiner, R. (1928/1951). *Anthroposophical approach to medicine*. London: Rudolf Steiner Press.
- Steiner, R. (1940/2000). *Renewal of education*. New York: The Anthroposophical Press.
- Steiner, R. (1947). *The manifestations of karma*. London: Rudolf Steiner Press.
- Steiner, R. (1947/1960). *Study of man*. London: Rudolf Steiner Press.
- Steiner, R. (1950). *Goethe the scientist*. New York, USA: Anthroposophical Press Inc.
- Steiner, R. (1965/1981). *Curative education*. London: Rudolf Steiner Press.
- Steiner, R., & Wegman, I. (1925/1967). *Fundamentals of therapy*. London: Rudolf Steiner Press.
- Stevenson, C. (1994). The psychophysiological effects of aromatherapy following cardiac surgery. *Complementary Therapy in Medicine*, 2, 27-35.
- Stewart, D., & Mickunas, A. (1974/1990). *Exploring phenomenology: a guide to the field and its literature*. Athen, USA: Ohio University Library.
- Stringer, J. (2000). Massage and aromatherapy on a leucaemia unit. *Complementary Therapies in Nursing and Midwifery*, 6, 72-76.

- Stuttard, P. (2002). Working in partnership to develop evidence - based practice within the massage profession. *Complementary Therapies in Nursing and Midwifery*, 8, 185-190.
- Taylor, A., Lane, C., Walsh, J., Whittaker, S., Ballard, K., & Young, S. P. (1999). A non-comparative multi-centre clinical evaluation of a new hydrolymer adhesive dressing. *Journal of Wound Care*, 8(10), 489-492.
- Taylor, B. (1996). *Complementary therapies and australian nursing*. ACT 2600, Australia: RCNA, Deakin University.
- Thomas, S. (2004). *Handbook of dressings*. Mid Glamorgan, Wales: Surgical Materials Testing Laboratory, Bridgend General Hospital.
- Thomas, S., Andrews, A., & Jones, M. (1998 Nov). Use of larval therapy in wound management. *Wound Care*, 7(10), 521-524.
- Thomas, S., Jones, M., Shutler, S., & Jones, S. (1996 Feb). Using larvae in modern wound management. *Wound Care*, 5(2), 60-69.
- Thompson, P. (2001). Diabetic ulcers - use of graftskin. *Advances in Skin & Wound Care: The Journal for Prevention & Healing*, 14(4), 179-181.
- Tiran, D., & Mack, S. (1995). *Complementary therapies for pregnancy and childbirth*. London: Bailliere Tindall.
- Treichler, R. (1989 / 96). *Soulways - development, crises and illnesses of the soul*. United Kingdom: Hawthorn Press.
- Trevelyan, J. (1996). A true complement? *Nursing Times*, 92(3), 42-43.
- Trevelyan, J., & Booth, B. (1994). *Complementary medicine for nurses, midwives and health visitors*. Hampshire: Macmillan Press Ltd.
- Trevelyan, J., & Freshwater, D. (2001). The integration of complementary therapies in conventional medicine focuses primarily upon symptomatic care of the body with scant attention given to any interrelationship of the spirit and mind upon health and well-being - for & against. *Complementary Therapies in Nursing and Midwifery*, 7, 154-157.
- Tutton, E. (1991). An exploration of touch and its use in nursing. In R. McMahon & A. Pearson (Eds.), *Nursing is therapy* (pp. 142-169). London: Chapman.
- Twentyman, R. (1989). *The science and art of healing*. Great Britain: Floris Books.
- Tyler, M. L. (1942/1952). *Homoeopathic drug pictures*. UK: C W Daniel Company Ltd.
- Tyler, V. E. (1987). *The new honest herbal*. Philadelphia, USA: G.F. Stickley Co.

- Valnet, J. (1980). *The practice of aromatherapy* (T. R., Trans.). Great Britain: C. W. Daniel.
- Van Manen, M. (1990). *Researching lived experience: human science for an action sensitive pedagogy*. London: The Althouse Press.
- Vickers, A. (1996). *Massage and aromatherapy - a guide for health professionals*. London: Chapman and Hall.
- Vutyavanich, T., Kraissarin, T., & Runangsri, R. (2001). Ginger for nausea and vomiting in pregnancy; randomised, double masked, placebo controlled trial. *Obstetrics & Gynecology*, 97(4), 577-582.
- Watson, J. (1988/1999). *Nursing: human science and care*. USA: National League for Nursing.
- Watt, M., & Sellars, W. (1996). *Frankincense and myrrh*. Essex, London: CW Daniel Company Ltd.
- Weleda. (2000). *Weleda natural medicines and bodycare australian guide*. Havelock North, N.Z.: Weleda N.Z. Ltd.
- Wilkes, E. (1992). *Complementary therapies in hospice and palliative care*. Abbey Lane, Sheffield, SN119NE, UK: Trent Palliative Care Centre.
- Wilkinson, J. M., & Simpson, M. D. (2002). Personal and professional use of complementary therapies by nurses in NSW, Australia. *Complementary Therapies in Nursing and Midwifery*, 8, 142-147.
- Wilkinson, S. (1995). Aromatherapy and massage in palliative care. *International Journal of Palliative Care*, 1(1), 15-20.

Appendix I

STUDY OF THE EXTERNAL APPLICATION OF GINGER

***Completed at the
Filderklinik
Filderstadt – Bonlanden
Germany
1990 -1992***

***Supervisor - Dr Jurgen Schurholz
Nursing Supervisor - Sister Margarete Vogele***

With

C. Dinkelacker, R. Heine, H. Muck, M. Sauer, L. Simon, et al.

This study has been translated as preparation for a Masters in Research based at Edith Cowan University – Western Australia.

It is a working document prepared for use in New Zealand by the Anthroposophical Nurses participating in a research study of the external application of ginger. This translation is as near to the intention of the original document as possible within the constraints of the resources available. If a significant oversight is found the editor would appreciate being informed.

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Zur Darstellung der Frühwirkungen
von Ingwer (*Zingiberis Officinalis*) als äußere Anwendung
by
Finderklinik, 7024 Filderstadt-Bonlanden, Germany
in 1993**

Translation edited by; Tessa Therkleson

Translators; E. Ketel assisted by G. Christeller, K. Friedlander, L. Kouwenberg, A. Terlau, R. Watson

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Appendix I - STUDY OF THE EXTERNAL APPLICATION OF GINGER

1. Foreword

Author: C. Dinkelacker

Quite often we were asked by those interested in our project the 'yes-but' question. This was accompanied by the realisation "isn't the personal involvement during your free time incredibly large?" One could compare it to an internal and external journey carefully planned and prepared for over a period of two years.

This study commenced in 1989 when Monika Layer, nursing tutor, addressed a question to Dr Ludger Simon concerning the differing effects of external ginger and mustard applications. The aim was to be able to explain the use of the applications clearly and correctly to nursing students. The preliminary comparison of ginger and mustard plants given by Dr. Simon presented two totally different plant archetypes. The previous use of ginger to obtain a mild mustard effect was left fundamentally open to question. The wish arose to observe the effect of external ginger and mustard applications.

In July 1989 a group of six people met almost weekly for a period of nine months to research methods to realise this wish. After addressing various social implications the first practical tests took place in Ward 3.4 of the Filderklinik between May 1990 and June 1992. This investigation of the ginger compress presented a project, which influenced the staffing timetables, daily routine and medical rounds as well as the co-operation between doctors and nurses.

Due to the nurses intensive preoccupation with the ginger compress, many of the simple, caring tasks, which had been passed to lay staff, regained in significance. Gradually the nurses work satisfaction, gained from the study of ginger, reflected back on these normal caring tasks. As work satisfaction and personal self-esteem increased, the nursing quality in all areas showed a real improvement. We venture to suggest that these two factors are essential to nursing in the future.

We would like to thank all those people who have worked on this project. Dr Ludger Simon and Sister Monika Layer as the initiators; Sisters Ursula von der Heide, Rita Rappartie, Christiane Radlingmayer and Raffaella Suhrkamp; Sister Susanne Zagrey who prepared the guidelines with Sisters Susanne Ditja, Heike Leinung and Beate Rieger; they acted as 'bridge builders' during the summer of 1991 until a strong group was established; Dr Angela Peltzer who stepped in quickly after Dr Ludger Simon had to return to Herdecke earlier than expected.

A special thank you to all those doctors who filled in the gaps until Dr Mathias Sauer joined us. Dr Mathias Sauer was present during the main phase of the study and was able to represent the medical aspects of the project. We also thank the many interested and enthusiastic students, trainees and staff in the hospital.

We acknowledge Sister Margarete Vogeles as the supervising nurse and Drs Juergen Schuerholz and Andreas Goyert as the leading doctors.

Finally we thank the nursing group; Rolf Heine, who was the only one involved in the study from the beginning to the end; Nurse Hermann Muck, Sisters Sabine Buhler, Ingrid Glaser and Elizabeth Adolphi.

Thank you to Sister Christine Dinkelacker for her 'warm hearted' work and for this foreword.

2. Purpose and Method

Author: R. Heine

Purpose

To differentiate between the use of ginger and mustard external applications.

Both are used to treat asthma, bronchitis, pneumonia and chest complaints. (Previously their use was an uncritical decision. Now it is intended to assess the difference.)

To experiment with the ginger compress as an external application and to find the best technique and most suitable conditions for its use.

Method

The physical properties of ginger and mustard were observed and researched.

A pilot study was done using the ginger compress on nurses and doctors, 300 applications were done between May-Dec.1990.

Previous experiences in the use of ginger compresses were assessed and extensive work was done to select the ideal technique.

Between Dec.1991-May 1992, 800 applications of ginger compresses were given to patients.

Forty-one patients, after receiving 414 applications, were asked about their experiences. Questions concerning warmth, pain, breathing, mobility, stimulation of metabolic processes, excreta and state of skin were asked.

The experiences of 18 patients receiving ginger compresses to the kidney region were recorded in the monograph.

3. Introduction to the Theme

Author: M. Sauer & R. Heine

The basis of therapy in natural scientific medicine involves a large number of substances that can be developed into medicines. Their effects can be described from a physical, chemical and biochemical perspective. Research has undergone tremendous advances and is being continuously developed. Despite the increasing specificity patients still experience side effects. These effects can be measured both quantitatively (e.g. electrolyte imbalance, blood pressure) and qualitatively (e.g. a general feeling of ill health such as pain, restlessness, fatigue).

The bridge between pharmacological effects, which can be quantitatively measured, and the corresponding changes in consciousness can be described as psycho-parallelism. This means that with physical changes to substances, consciousness phenomena run in parallel. If one only concentrates on the quantitative effects of substances such as analgesics, narcotics and sedatives, one can certainly explain the bio-chemical changes but this does not provide a real understanding of the effect of substances on consciousness.

Anthroposophical medicine is an extension of natural scientific medicine. It's therapeutic basis concentrates not so much on the active ingredients of the substance but rather views the substance as a whole taken from the realm of nature. In addition to mass, number and weight, Spiritual Science also sees that in every substance a process has come to rest. This process can be influenced in a dynamic way by pharmaceutical procedures (e.g. potentising) and it can also be active and unfold its effects in the unhealthy organism. These effects penetrate the whole human being encompassing the physical, etheric, astral and spiritual bodies and their functional workings in the realms of matter, fluid, air and warmth. These matters are explained comprehensively in Spiritual Science.

Substances can be introduced into the organism in three ways; orally, by injection and via the skin. Even from a quantitative aspect the effects of a remedy will differ depending on it's mode of application and certainly from the viewpoint of the dynamic processes described above there is a great difference. The oral route begins with taste, a process that works deeply within the human constitution. Connected with this is a complicated breaking down process, which continues to unfold in the unconscious realm of the metabolism. With the injection there is a sharp prick and pain for a very short time. The substance causes hardly any change in consciousness as it works into the circulation and the rhythmical system of the human being.

Substances applied on the skin and used in external applications e.g. rhythmical body oilings, massage, hydrotherapy and compresses unfold their activity on the greater sense organ, the skin. The particular affinity of the outer applications to the nerve sense system expresses itself in the perceptions of touch, warmth, smell and movement, which occur to a much lesser degree with other modes of applications.

Despite applying external applications to a specific area of the body, the effect is felt over the whole organism right into the consciousness. This effect may throw some light on an astounding indication from Rudolf Steiner. He said that especially with the use of external applications, a special significance can be seen for the future of Anthroposophical Medicine. External applications form a major part of the Anthroposophical medical approach. (Steiner R.1924/1948 Spiritual Science and Medicine, 187-192, 205-211)

A twofold task can be seen in the external application of substances. Firstly one must have a real knowledge of the character and qualities of the substance as well as the individual situation of the patient. Initial uncomfortable sense impressions stimulated by a substance must lead eventually to a feeling of well being and relaxation. Unpleasant

side effects may indicate a need to change the way the compress is applied, a review of the situation or more in-depth preparation and support of the patient by the nurse and doctor.

The creative activity of the nurse in preparing, performing and reviewing the application of the substance is an important part of the curative aspect of the remedy. (Quite different from the administering of injections and oral medications.) This is the basis of the special nursing responsibilities in regard to external applications. The effect of ginger's use as an external application will be presented as an example of further working in the under researched field of external applications.

4. Characteristics of the Two Plant Families

Author: L Simon

Table 1

Characteristics	Ginger <i>Ginger Family</i> Monocotyledon	Mustard <i>Cruciferae Family</i> Dicotyledon
Distribution	Originally sourced from Southern Asia, Indonesia and Malaysia.	Originally sourced Middle and East Europe.
Plant type in relation to use	Cultured plant that never grows wild. The only plant in the monocotyledon family used as a herb and ginger is a medicinal herb.	Grows wild and globally. No toxins and half the mustard family are considered weeds.
Growth Environment	Grows in hot, humid, shady conditions, prefers tropical rainforests.	Prefers lots light, sea and mountains and stony soil.
Growth Character	Complicated, exotic, demanding and sensitive. Long lasting root from which short stems appear above the earth.	Rough vitality, weedy, little woodiness in the stem. Namely annuals with fast growing types that can reach impressive heights. No trees in the family.
Flower Form	Flower stem is 20-30cm high, flower is orchid like, complicated. Closed form with only one axis of symmetry (zygomorph).	Flowers small, simple, flat and brilliantly yellow, sunlike and open to light (aktinomorph).
Flower Colours	Dark reds, blue violets, green yellow colours. Passive, unclean colours. Herbal ginger is yellow green with purple spots. Moonlight-not radiating light.	White, yellow, orange. Active colours, pure glossy colours Sunlight, radiating outwards
Fruit Node (between shoot and flower)		
Pollination	Requires specialised propagation mostly through animals, namely birds and bats.	Rich pollination, global, self-fertilisation.

Differences in Plant Forms	Complicated	Rhythmical balanced plant, different mustards evidenced in seeds where there are either pods with lots of seeds or nuts with one seed.
Seeds	Strong, nourishing endosperm round embryo.	Large embryo with no nutrient in endosperm.
Special Organs		Whole plant has strongly developed cellular stem form.
Plant Form	<p>Perennial</p> <p>Plant shows downward thrust to root (leaves, stem, flowers and seeds insignificant)</p> <p>Stamen look more like petals. Petals look like leaves at the top.</p> <p>Flowers compacted more like the ears of corn.</p> <p>Petal colours show no evidence of sulphuric qualities; these are all stored in the root.</p> <p>Root is rhizome, thick and nutritious. Plenty starch substance and silicates in root lead to condensing process.</p> <p>Fruit and seeds insignificant Leaves stand 4x as high as the flower stems.</p> <p>Sulphuric characteristics in root.</p> <p>Slow restful development</p> <p>Compression from above, contracted to earth</p> <p>Retains life energies in earth</p>	<p>Annual, several plant generations each year, seedlings appear after 3 days.</p> <p>Plant shows strongly pronounced upward thrust to light, quick growth and quick life rhythm.</p> <p>Roots are thin and wispy</p> <p>Seeds small, round, yellow with mustard oil. Leaves small, soft and carry medicinal substances of mustard.</p> <p>Sulphuric characteristics in seed, seed is mercurial, salinic and sulphuric.</p> <p>Accelerated development</p> <p>Expansive to air, light and warmth. Organic movement above earth.</p> <p>Transforms life energy.</p>

Table 2

Mustard	Ginger
<p>Lots protein (20%) phosphorous (0.7%) Fatty oils (30%) Volatile mustard oil (has no sulphur) Non volatile mustard oil-glucosides (contain sulphur)</p>	
Small amount of etheric oil	Plenty volatile etheric oil
Slime (20%)	
No starches	<p>Starch substances (phosphoric, energy rich, salt form) Gums (energy rich etheric oils)</p>
No crystals	Silicate crystals

5. Polarity and Healing Powers of Ginger & Mustard

Author: L. Simon

Table 3

Ginger	Mustard
<p>When applied to man</p> <p>Life of thoughts in nervous system Root Passive Excarinating, spiritualization of ego inwardly</p> <p>Orientated to past</p> <p>Neurasthenic</p>	<p>When applied to man</p> <p>Life of will in metabolic activity Seed Active Incarnating, externalisation of ego in the physical sense.</p> <p>Orientated to future</p> <p>Hysterical</p>
Applied Internally	Applied Externally
<p>In metabolism increases secretion of saliva, gall Stomach acids. Antiemetic, increases tone and peristalsis in Intestines. Taken as stomach sedative Used as expectorant, gargle, kidney problems</p>	<p>Used as skin stimulant especially for painful inflammations, assists organs breathing, rheumatism, and metabolic disturbances. External applications effective because mustard oils are fat-soluble and can penetrate the skin exerting effects on inner organs reflex zones. Mustard vapours have antibacterial effect. Internally improves appetite, stimulates stomach secretions, helps dyspepsia</p>

6. Criteria for the External Use of Mustard & Ginger

Author: L. Simon

Table 4

	Mustard	Ginger
Physical Being (in relation to the organs)	Lung conditions; especially outer, lower, very flexible areas close to the pleura.	Lung conditions; especially the more relaxed, central and upper part of the lungs. Heart and Circulation conditions; namely heart valves and veins. Eyes, kidney, skin and joints.
Etheric Being (or Life force in relation to the basis of the type of illness)	Active, overflowing processes predominantly sulphuric (shows inflammable metabolic principles) On the mercuric-salic pole there is increased secretion, inflammatory blockage, tachycardia and tachypnea, high fever. E.g. pleural pneumonia, lung embolism, kidney problems especially nephritis.	Compressed, inflammatory, sulphuric process. On the contracted, hardened salic pole there is diminished secretions, respirations, pulse. Breathing is slow and shallow. Chronic conditions with little fever. E.g. bronchitis, bronchial pneumonia, bronchial asthma, spasm of bronchial tree, rheumatic conditions, kidney stones and chronic nephritis, skin conditions such as psoriasis.
Astral Being (or Soul in relation to the symptoms)	Sharp pain	Cramping pain, fear
Spiritual Being (in relation to the constitution)	People with strong will to act, predominance of metabolic process, hysterical constitution and possess ability of devotion and transformation.	People with strong nerve sense processes, neurasthenic; emphasis is on imagination, thoughts, memories, past and the spiritual. Show reserve and restraint.

7. Pertaining to the Polarity of Mustard & Ginger & their Healing Powers

Author: L Simon

Both ginger and mustard belong to the highest developed flowering plants on the earth, which are divided into two large classes; the monocotyledons, to which ginger belongs, and the dicotyledons, to which mustard belongs. Both mustard and ginger are the largest and most typical of their respective plant families, the ginger family and the cruciferae family. Both plant families produce many edible species, like vegetables and spices, and develop sulphuric characteristic in their substances.

The most significant characteristics of both plant families are recorded in Table 1. The following summary is given:

Mustard, both white and black, is wide spread over Middle and Eastern Europe. Ginger, originally probably from South Asia, today is a cultured plant and not grown wild.

Mustard especially lives in its fruit and seed production while with ginger the fruit and seed have never been observed. It seems as though this aspect is retarded in ginger.

Mustard is a quick growing annual while ginger is a hardy perennial.

Mustard root is thin and wispy whereas the ginger rhizome is thick and nutritious.

The ginger flower stem is 20-30 cm and is dwarfed by the four times as high leaf stems. The ginger flower is orchid like, complicated, yellow green with purple spots while the mustard flower is small, simple, flat and brilliantly yellow.

Mustard seeds are used medicinally because they possess a rich fatty oil content and a surprising high content of phosphorous, 0.7%, plus calcium, iron and small amounts of sulphur and vitamins. The active principle in mustard is concentrated in the pepper like seeds hence the volatile hot mustard oil. Mustard seeds have the enzyme mirosynasen. As well as the minerals and 30% fatty oils, mustard contains a mercury like quality as seen in the presence of 20% slimy material. In mustard etheric oils play an insignificant role whereas in ginger they take up 2.5-3% of the substance of the rhizome and this is central to ginger's medicinal effect.

Ginger's volatile oil includes zingi-berene, camphene and acurcumene. Analysis of the pungent principle resulted in identification of cardiotoxic compounds called gingerols and shagaols. Ginger, in addition to these volatile oils, has non-volatile gums and typical to its family type plenty of starch substance and silicates in the root and walls of various cells. Mustard has neither.

In the mustard plant the substances in the seed generally lead to sulphuric and mecurial processes whereas in ginger the general tendency is to the sulphuric qualities being in the root pole of the plant. Here in the ginger root can be seen the salty, silicate processes in the thickening of sugar to starch content and the etheric oils to gums.

Medicinally herbal medicine speaks of mustard being used internally and externally whereas ginger is known to only be used internally.

Mustard oil is used internally as an appetite stimulate. It stimulates secretions of the stomach and bowel, strengthens digestive reabsorption and gives an antibacterial effect. Externally mustard is used as a rubifacient. It is used for painful inflammations of the skin, breathing organs, headaches and angina pectoris. This use seems to particularly rest on the effect of the mustard oils, which because of their lack of fats can enter into the skin and mucus membranes. If you use mustard externally on the inflamed irritated skin of reflex zones and inner organs; such as joints, muscles and pericardium, they are affected. Mustard relieves inflammation and pain such as muscle and joint rheumatism, neuritis, pleuritis and pericarditis. It has also in animal

experiments been shown to cause a general elevation in muscle tone and strengthening of absorption in the digestion through elevating the body's oxygenation process. Further it has been observed to cause improved tone in the circulation.

In summary one can say as far as mustard is concerned the sulphuric forces present themselves at the end of the plant process. The light and warmth which shone all summer from the sun is taken up and transformed through the sexual reproduction and concentrated in the seed production which in turn brings about the death of the plant. The single seeds fall in a 'mercurial gesture' from the dying mother plant and are distributed by the wind, man or animal in order to once again take root and form a new single plant.

Ginger, however, displays an inhibited process as far as the sexual propagation, production of fruit and seed and the spiritualisation of the plant substance is concerned. Reproduction takes place vegetatively, under the ground, through a 'building on process' of the rootstock. Ginger holds on to its sulphuric, life and reproductive forces in the rhizome underground without exhausting itself in the yearly cycle of a vegetative process that leads to a dying of the plant.

The annual mustard plant offers itself, sacrifices, totally to the meeting with the sun, in order to pass on these sun forces to the earth in the form of the seed. The continuous life of the species is ensured but not the individual plant. Through this an intensive rhythmic exchange between the earth and the sun comes into being.

8. Bibliography

- Dahlgren G. Systematische Botanik '*Systematic Botany*', Berlin 1987 (Stringer)
- Frohne D. und Jensen U. Systematik des Pflanzenreiches unter besonderer Berücksichtigung chemischer Merkmale und pflanzlicher Drogen '*Methodology or the Plant Kingdom with emphasis on Chemical and Medicinal aspects*', Stuttgart 1985 (G. Fischer)
- Gessner O. und Orzechowski G. Gift und Arzneipflanzen von Mitteleuropa '*Poison and Medicinal Plants of Middle Europe*', Heidelberg 1974 (Winter)
- Grohmann G. Die Pflanze. Ein Weg zum Verständnis ihres Wesens. Bd. 11 (Über Blütenpflanzen) '*The Plant – a way to understand its being- Flowering Plants*', Stuttgart 1981 (Freies Geistesleben)
- Madaus G. Lehrbuch der biologischen Heilmittel '*Textbook of Organic Healing Substances*' (1938) Bd. 1-111 Nachdruck Hildesheim 1979 (Olms)
- Pelikan W. Heilpflanzenkunde. Der Mensch und die Heilpflanzen '*Knowledge of Healing Plants – man and the healing plants*', Dornach 1975 (Bd 1), 1984 (Bd. 111) (Philos. Anthroposoph V.)
- Roth L, Daudeker M. und Kormann K. Giftpflanzen-Pflanzengifte, Vorkommen-Wirkung-Therapie '*Poison Plants – Plant Poisons – source, effect, therapy*', 1974 (Landsberg)
- Udupa K.N. und Tripathi S.N. Natürliche Heilkräfte. Früchte, Beeren, Gemüse, Gewürze '*Natural Healing Forces - fruits, berries, vegetables and spices*' Zurich 1980 (Ex Libris)
- Wichtl M. Teedrogen. Ein Handbuch für die Praxis auf wissenschaftlicher Grundlage '*Medicinal Teas – a handbook for practice on a scientific basis*', Stuttgart 1989 (Wiss. Verlagsgesellschaft)
- Jaretsky R. und Geith K. Die deutschen Heilpflanzen in Bild und Wort '*The German Medicinal Plants in Picture and Word*', 1. Teil Berlin 1944 (Dt. Schulbuchverlag)

9. Development of the Criteria for the Use of Ginger

Author: (R. Heine)

The basis for the ginger compress technique was the existing experience of the Filderklinik staff. Previously the technique used was not uniform so reliable results were questionable and the necessity for uniformity in the experimentation was required.

Now the quantities of ginger powder, the duration of the compresses and two reoccurring phenomena (cooling of the compress and lack of local or general body warmth reaction) could be assessed and recorded. Also would be controlled:

Means to inhibit the cooling of the compress.

Maintenance of local and general warmth reaction in the body.

Previously unknown responses.

To avoid a "double warmth reaction" no hot water bottle was used against the compress.

Table 5 presents the variations used in the experiments.

The staff involved in the pilot study performed a number of experiments on themselves using the following varying techniques, taking into account the above-mentioned factors. The basic method used is described in "*Wickel und Auflagen*", 'Compresses and External Applications' by Els Eichler, 1982 Bad Liebenzell.

Variations of Ginger Compress used in the Experiments

Table 5

Variables	Basic Method	Variant A	Variant B	Variant C
Soaking of the ginger powder	Nil	30 minutes	30 minutes	30 minutes in compress
Temperature of the water	Max.40 °C	About 70 °C	About 70 °C	About 70 °C
Quantity of the ginger powder	1 tsp	2 tbsp	2 tbsp	2 tbsp
Use of wringing cloth so there are no particles on the skin	Yes	Yes	No	Ginger powder sprinkled on wet compress
Duration of the compress	45-60 minutes	As long as comfortable	As long as comfortable	As long as comfortable
Use of oil on the skin after removal of compress	Lavender oil as helps irritated skin	Neutral oil (olive)	Neutral oil (olive)	Neutral oil (olive)
Rest period	At least 1 hr	At least 30 minutes	At least 30 minutes	At least 30 minutes

10. Results of the Experiments & Clinical Trials in the Preparatory Phase

Author: R. Heine

1. The result was neither speeded up nor slowed down by soaking the ginger powder for 30 minutes. A blind study was undertaken to clarify the effectiveness of soaking the ginger prior to applying the compress.

Fifteen participants were given both a soaked and unsoaked compress to each upper arm. Eight participants receiving the unsoaked compress showed a reaction two to fifteen minutes earlier than the soaked compress on the other arm. Seven participants showed a warmth reaction two to fifteen minutes earlier with the soaked ginger compress rather than the unsoaked ginger.

There seemed no difference in the results of the soaked or unsoaked application. The accelerated warmth response observed earlier in some patients was possibly caused by the coarseness of the ginger powder rather than the soaking.

2. Variant A showed the mildest reaction to the application of the ginger in relation to the local and general warmth response.

Variant B showed a medium to intense reaction.

Variant C showed a strong local skin reaction with burning and itching.

3. Excess air under the compress occasionally led to a cooling of the compress temperature. Therefore one should eliminate any air pockets in the application technique.

4. In some cases there was a cooling of the whole body immediately after applying the compress, despite the correct procedure being followed. Conversations with the patient revealed the feet had been cold before the application. When the compress was repeated following warming the feet (either with a hot water bottle or footbath) there was the expected warmth reaction.

5. When the soaking water was 40 deg Celsius the patient experienced the compress as too cold.

Raising the temperature of the soaking water to 70deg. led to the desired warmth response. There was no change in effect even when boiling water was used.

6. The first real warmth reaction was noticed after about 20 minutes, this passed after about 40 minutes. An overall body cooling happened after about 50 minutes. The ideal application time was found to be between 20 – 40 minutes.

The timeframe set for patients in variants A, B and C, as long as comfortable, appeared to be difficult to measure because:

- a. Many patients slept during the compress thus missing the moment when the cooling occurred.
 - b. Exceeding the time of 30 minutes, occasionally 40 minutes, caused over reactions such as feeling shattered, exhausted and apathetic.
7. Some of the participants noticed increased sensitivity to light and noise, this could lead to irritation. These phenomena happened most frequently when the warmth reaction did not occur. Distracting influences, never the less, need to be kept to a minimum.

8. The quantity of ginger powder used was clarified. 2tbsp for a kidney compress created the local skin reaction of redness, burning and itching. When 1tsp was used these local reactions diminished without influencing the desired result.
9. The use of neutral oil, such as olive or peanut oil, on the skin after removing the compress led to a noticeably longer warmth sensation.

The use of etheric oil is not recommended as the effect may interfere with the response to the ginger.

Summary

A carefully applied compress does not require a hot water bottle except to warm the feet.

It is not essential to soak the ginger powder but if soaking, the water must be at least 70 degrees Celsius.

Setting the length of time for the compress on the patient at between 20 – 40 minutes avoids cooling and over reactions. The rest period of 30 minutes after the compress is essential. Application of the compress using a wringing cloth stops the onset of itching but without it the warmth reaction will remain longer.

11. Method of Application of Ginger Compress

Author: C.Dinkelacker

For example to the kidney region

Material

Ginger powder

Four layered, smooth cotton cloth the size of the area to be covered

Thick cotton and wool cloth as binders

Thick cotton and wool cloth for the resting period

Neutral oil

Preparation

Patient needs to empty their bladder and be given a hot water bottle or footbath as necessary to warm the feet.

For variants A, B and C ginger is prepared by soaking in 30ml of water in a closed container.

Cover the soaked ginger powder with 300mls of hot water, at least 70degs C.

Variant A: Roll the compress cloth in a wringing cloth and soak in the prepared ginger water, wring out well and apply the compress cloth only.

Variant B: Soak the compress cloth in the prepared ginger water, wring out well and apply.

Variant C: sprinkle the ginger powder on the envelope and soak in water of 70degs Celsius.

Hold the compress in place with the cotton and wool binders.

Ensure the patient is well covered, especially the shoulders and neck.

Close the curtains, have semi-darkness and absolute quiet.

Leave the compress on for 20 – 40 minutes. Remove.

Rub some neutral oil on the skin where the compress cloth was and wrap a warm cotton and wool binder round the area.

Ensure a rest period of half an hour.

Finishing

Wake the patient carefully

Air the room

Clean the materials used

Observe the results and note the patient's experience

12. Reactions & Suggested Interventions of the Ginger Compress Application

Author: R. Heine

Table 6

Observations	Positive Reactions	Negative Reactions	Interventions
Skin	Some redness and itchiness especially at the edges of the compress. The skin under the compress shows slight erythema sometimes.	Strong persistent itching. Allergic reactions so far have not been observed.	Use wringing cloth Take compress off
Warmth	Slowly expanding from outside to inside of compress area. Body warmth at latest in rest period. No increase in body temperature.	No localised warmth Body or extremities feel cold Excessive warmth in hands, feet or head	Increase quantity of ginger, check technique Improve the technique Ensure feet are warm by using footbath or hot water bottle. Reduce the quantity of ginger or reduce the length of compress time
Breathing	Even and regular, often in breath more pronounced. Productive cough during and after compress.	Unproductive cough Spasm in breathing Irregular breathing during or after compress.	Check indications Cease the compresses
Excretion	Increased micturition (especially if on kidneys), perspiration and salivation.		
Mobility	Increase of mobility in joints	Stiffness in joints	Check patient is warm. Reassess indications

Pain	Relief of pain	Increase in pain (observed with cancer patients) Headaches	Remove compress Remove compress after 20-30 minutes. Check feet are warm.
Feelings	Introversion; dreams, memories, sadness, feelings security and warmth. After treatment; desire to be up and active, feeling of re- energising as after a long sleep.	Overcome by inner pictures. Feeling of extreme lethargy and exhaustion, often lasting whole day.	Discuss experience with patient. Decrease quantity ginger. Decrease time compress is on.
General	Relaxed and sleeping during compress and rest. Increased sensitivity to smell, taste, vision, warmth and sound.		Keep environment quiet and still e.g. no radio, cleaning, noise, light or visitors.

13. Characteristic Responses to the Ginger Compress

Author: R. Heine

Initial responses to the ginger compress application are those which are observable during the application and the thirty minute rest period which follows.

Enduring responses vary according to the patient's symptoms. These include, for example, a general feeling of warmth and or pain relief that lasts between half an hour to ten hours (on average about two hours) and increased micturition (observable immediately after the compress).

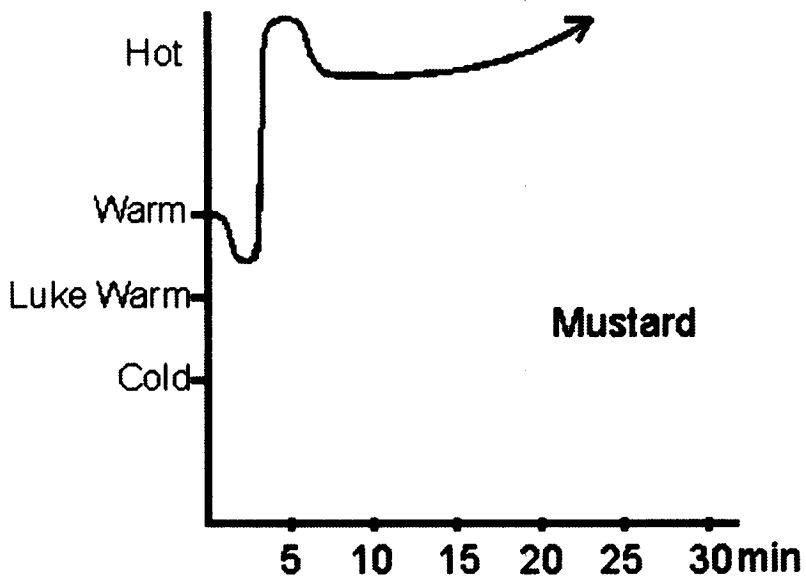
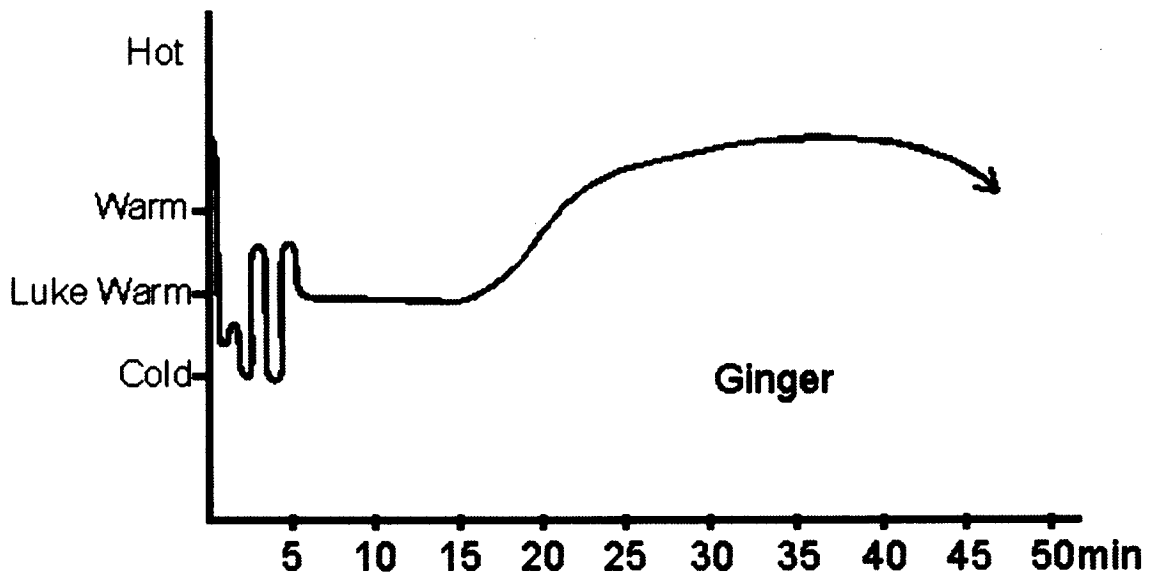
Forty one patients were interviewed after receiving a total of 414 ginger compress applications. Despite individual variations, certain phenomena were common to all participants.

Phenomena of Warmth

When the compress is first applied there is an immediate sensation of warmth, lasting a few seconds. This varies depending on the temperature of the compress. The compress temperature quickly adapts to the body's temperature.

After about three minutes there is a sensation of alternating cold and warmth. This phase is generally experienced as uncomfortable and lasts approximately five minutes. After a latent period of five to fifteen minutes there is a gradual development of warmth from the compress. This may increase to a gentle burning sensation. The phenomena of warmth originates just below or on the surface of the skin and spreads deep into the body. Simultaneously the extremities warm, generally the hands first. The warmth is described by the patients as penetrating and comfortable. The experience of warmth lasts till the end of the compress and the rest period. At times the sensation of warmth only comes during the rest period or it intensifies at this time.

The impression of continuing warmth from the skin surface and the extremities passes deep into the body and lasts generally another one to two hours, sometimes longer. An increase in the rectal body temperature after the compress has not been noted. The subjective dynamic of the intensity of the warmth response is expressed in the accompanying graph.



Skin Reaction

After the compress there is often a slight erythema, especially at the edges of the compress. This erythema had generally passed by the end of the rest period. Localised overheating seldom occurs. There were no allergic reactions observed. Many patients reported a slight itchiness at the commencement of the compress. This generally resolved but in few cases increased.

Breathing Phenomena

During the ginger compress most patients experienced a calming and a deepening of the breathing. On the whole there was an emphasis on the inspiration.

With mustard there was an increase in respiration and an emphasis on the expiration.

Patients with respiratory illnesses frequently described stimulation of a productive cough. Rarely was there an unproductive cough.

Excretory Phenomena

In some cases there was a definite increase in urinary output directly after the compress. Patients with febrile illnesses such as flu and pneumonia, experienced increased perspiration which had a strong odour.

Consciousness Phenomena

Sensory perceptions are stimulated on application of the ginger compress. Senses of smell, warmth and dampness are the main impressions. Even during the latent phase (5-15 minutes after application of the compress) light and smell perceptions increase, occasionally to the point of being uncomfortable.

Patients perceived increased thought activity. Thinking appeared fleeting, light and imaginative. This initial phase transforms into a second phase where the thought pictures get stronger, logical thoughts dissipate and a mere dream-like state predominates. Memories can arise with unusual intensity. This increase in sensitivity can lead at times to an overwhelming emotional reaction such as sadness or happiness. The second phase can lead into a short sleep, lasting a few minutes, or a transition between sleeping and waking (dozing or daydreaming).

On waking there is often the impulse to be up and active.

This alternation from waking, dreaming and sleeping can occur more than once. Occasionally patients described a disassociation between imaginative and will life such that, for example, they have a false impression of being uncomfortable even when they change positions.

A similar notable phenomena occurs when patients experience positional asymmetry in their body. There were occasional reports of 'feeling not in the middle' in relation to the axis of symmetry, or a one sided development of warmth.

14. Evaluation of the Health Questionnaire

Author: R. Heine

From December 1991 a health questionnaire was included along with the patient interviews. This health questionnaire confirms the statistics which came out of the patient interviews. Of the ten-recorded courses of treatment seven can be seen as positive, two as negative and one as indifferent.

The contents of Tables 7 and 8 came from the staff and ten patients who received a total of 94 compresses. Patients and nurses completed a questionnaire which is summarised in these tables.

The summary of the answers contained in the questionnaires are given in Tables 7 and 8. Questions in relation to the effects on breathing, pain and mobility were not included in the questionnaire.

Table 7 and 8

Summary of Phenomena			
Variables	Questions	Responses	Numbers
Heat	1. Local erythema	Little	67
		Extensive	23
		None	4
	2. Local overheating	Little	63
		Extensive	25
		None	6
	3. Itchiness	No	81
		Little	9
		Strong	1
None		3	
Warmth	1. Feet warmer after the compress	Yes	62
		No	27
		Little	5
	2. Body warmth	Yes	85
		No	9
	3. Cooling of the extremities or the whole body.	Yes	2
		No	91
		Little	1
	4. Warmth in hands, feet or head	Yes	4
		No	87
		Little	3
	5. Localised warmth	Cold	1
		Lukewarm	2
		Warm	51
		Hot	39

Mood		Unchanged	23
		More sensitive	41
		Contemplative	5
		Positive	7
		No information	2
		Restless	8
Pressure in Head or Headache		Yes	4
		No	87
		Little	3
Excretion	1. Urgency micturition	Yes	16
		No	77
		Little	1
	2. Perspiration	Yes	0
		No	93
		Little	1
	3. Bowel excretion	Yes	0
		No	93
		Little	1
Consciousness	1. Sleep during or after compress.	Yes	31
		No	50
		Dozing	10
		Little	3
	2. Lively inner pictures	Yes	41
		No	49
		Little	4
	3. Overwhelming inner pictures	Yes	2
		No	90
		Little	2
	4. Sense impressions	Yes	40
		No	53
		Little	1
	5. Disturbed Sense Impressions	Yes	27
		No	65
		Little	2
	6. Enthusiasm to get up	Yes	51
		No	41
		Little	2
	7. Drowsiness, inner exhaustion	Yes	19
		No	74
		Little	1
	8. Anxiety, bound up in oneself	Yes	10
		No	83
Little		1	

15. Phases of Response to the Ginger Compress Procedure

Author: R. Heine

Four phases of response to the ginger compress can be identified.

Phase I

Increased sense activity, irritation and vacillating cold and warmth.

Phase II

Decreased sense activity, clear colourful thoughts, impressionable picture experiences, dreams and memories, enlivened feeling life.

Warmth spreads from the extremities to the internal body. This often happens in small bursts along with the rhythm of the breathing.

Phase III

Sleep. Sense of comfort and warmth through the whole body.

Phase IV

Waking up. Impulse to get up. A sense of readiness for action. A hunger for air. Sense of warmth stays all day.

Throughout the four phases of the ginger compress procedure a clarity seems to enter the human organisation. In the initial phases an excarnation process occurs. It's not until sleep occurs that a healthy reactive incarnation process can follow. In Phase I the one sidedness of the nerve sense reaction gives way to the ego activity penetrating the metabolism. In Phase II there is a transition state between sleeping and waking as well as waking and sleeping. There is a disassociation of imagination and will as evidenced in the picture impressions and semi-sleeping state. The patient makes a new connection to their body, if this connection is incomplete then there may be a paradoxical reaction. The spread of warmth from the outer to the inner body prepares for Phase IV when a conscious response occurs.

For the ginger compress to stimulate the best excarnation and incarnation process appropriate environmental factors are maintained. These are namely dark, quiet surroundings and a nurse who can be trusted such that the patient can let go of all sense impressions.

Stimulation of the incarnation phase is done gradually and gently, the aim being to awaken ego consciousness in a harmonious manner through warmth. The aim of the compress is to achieve Phase IV.

The ginger compress is preferably done in the morning, when done in the evening many patients have suffered from sleeplessness.

16. Documentation of the Therapy

Author: R. Heine & S. Buhler

On the basis of the pilot study data collected, the criteria for the ginger compress procedure was decided.

From Dec. 1990 to May 1992 the experiences of 41 patients receiving 414 ginger compresses were documented.

A questionnaire was done giving both positive and negative responses.

Positive Responses

- Harmonious warmth reaction
- Achievement of lasting relaxation
- Relief of symptoms (e.g. pain)
- Increase of mobility of extremities
- Relaxation in breathing

Negative Responses

- No warmth reaction
- No physical relaxation (presence of fear and tension)
- Increase in symptoms of pain and difficulty in breathing

Table 9 gives the positive, negative and neutral responses of the 41 patients treated with the ginger compress.

Table 9

Diagnosis	Number of Patients	Positive Response	Neutral Response	Negative Response
Bronchial Asthma	3	3	-	-
Chronic Bronchitis	2	2	-	-
Acute Pneumonia	4	4	-	-
Ulcerative Colitis	6	3	2	1
Inflammatory Arthritis	4	3	-	1
Malignant Tumour	11	4	3	4
Tense and in Pain, Depressed mood	3	3		
Depression, Exhaustion	5	4	-	1
Endocarditis	1	1	-	-
Food Allergy	1	1	-	-
Essential Hypertonia	1	-	-	1
Total	41	28	5	8
Approx %	100%	68.3%	12.2%	19.5%

17. Consequences of the Ginger Compress Experience

Author: M. Sauer

The following is a discussion intending to give the indications for the most appropriate use of the compress.

In reflection, whilst the systematic experience could be recorded and comprehended, the ginger compress itself became a 'living being'. We were led to new, often surprising results, which widened and modified the laws surrounding the compress. Consequently, indications and responses were broadened. The strength of this 'living being' grew out of our interest in the experience as well as our will to heal. Rudolf Steiner described this as a strong and valid relationship to the etheric world, in this case a relationship to a remedy. This characteristic is relevant with every known indication for use of a substance, not only for external application but also as a remedy. The laws of a well-defined indication lead us only part of the way to the possible understanding of the being of a remedy. When speaking of 'being' we speak of an individual living entity which can be experienced and is clearly definable. The 'being' owns the quality of movement, which enables it to demonstrate the possibility of continual transformation within itself. It is therefore not enough to understand the known laws for the indications and responses to a remedy, one must also aim to heal out of a valid relationship, which needs to be daily renewed, between the illness and the remedy.

The kidney region was found to be the most important in the application of the ginger compress. It was here that the strongest responses in the phenomena of warmth and sense of consciousness was noted. The second most significant regions were the applications to the thorax and joints. These most significant regions for the application, kidney, thorax and joints helped to clarify the method of the treatment into three important categories.

1. Constitution
2. Picture or Imagination of the Illness
3. Phase of the Individual Illness

In this context if we look at the effect of ginger as an external application, we can observe after the initial 'loosening of consciousness' phase an incarnation process through which the patient is led to an enlivening of the soul life and an impulse for action that is connected to a general feeling of well being. This change in consciousness process could be compared to a shortened dreaming or sleeping experience. The incarnating process seems to affect the astral body or soul of the higher human being rather than the ego. The loosening of the body/soul relationship seems to enable a new orientation, a renewed ordered connection. This explains the profound effect on the soul life with the ginger compress application to the kidney region.

This process of a loosening of the body/soul connection was observed following the curative eurythmy given in the case study of the seventh patient in 'Experiences of Seventeen Patients receiving Compresses'.

Neurasthenic patients with a weakened incarnation of the astral and ego in the digestion and partly also in the rhythmical system consistently showed a profound reaction in the phenomena of warmth and the sense of consciousness. The warmth dissipated in concentric circles from the surface of the compress into the depths of the body, widening and spreading. This was often followed by an impulse to micturate. Faltering, cramped emotions began to flow again. Memories were enlivened and clear. In some cases, patients began to cry. Many intellectual neurasthenics exhausted in

their soul life and hardened in their being experienced relief and a renewal of their situation irrespective of their bodily illness where symptoms had been foremost. It became clear that on the one hand, the patient had to be able to be open to the application or the process and on the other hand, a certain energy, or reactivity, of the life forces needed to be present.

If the etheric or life forces had degenerated as a result of eating disorders (anorexia) or advanced tumours, the relationship between the soul and body could not be re-enlivened by using ginger as an external application. In these cases oil dispersion baths may be more appropriate.

No illness proceeds without causing disruptions to the warmth organism of the human being. This can disclose itself in both directions, either too warm or too cold. Chronic intestinal illnesses very often indicate a surprisingly cold abdomen, in which the cold seems to ray out from the depths. Problems in the kidney, lumber and hip regions also show a surprisingly cool nature. Kidney compresses lead to immediate relief for some patients and it was noted that medication administered post compress lead to a relief of pain for the first time. (Stibium arsenicosum, tabacum and the like). The effect seemed to be that the compress prepared the patient for the medicinal remedy. These observations need to undergo further research.

The reorganisation of the warmth organism using the ginger compress became an important goal of the therapy. Patients with severe rheumatic arthritis were treated with quark compresses on the swollen joints, this failed to induce lasting relief or to improve mobility, while ginger compresses around the swollen joints lead to the relief of the pain, a diminishing of the swelling and above all the patients experienced increased mobility. During the ginger compress treatment, the warming of the joints remained basically unchanged. However, in most cases, a complete warming of the whole organism was achieved. This occurred by the warmth radiating out from the joints to the whole body. Patients seemed to have overcome this "inflammatory foreign warmth" such that the ego organisation was able to live again in bodily movement.

Generally, the ginger compress application to the thorax and kidney region, when given to asthma patients, resulted in easier breathing and a loosening of secretions. It seems the ginger compress has a special task for this condition, which relates to Rudolf Steiner's indications for the care of bronchial asthmatics.

During the study, treatments at different stages or for different illnesses, were clarified. For example in the case of pneumonia, it seemed as if the patient needed all their energy to bring the process of the illness from an unproductive latent stage into a state of movement. Here we always had a preference to use mustard as a chest compress. Under certain circumstances, mustard was also given as a footbath. The working of the mustard compress mostly resulted in a local reaction that led to a peak in the illness process. Mustard warmed locally quickly and cooled off rapidly while ginger warmed steadily and this warmth lasted all day. Ginger found it's place in convalescence. With ginger, expectoration increased and at times, a musty or even penetrating smell filled the room, when the compress was taken off. Many aspects, which were found by Ludger Simon through plant observations, were confirmed by the actual empirical experience.

To summarise, in order for a successful response to a compress, one must take the constitutional aspect of the patient into account, including their temperament, consciousness, sleeping-waking rhythm, warmth condition etc. Seen from this point of view there is actually no illness, in principle, which could not be treated with the ginger compress. For illnesses, such as pneumonia and bronchial asthma, a successful outcome is taken for granted.

The described results, better said the experiences, show clearly why ginger began to take precedence over mustard in this study. Ginger showed itself, through it's properties, that it could not be regarded as a 'weakened mustard'. Rather it now has to be regarded as a remedy in its own right which engulfs the whole human being.

The connection to ginger was further enlivened as its healing effects increased our will to heal and this worked deeply into the social structure of participants. As a result of this experience we could see possibilities for ongoing co-work in this area. Anthroposophical Medicine's value with its inner and outer presuppositions became clearer. Its very necessity in hospital work was revealed. Anthroposophical Medicine is a consciousness medicine. The combined strength of the consciousness of doctors, nurses and therapists in the healing process is focused and concentrated on the destiny of the ailing human being. Corresponding to this phenomenon created by the awakening of this consciousness, it is possible for all people involved in the care of a patient to feel or experience an awakening of consciousness towards others. In this space, time and time again, we experienced special moments of creativity.

The combined consciousness of all staff with a will to heal was most effective. Not only is the patient well cared for, there begins a communal wrestling with the forces of the illness. This kind of developing art of healing may be called 'Intensive Medicine'. It includes the personalities of all people involved during the healing process. (Refer to the first lecture of 'Spiritual Science and Medicine' Steiner R. 1924/1948)

In this sense we hope to continue these investigations.

18. Experiences of Eighteen Patients Given Compresses

Author: M Sauer & M Muck

1. Female 49yrs: Repeated flu infections, Viral infection R) cornea

Daily ginger compresses

Day 1, compress on 40 minutes. Patient experienced increased warmth on R) side with pressure behind R) eyeball. Childhood memories welled up.

Day 2, during rest time lying in bed almost dead like. Couldn't sit up. Pulse and blood pressure normal. Had an urge to urinate, passed 1000mls. Began to cry and be overpowered by inner pictures. During the compresses, the soul life that had rigidified became more fluid and she could work on past experiences.

Following the compresses there was a stabilising of the physical and emotional life.

2. Female 55yrs: Chronic underweight 175cms and 40kgs, allergies, diarrhoea and abdominal

Discomfort, feed via gastric tube.

Intellectually gifted and precise lady. Dark haired, neurasthenic build. Weak life forces.

21 compresses, 5x week, then 3 week break and 10 more compresses, 3x week. First A2 for 30 minutes then B2 for 40 minutes, all compresses to the kidneys.

Day 1, compress felt pleasantly cool. Body felt warm. Needed warm feet prior to compress.

Day 2, compress felt warm and this warmth spread through body.

Day 3, felt 'ginger working in her'.

Day 4, warmth spread through body to upper arms and legs. For first time slept through the night.

Day 5, warmth was constant in body.

During following compresses continued to feel warm, slept heavily in rest time, heavy micturition on waking, slept well in night.

As patient was always tired on day of compress and had difficulty waking in rest time it was decided to change compresses to 3x week.

Patient noticed compress brought an increase in warmth over her entire body, helped her cope with the gastric tube 'made the food my own', left her feeling inwardly supported.

During four weeks of treatment, she put on 7kg.

She was discharged feeling warm, positive and eating independently.

3. Male 50yrs: Chronic Asthma/bronchitis

Choleric opera singer, athletic

9 compresses, daily, each was B2 for 30mins to the kidneys.

Day 1, pulling and tingling towards feet, relaxed, no sense warmth

Day 2, sense of warmth, no change in breathing, bad thoughts during compress.

Day 3, sense of warmth, positive feelings, breathing calmed.

By ninth compress patient felt normal and impatient to be up and away.

4. Woman 33yrs: Asthma/bronchitis since child.

Fair skinned and dark haired.

7 compresses, daily, each was B2 for 40mins to the kidneys.

There was an increase in coughing and sneezing in the chest.

Decided to change to mustard compresses because of these symptoms and 10 mustard compresses were given. Breathing became freer but patient developed a rash.

Return to daily ginger compresses, just below the kidneys because of the rash.

Patient described a sense of a wave of warmth spreading through the whole body, heaviness in legs, freer breathing and increased expectoration.

5. Woman 70yrs: Emphysema/bronchitis

7 compresses, daily of mustard.

Patient felt a burning from the compress and was cold all day.

Change to daily ginger compresses going round entire chest. B2 for 40 minutes.

Patient fell asleep during first compress. She said she felt cold yet her body felt warm. The cause for the coldness could have been that the compress was not wrung out adequately, it was not firm enough or perhaps visitor interruptions altered the effect.

One hour after the following compresses the patient felt warm, had less coughing and improved breathing.

6. Woman 55yrs: Nervous, depressed, insomnia, poor sense warmth, hearing sensitivity.

7 compresses daily, B1 30 minutes to the kidneys.

Day 1 compress in evening, patient reported heart palpitations, felt nervous like suffering sunburn though not unpleasant, slept 3x10mins with nightmares.

Day 2 compress in the morning, patient reported more acute hearing during compress, spreading of warmth into neck and throat and a sense of calmness.

Day 3-5 compress in the morning, patient felt feet warm first then whole body.

Day 6 patient was very tired in rest time, feet felt like lead. Peaceful. Slept at night 7 hrs.

Day 7 patient fell asleep during the treatment and felt warm all over. Slept 8 hrs at night.

7. Woman 48yrs: Extreme back pain in lower thoracic vertebrae, overweight

Fair, pale skinned, face and neck full and swollen with tendency to blush, cold feet.

Soul life- excitable, emotionally insecure and very sensitive.

10 ginger compresses, daily, B2 40mins to the kidneys.

Day 1, before the compress, patient was tense and worried. During the compress warmth spread from the kidney region to the whole body, On the skin area of the compress it felt like burning. Patient fell asleep during compress.

During rest time patient's hands and feet were warm and face was pale, seemed anxious and sighed a lot.

Day 2, insecure, anxious with cold feet before treatment. Feel asleep during treatment and sorry it finished after 40mins. Breathing seemed restricted on inspiration. Slept in rest time 1 ½ hrs and woke relaxed and thankful.

Day 3, fell asleep during treatment and didn't want it to end.

Throughout these treatments the back pain didn't change so there was a change to mustard.

16 mustard compresses daily

Day 1-6 compress on 5mins. Patient experienced a warm back during rest time, described the warmth of ginger spreading out while mustard didn't, it was focused on back. No experience of peace or rest and no help with the pain.

Day 7 said she missed the ginger and didn't feel comfortable.

Day 8 given mustard compress from neck to lumber, helped with the pain. Decided to continue with mustard.

Day 8-16 mustard compress down whole back for 10-12mins. Patient described warmth as static and it stayed in the body. Happier with this compress. Pain was relieved for up to 3hrs from day 13. It was noted hauschka massage relieved pain more effectively. Patient requested to return to ginger compresses.

9 ginger compresses, daily

Day 1-9 feet are warm all day. Back pain showed no noticeable improvement but the eurythmist noted the patient showed inner calm and was more relaxed and present in her body.

It was concluded the pain symptoms couldn't be changed; perhaps her reactive, depressed mood affected the result. Physically she felt better after the mustard compresses to the entire back and soul wise she preferred ginger.

Summary

This patient's ailments didn't seem to change in hospital. It became clear her reactive depressive mood made it difficult to gain positive results. More relief from the back pain was achieved by the use of the mustard compress while the patient preferred the ginger compress.

Curative eurythmy had a positive effect.

8. Man 47yrs: Severe lower thoracic back pain causing insomnia, slightly increased body temperature, low leukocyte count, taking anti-inflammatory drugs for pain.

Choleric with heavy bull neck, 100 kilograms, appeared contracted and tense with emotional blocks in communication, objected to back being touched at lower thoracic.

10 ginger compresses were given over the kidney area, B2 and C2, to diminish the back pain and improve sleep.

Back and feet warmed, skin warmed beneath the compress. No change in back pain or soul life and the patient couldn't sleep during the compress or the rest-time..

When 8 quark compresses were given over the painful area, daily, this resulted in a relief of the back pain.

9. Female 68yrs: Cancer pancreas

Experienced a sense of pressure in the upper abdomen, full stomach, no appetite, underweight, pale, sunken eyes, body periphery cool. Controlled, serious person.

3 weeks ginger compresses, B2 to the kidneys

8 compresses daily in morning, feet were warmed in a footbath first.

Day 1, very warm on back, did not spread to limbs.

Day 2, warmth to kidney region burning especially when lying on her back, relaxed and awake.

Day 3-5, sensation R) side cooler than left especially right foot. Fell asleep during treatment, no dreams, warmth spread to the feet, previously could only lie on her side now can lie on her back for up to twenty minutes.

Day 6 and 7, feet were warmed with a hot water bottle, now she can lie on her back in rest time. Patient says pain improves with morning compresses and she feels more relaxed and warm.

Day 8 and 9, compress given in afternoon, no change to pain. Patient preferred the morning.

Day 10-14, compress given daily in the morning.

Day 15 and 16, compress given morning and evening. Patient found morning she was relaxed and relieved of pain while the evening she was restless, itchy and experienced no relief of pain. It was decided to continue with morning compresses.

Day 17-21, patient was given morning ginger compresses with good effect.

It was concluded the pain from the tumour to the patient's front and back could be improved by morning compresses while pain in the evening couldn't be relieved.

Summary

At the beginning of the treatment a clear improvement was noticeable. Initially this was a localised warmth that became a whole body warmth. Pain from the tumour was significantly reduced. At times the patient had no complaints at all after the compress. If the compress was done in the evening it was not effective rather it had to be given in the mornings.

10. Woman 79yrs: Cancer secondaries in lower abdomen with ascites in the abdomen and heavy swollen legs.

Broken personality with a difficult life history. Fractured skull twelve years ago threatened her life. Cool body and controlling manner.

9 compresses, daily, B1 30mins to the kidneys

Day 1, patient experienced warmth spreading from outer to the inner body.

Day 2, patient's breathing calmed.

Day 3, patient could lie comfortably on her back and her appetite improved.

Day 4-9, patient continued to improve and noticed the ascites diminished.

11. Male 33yrs: Cancer sigmoid colon, secondaries liver, ulcerative colitis, 17yrs had duodenal ulcer.

Tall, thin, neurasthenic, critical, analytical man with very cold body.

Daily compresses for 3 weeks, A1 30mins to the kidneys

Day 1, patient felt unsettled during compress, couldn't breath, awake and sceptical, warmth was spreading to his upper legs, what was happening, he could scarce bear the warmth.

Following compresses: feet were warmed before the compress, patient was left uncovered, no time limit to rest time.

Gradually the patient's body warmth increased and he became more rested.

After three weeks the patient slept well.

12. Woman 48yrs: Pneumonia

One ginger compress, B1 30mins to the chest

Bony, energetic lady

Patient's feet were warmed first. Patient felt warm immediately, warmth spread from the back to the legs and arms, the limbs felt heavy, then she felt cool. Patient had a compulsion to observe the inward experience. When the compress was removed she was very awake. After the rest she was up, warm and energetic.

13. Woman 28yrs: Sanguine, energetic, healthy, staff member

One ginger compress, B1 30mins to the kidneys

Within ten minutes patient experienced warmth in the kidney region, it felt like lying on a bed of coals. Not unpleasant just very hot. After 15mins the warmth spread through the entire body especially the hands, which felt like webbed fingers. The sensation of warmth was very pleasant. After 30mins the compress felt very prickly and she wanted it off. 10mins into rest time she needed to go to the toilet and have air and food.

14. Man 25yrs: Phlegmatic, healthy staff member

One chest and back ginger compress left on 1 hour, B2

Initially felt a tingling in the face, hands and feet. Sense impressions became stronger especially hearing. Hands began to feel like lead, couldn't lift them. Hands and feet felt disconnected. He began to perspire and feel tired and strange. He breathed in and out deeply. His chest felt prickly. After 50mins his arms expanded and he felt at one with his upper body, like a 'dough expanding with yeast' or a 'blown up fish'. His head and legs felt disconnected. It was a wonderful feeling of a 'dissolving of his body' and he felt fresh and wide awake with a comfortably warm chest. He reached the point when he had 'to get rid of it'.

The following four cases had a negative response.

15. Woman 83yrs: Pneumonia

9 ginger compresses, B1 30mins to the kidney

Tall, thin, weak, anxious, introverted, previously had heart attack.

Experienced warmth especially during rest time. Breathing improved but a strong experience of heart palpitations became uncomfortable. Decided to cease compresses.

16. Woman 56yrs: Painful joints, depressed, gut infection

4 ginger compresses, B2 40mins to the kidneys

Day 1, felt warm, disliked the bed covering, weak afterwards, needed the window open after the treatment.

Day 2, declined a hot water bottle, aware of warmth only to arms and knees.

Day 3, felt warm though cool after 2hrs.

Day 4, burning itchy skin where the compress was after 12 minutes. Previous compresses the skin had been pale and cool. The compresses felt unpleasant to the patient so they needed to stop.

17. Woman 28yrs: Melanoma with secondaries in brain and bones.

Tall, slim, pale, dark haired, little movement on the face, monotonous speech, no feelings of warmth in her extremities yet sensitive to external warmth, problems sleeping at night.

Two ginger compresses, B1 30mins to the kidney

Day 1, patient felt warmer before the compress, when on it felt wet and cold. She wanted to read during the compress and did not want to rest. Yet her feet felt warm.

Day 2, patient had no awareness of the coldness in her hands and feet, a hot water bottle was put on her feet. She said the compress felt cold and damp like a coffin and she was trapped in a cast. She became restless, impatient and wanted it off. Treatments were stopped.

By comparison when solum uliginosum oil was rubbed on her back she liked this and feel asleep afterwards.

18. Woman 27yrs: Past 8yrs anorexia and amenorrhoea, psychosomatic clinic, insomnia, ice cold hands and feet.

5 ginger compresses, B2 30mins to kidney

Day 1, compress felt cool to the patient, not unpleasant yet the kidney area was reddened and felt warm to the staff.

Day 2, compress was put on very hot and after 10mins patient said it was cool and must come off. She took the compress off after 30 minutes. The unpleasant sensation of coolness was relieved by the application of oil to the compress area.

Day 3, foot bath given but the hands, arms and feet were still cool. Compress was more acceptable this time.

Day 4, footbath was warmed gradually and feet stayed in it longer. Feet stayed warmer longer. Patient said the compress was unpleasantly cold.

Day 5, patient said her body felt cold yet staff felt it very warm all over.

Decided to discontinue compresses as patient couldn't connect to the warmth, unsettled, didn't like it and insisted she was cold after it.

Summary

The patient was unable to respond to the compress with warmth. She seemed to not have a healthy sense of her own warmth. During the compresses the daily temperature was just above 36deg. She couldn't relax or sleep during the treatment.

Appendix II

JOURNAL

Appendix II - JOURNAL

This journal records five main aspects; my biography, Anthroposophical Nursing understandings and insights, experiences in the prior use of the external application of ginger, practice study and the actual research study. The journal began June 2002, eight months before any data collection for the research study. It was continued to the end of writing up the thesis, especially when explicating the data. This was a positive way of clearing distracting information and personal biases. It helped interaction with the experience of researching in a constructive and enlightening way.

The first entry gives personal biography and its significance in moulding my personality, my choice of profession and my style as a Nurse researcher. It underpins sympathy for the underprivileged and those with different religious and cultural practices as well as my interest and striving for understanding of spiritual truths and value of higher education. It is not surprising I chose to research something virtually unknown in English nursing circles. The ginger compress application is based on the old wisdom of Eastern medicine and European health practice. Limitations inspire my interest and challenges fire my enthusiasm. This research study has been both an inspiration and a challenge.

I was born in 1950 in a small country town in NZ. The family's immediate neighbours, during my childhood and young adulthood years, reveal the social diversity I lived amidst; small town dairy farmer, local doctor and his family, local Maori elders and two Maori families. The closest aunt in my formative years was from Israel, formerly from Hamburg. Her cultural practices blended with those of my family. I am a fifth generation New Zealander on all sides; the family came from England and Ireland. I was the eldest daughter of a large, well-respected, middle class family. There was a history of alcoholism and mental instability, bringing the additional contact with these afflictions. From an early age I was given considerable responsibility and was always encouraged to respect and care for those less fortunate than myself. Education was highly valued hence I received a privileged education in convents, and was encouraged to cultivate an enquiring mind. A religious upbringing, traditional Catholic, was the foundation of my spiritual understandings and lead to my interest and subsequent study of Anthroposophy. The women in my life; mother, grandmother and aunts, had intelligent, analytical minds as well as an appreciation of aesthetics and culture. My mother and grandmother were Nurses, my grandmother one of the first Registered Nurses to graduate from Wellington Public Hospital in 1918. It was no surprise when I chose to train as a Nurse, a decision I have never regretted. I married and have five children, all of whom were educated at Rudolf Steiner Schools.

The next entries relate to Anthroposophical Nursing understanding and education. In 1979 I first met the concepts of Anthroposophy when a student at Massey University studying in the Victoria University library, Wellington. Over the next 24 years, I studied Anthroposophy, Anthroposophical medicine and the external applications used by Anthroposophical Nurses. I have a library of books on the subject and a strong sympathy towards their contents. To describe in the thesis Anthroposophy, Anthroposophical Nursing and the external applications of the Anthroposophical Nurse was quite an undertaking. It demanded wide reading in the field and I needed to develop a style of presentation so the subject was understandable and worthwhile reading. There was often the sense of frustration and failure, was I doing justice to my topic. Determination to succeed encouraged me; it was fundamental to presenting this research study. My strong connections and sympathy with the Anthroposophical movement in NZ now became a matter to recognise.

The Anthroposophical movement in NZ is a relatively small community of approximately 500 members and 200 of these reside in the Hawkes Bay, the region I chose for this research study. Here there is considerable interest and sympathy towards Anthroposophical ideas and concepts. There are about 100,000 people living in this

attractive, fertile cultural and farming region. When it is considered there are about 350 students at the local Steiner school, about 250 people involved in the Hohepa Homes for the disabled, 3 medical practices and 10 practising Anthroposophical Nurses, half of the Anthroposophical Nurse in NZ, then it becomes particularly important to be very conscious of matters of privacy and confidentiality. All the patients in this study were connected in one way or rather with this Anthroposophical community, which is understandably interested in this research study. This is an intimate community and knowing personally two of the patients meant I was doubly compromised. I tried to limit my patient profiles to what the patients said and what I observed rather than what I knew through personal contact.

I am part of this Anthroposophical community and have been for the past 24 years as well as being one of the 20 Anthroposophical Nurses in this country. My personal interest and enthusiasm for this study is considerable. Since 1996, I have used this compress with much success. Its effect could be profound on both the physical and emotional being of the recipients. Physically it influences breathing, body warmth, energy levels and metabolic processes. Emotionally it influences feeling life leading to an inner calming and relaxing. I have found the ginger compress especially effective for chronic coughs, heavy chest mucus, bronchitis and asthma. The ginger compress as given by the Nurses in this study is applied to the kidneys. The kidneys are strongly connected to the astral body, the seat of the emotional feeling life. Just as the body fluids pass through and from the kidneys so do the body's feelings. Like a form of osmosis, we draw towards the kidneys feelings of sympathy and antipathy. Feelings can be blocked in the kidneys thereby reflecting disturbances back to the kidneys and lungs. There is a direct relationship between the movement of gases in the kidneys and lungs, as well they are both on the same meridian in Chinese acupuncture. In my journal, I continued contemplating these aspects. My biases are considerable. How will I react if the research patients have very different or unexpected results, if their experiences are negative? This interest in Anthroposophy and Anthroposophical Nursing took me to Europe and England in 1997 to visit some of the Anthroposophical hospitals, kliniks and medical centres. This gave the opportunity to observe the application of the ginger compress being prepared using three different methods, one of which was used by the NZ Anthroposophical Nurses. It was not until I was able to have translated the 'Study of the External Application of Ginger' from the Filderklinik that the NZ Anthroposophical Nurses could evaluate and consider the ideal method. It was decided in NZ to use this 'ideal technique' as developed at the Filderklinik in 1992. Considerable study, thought, practice and evaluation were needed to come to this decision. I was actively involved in this process.

Prior assumptions concerning the external application of ginger filled pages of the journal. The technique I used to maintain separation of experiences and expectations from those of the patients / patients was to diarise them and then release them. This seemed to be very effective, a clean slate as it were developed.

I did a 'practice study' with two Nurse colleagues, not Anthroposophical Nurses, to whom I gave a ginger compress then I interviewed, transcribed and explicated the data. This was an especially challenging exercise because I was the colleague, Nurse and researcher. It demanded considerable consciousness of my personal biases and prejudices, after all 'I know what to expect from the experience of an external application of ginger' and it was a good preparation for the 'real study' when I chose to be only researcher. Practising to use the recorder and transcriber was a new experience and quite a technical challenge. The experiences of each of the Nurse colleagues concerned me. One was the typical constitutional type to be given the ginger compress and had difficulty remembering the experience after three days and the other was not the typical type, rather of a hysteric constitution, and had none of the relevant health conditions. She chose to make notes, which assisted her recall. The experience of the latter suggested an exorcism process happened during the compress and the following day she relived a past traumatic experience. I realised the importance of selecting the appropriate person for the compress in the study and the

need to interview as soon after the experience as possible. In the summary of the Filderlinik Study the constitutional type to be given a ginger compress is discussed, the significance of this became more pronounced. If there was just to be one compress then it was important the interview was as descriptive as possible and patients were interviewed soon after the experience. The practice study exposed my lack of confidence and competence with the equipment as well as my interviewing competence. I am not a trained interviewer or counsellor, can I do this? The next weeks were spent making friends with the technical equipment and practicing interviewing family members. How to be interested and open to the patient's experience when concerned about the equipment and asking the 'right question'? How not to prejudice the data collection through my own ignorance? The need to study interviewing techniques became necessary.

Early Feb 2003 I met with the Anthroposophical Nurses participating in this research study, all close Anthroposophical Nursing colleagues. Each received the required number of packs. I tried to maintain consistency and each pack was identical. This required making compress cloths, preparing small bottles of oil and packs of ginger, supplying thermometers and copies of the 'Study of the External Application of Ginger'. Attention to detail was maintained and still at the last moment, we needed to alter the 'method of application'. We discussed what was meant by mental and physical disability, after all who of us is without either. What does the most appropriate patient mean? One Nurse suggested involving her immediate family I was concerned. The participating Nurses were supportive and enthusiastic to participate. I knew I needed to trust their professional competence in selecting the most appropriate patient and conforming to the procedure and protocol of this research study. I became very conscious of my need to listen and truly hear their questions and concerns. My personal commitment and focus on the success of the study became something of a hindrance that I needed to overcome. The challenge was to listen and truly hear their questions and concerns, putting aside my personal agenda and being present in the moment.

End Feb 2003 all seven interviews were completed. The first interview was the most confronting. It was the most concise and succinct of all the interviews lasting a full ten minutes speaking time. Was this affected by my tension and inexperience or the style of this patient? I strove to maintain a warm, interested and open attitude towards her experience, allowing her experience to speak out. I decided to use her interview as an appendix example for contrast with the final interview taken that was thirty minutes speaking time, relaxed and descriptive. To ensure there is a relationship of trust between the patient and myself; we confirm the consent and information for clients forms, check any questions before starting, reassure confidentiality, explain process and freedom to stop the interview at any time the patient decides and confirm the transcribed data would be validated by them before being used in the analysis. It became clear that I needed to keep the atmosphere warm, relaxed and friendly, to manage the tape recorder confidently. Having the questions memorised exactly so there could be a natural fluidity in the conversation helped. After the experience of the first interview, I realised the need to wait and pace the questions, to allow a natural comfortable breathing between them. I knew two of the patients personally so here was an additional demand and a valuable learning. The demand was to avoid being side tracked from the research study and the benefit was respecting the significance of social preamble. Becoming aware of the need to 'to meet the patient', to have a drink and a chat, whatever they suggested. Now the interview began on their cue rather than mine. To initially meet the other person sincerely and socially had an impact on the subsequent interviews, being interested and receptive towards the patient allowed a revealing and more descriptive interview. It is the temptation, as researcher, to want to get on with the interview and this can be a distraction as well as possibly threatening for the person being interviewed. Hearing 'negative experiences' was another feature that needed conscious acceptance of. One patient spoke of a headache and I found myself questioning inwardly what was his blood pressure, what was this about? Another

spoke of having the compress late in the day followed by a sleepless night. Why did he have a ginger compress at the end of the day we Nurses know this is not ideal, another distraction in the interview. My task was to remain present and connected to the experience of the patient. To really listen, accept and remain open to hear what happened, to avoid making irrelevant interpretations. The patient, who gave Interview 6 (Appendix III, IV) wanted to totally rewrite the interview, she felt she had not expressed herself well. Finally, she decided to make changes to the transcript, this I appreciated because her accent had made some words unclear and now I could analyze the data confident of its reliability. I had anticipated finding one of the interviews would not ultimately be used for one reason or other. This did not eventuate and all the patients confirmed as valid the transcribed data.

End April 2003 I began explication of the transcribed data. Before beginning repeated readings, I needed to 'bracket' all personal preconceptions and judgments. Once again, I identified biases related to biography, Anthroposophical Nursing understandings and experiences with the ginger compress. This was a regular process so a holistic and intuitive connection could be made with the raw data. To let the data speak for itself was a task met by excitement and despondency, sometimes at the same moment. Excitement came especially when creating the patient profiles and the interpretative themes while despondency came while struggling with the process of analysis. The monotonous detail of seeming to break up the data and lose the overall experience by forming the constituent profile was often daunting. The methodology I selected was effectively used in Dr Stuart Devenish's PhD and he was part of my post-grad group in Bunbury. Stuart was an inspiration as was Dr Robert Schweitzer whose PhD methodology informed my research study. I met Robert July 2003 at a phenomenological research workshop in Brisbane. This was a four-day workshop when I met with my supervisor, members of the Bunbury post-grad group and phenomenology students from around Australia. I was energised and now the process forward was clarified, I could complete the final stretch. Finding the interpretative themes was challenging. How to encapsulate them in a single statement came with the support of the Bunbury post-grad group. The final discussion in the thesis was the culmination of years of preparation. I knew this study could not give full credit to the significance of a ginger compress; it was merely the beginning. The ginger compress has the characteristics of a remedy in the widest sense of the word and this understanding is scarcely known among the nursing profession.

This summary of my journal is an attempt to make overt the covert. To make public biases in relation to this study, to share the process of an Anthroposophical Nurse researcher using the methodology of phenomenology to research the external application of ginger.

Appendix III

TRANSCRIPTION OF INTERVIEWS

Appendix III - TRANSCRIPTION OF INTERVIEWS

Primary questions are numbered 1 – 4 and were not necessarily always asked.

Interview 1 - JANE

1. **'What is your experience of receiving a ginger compress'**

Very relaxing and I was in myself, very even body temperature the rest of the day even though it was a windy day I had bare legs and bare feet and sandals and I felt really incarnated and part of my body and present mm mm warm

'So could you tell me about the warmth?'

The physical warmth of the heated compress was very pleasant and I had expected it to feel hotter and to feel the radiating fire of the ginger. It was a surprise that it was so gentle and just the physical warmth of the warm cloth initially. Then came this prickling almost cool heat of the ginger through onto the kidney area, which grew to radiate through my whole body very slowly.

'So the radiating through your whole body how was that?'

Pleasant and a feeling of being permeated with this activity and warmth, not prickly at that stage it was only initially over the kidney area where it had this prickly cool sort of feeling. The warmth came from the feeling of activity through my whole body.

'How was the activity of the warmth?'

A feeling of being awake and aware through my whole body and even sort of in a way as though my circulation was very active and I was aware of it. Not overactive but I felt just as present in my lower limbs as in my belly, shoulders, arms, everywhere I felt aware of my whole body. I felt I was aware of my whole circulation in away.

'Would you like to say anything else about that?'

No.

2. **'Could you describe any physical changes in your body'**

During the compress um, it was a surprisingly slow radiating warmth through my body that the warmth from the ginger, the compress itself, felt almost.... it was physically warm from the heat but then almost a prickling cold sensation from the ginger activity

'mm'

and I sort of expected that to be sort of more powerful and strong so that it was just subtle, oil was applied and that and there was no prickling and I was deeply relaxed afterwards I remember dropping off to sleep, next question um isn't ...

3. **'Could you tell me about any changes in your thought life'**

During the compress I had reoccurring incidents from the past came which relate to a court hearing I have coming up next week that I haven't thought about for a long time and actually will be helpful just to have clarity about for those reasons.

After the rest they had gone it felt like the thoughts were quite persistent playing on this track during the compress and during the rest time and I drifted off into something else that came the theme to do with this court situation came back three or four times.

Afterwards and back into my day um and meeting up with various people and there and I've been with someone who is a bit agitated felt very um full of equanimity and ease and um not drawn into their antipathy response

'The sense of equanimity you experienced could you tell me a little more of that?'

Centred is the word that keeps coming up because I felt contained in my soul responses to things and not drawn out. Like this agitation that was around me in other people. either in sympathy or antipathy I didn't feel either I felt more an observer kind of consciousness in myself and to the world.

'The sense of centring?'

Centering is I think it is the soul mood to do with equanimity. I think equanimity is the word. That my soul wasn't flowing outwards in a sympathetic or antipathetic reaction. But aware of the world around me and aware of everything that was happening around me but not um participating but not in any way judging or losing myself in other experiences or the experiences of others.

4. 'How has this experience been for you'

Centring is the word that comes to mind

Mm even though I was deeply relaxed and it was early in the morning and I thought I am going to be dreamy for the rest of the day well um I was sharp in my thinking feel awake in my body and I feel pretty mobile in my soul so I feel capable and calm and ready for what is coming I like that it is a good space to be in and um um

'Would you like to say anything else about the experience?'

Ah because the conversation was just well.... so yes that sense lasted three or four days.

'That sense of equanimity?'

The sense of well being and equanimity. Mm

It was a sense I would like to have all the time actually and I would like to repeat it. And at times I have felt this would be a good day, a help at the moment when life is overwhelming or a feeling of not handling things very well or overtired and agitated. I could see where it would be useful for me.

Other physical things I didn't pay attention to or didn't notice any other particular responses.

'Yes?'

So impressed I work as a rhythmical masseuse so I meet people who have need of a centering activity I meet many people who would benefit from such a way of composure

so it would have been that prickling I remember saying oh gosh that was surprising that but I can't remember whether it was the prickling I am not as sharp in the head as I maybe I think I was. Yes that's it.

Interview 2 - DONALD

1. 'What is your experience of receiving a ginger compress?'

The experience the actual experience of it the nursing technique is very caring very nurturing it is quite comfortable um having had compresses before but not having a distinct memory of a ginger compress before I knew basically what to expect um enjoyed the sensation of the warmth across the kidneys. Initially was

surprised actually how quickly that dissipated and felt quite cold during the rest time um fifteen yeah twenty minutes it took quite a long time before the inner reaction but there was quite a marked inner reaction of warmth response long after the compress had ceased being warm as it were um yeah

'Can you tell me more about that?'

Yeah it was quite a deep inner sense of quite tangible, you could describe it as a chemical reaction warmth um quite pleasant um very, very marked I mean it was very warm and that continued right through the rest period and even after the rest period.

Um I must say though within about four or five minutes I had a low grade frontal lobe headache especially behind the nose which

'When it was first put on?'

No about five minutes after it been put on it slowly built up it wasn't marked I mean it wasn't uncomfortable but I was just aware it was there and I was aware it hadn't been there before the compress went on which stayed basically until I stood up and started moving around after the rest period

um definitely the legs got warmer um yeah sort of below the kidneys themselves felt a general increase in warmth um there wasn't any marked tingling or anything like that but you know you knew the metabolic pole as it were was stimulated or activated um yeah it would be the main sort of reaction, the general increasing of warmth but quite markedly below the kidneys there was no increase of warmth in the head or shoulders or arms although I think officially the temperature did go up a couple of points yeah certainly didn't feel activated but after having stood up after the actual thing I felt very slow to come back in and had the question of whether the compress would have been better in the morning rather than the evening or afternoon. Um yeah it was quite slow to get up and go. Probably the only the only change was when it started, I was quite reflective um I was just thinking about it and trying in a way to ignore what the Nurse was doing. It is a bit difficult and just leaving her free and not critiquing the process which is the tendency. So I was actually quite reflective and then found as the compress was on my thoughts came more to present and future and more sort of thinking about what was coming next rather than what had been. Whether that was coincidental or whether that was actually part of the compress I am quite happy to accept that that could have been the metabolic pole, as it were, always warmed up and the kidneys activated. Then probably that was organic based more to what was coming.

3. **'Could you tell me about any changes in your thought life?'**

It was probably, yeah I wasn't absolutely conscious of the process. I am only conscious of the process in reflection, Um, no I don't think I can elaborate meaningfully further on the effect personally, well it goes into the experience of having the compress and the rest afterwards and stuff. All goes into the big basket of generally increased well being with TLC, you know someone with hands on, very professional and smooth and quiet in rest and all that sort of abnormal you know sort of routine interrupting head stuff. Um the compress itself was actually quite pleasant. I would query or I'd be really interested if a repeat performance would actually also yeah increase pressure in the head as it did last time or was that coincidental or totally unrelated. Um that would be of interest I would be watching that but generally yes a very pleasant experience and in fact I'd like to repeat the experience in the morning for reasons I have already mentioned and to observe the headache status. Um yeah it is a very nice thing to have really and it is quite it is quite interesting how long or you know the lingering warmth over the kidney area is discernable long after you have got up and started moving. You are still aware that there is this warmth

and I'm sure it is not skin as it um was actually not affected by the oil in any way that feeling afterwards and quite separate to that. You know it would have been a response that was just a skin chemical reaction to the ginger yeah the reaction that is about it really

4. 'How has this experience affected you?'

Um I think yeah some of the information that was derived before and after was actually interesting but it was more interesting not directly related to the kidney compress. It is just sort of suddenly becoming more aware of your blood pressure and your breath rate and your pulse rate again is um you know reading that information and the story it has to tell generally. Um it would be quite interesting if there was no other intervention what the longer term or ongoing response to a series of compresses would do to those figures, facts. I did and I experienced it too and I think it was actually measurable, an increase in temperature however there was a decrease in blood pressure. But the blood pressure was very low for a start, I mean clinically very low, although I think this is a characteristic of me, and I do think that probably that needs to be recorded height and build. It could be a really contributing factor in explaining the picture why some blood pressures are what they are at the beginning or at the end and if there is a discernable and logical reason for an increase or decrease it would help to define too what the effect of ginger would be on various temperaments. I could well imagine that some skins, I have a leather skin that doesn't react to anything really, could be far more sensitive and I could even imagine for some people the activity of the ginger could be rather uncomfortable but for me it was certainly comfortable.

Interview 3 - DAVID

1. 'What is your experience of receiving a ginger compress?'

I suppose because of mum and her relation to her practice I am a bit familiar with compresses it is quite a sort of soothing one of those natural sort of feeling very relaxing fairly enjoyable experience um the actual feeling or the um well the actual feeling or the

'Just whatever...'

With the compress the warmth is good a natural comfortable feeling sometimes the wetness at first is a bit, I suppose because it is warm the idea of the wet is worse than the actual feel and because of the wool it is actually quite comfortable. The idea at first when I was a bit younger was a bit weird having the wet, herby thing. I knew it was a bit weird. I sort of feel the differences that it gives you so that I quite enjoy them sort of relaxing yeah

With this particular one with the ginger was definitely warming as the ginger worked. Definitely warming, not warmth because of the water but because of the actual plant itself. It had really warming a definite feeling a sort of fuzzy sort of warm. Um and along that when I was resting when the compress was taken off um it still felt that warmth and that sort of around the compress area but also it moved down my legs and my feet and up my back so I could actually feel it was making an effect internally which was a very relaxing sort of feeling. Mmm yeah it was yeah it took a little while. First it was just the warmth from the warm water but then it yeah it started to sort of penetrate and go out and then I could feel the warmth going down to my feet and stuff and had tiny sort of wee muscle spasms of the muscles and that from the muscles letting go as I had been running round a couple of hours before yes I suppose it was also due to the relaxation of lying down but um yeah definitely the warmth I think affected that yeah um

2. 'Could you describe the physical changes in your body?'

For me I actually noticed that my joints felt warmer particularly in my ankles, knees, worse than elbows. I ah my peripheral joints were they felt the warmth in there I think I can put that down to the compress rather than just being wrapped up in blankets. Because it was warmer and a different warmth than just a thermal heat generated by the blanket whereas the compress itself was definitely more of a chemical reaction sort of heat than a thermal heat from water. Um just sort of I spose it just felt as though it just like increased blood flow just warmed it sort of opened it up a bit like a histamine effect really just sort of not swollen like stiff or anything but just sort of opening up in a warmth through that way. I had been running around and my feet were a little cold before hand and that is why I probably found apart from where the compress was on my back and kidneys my feet and ankles the nice warmth yeah and I don't know whether I could put that down to the fact that my feet were colder or that um the compress. But I think that definitely it was the compress because again there was the more chemical heat rather than the thermal heat. I would attribute that mainly to the compress.

3. 'Could you tell me about any changes in your thought life?'

Well afterwards from lying down for an hour and um just that sort of relaxation, yes that is definitely more relaxed and felt a little more lethargic which is to be expected after lying down and warming up. But I don't feel at all drousy in my mind and I feel almost more alert and almost like I had a sleep but at no time was I asleep and so I felt physically relaxed but mentally quite sharp still

Um yeah and apart from emotional changes I don't think there was much really there was almost a placid state of mind but not lethargic sort of not really dopyy or anything but no real emotional effect maybe a bit more positivity just that maybe due to the relaxation and just the thought processes. But while I was during the compress um um?

'Tell me how it is?'

I was a little distracted, because I was not wanting to miss the interview on TV, which was probably not the best timing. But because there was the Nurse, there was a little bit of anticipation like wondering what was going to happen and because of that and I knew it was for the study I was trying to see if I could monitor the changes myself so there was a bit of anticipation beforehand and then I was thinking yes I was monitoring my reaction but yeah and when I felt what was happening and I suppose I was more in tune to that because I was monitoring it. So I was thinking about that and sort of just wandered off really and came relaxed sort of thinking about random sort of stuff like back down in Dunedin and mates and those sort of things, sort of relaxed sort of wandering abstract sort of thinking I suppose. I didn't think of any life-changing sort of ambitions of anything just sort of fairly mundane you could say thought processes yeah

When about fifteen minutes into it when the ginger had started to take effect and even earlier on like ten minutes or five minutes when the ginger started to take effect and the feeling of the warm wet wool had sort of you know I had got used to that and that was no real difference then that. Sort of as I say the chemical reaction heat that started to really build and at one stage that was really quite intense, not uncomfortable but you definitely noticed more and really felt it and really knew it was, not because of the water but real heat from the ginger yeah especially round the area of the compress on my lower back that really was quite a strong sort of feeling, sort of fuzzy sort of mercury sort of feeling of warmth and it was later on when that started to move away actually my body sort of hung there

Yeah that is about it I suppose

Interview 4 - JANET

1. **'What is your experience of receiving a ginger compress?'**

I absolutely loved it, it was exceedingly hot almost at times I thought oh my god I am going to have a burn on my back. But I liked it a lot I love heat so I stayed with it and kept it on and it was really nice it's very good. Afterwards I felt so warm and my feet, because I had the footbath, this added to the whole thing completely, and shoulder which had hurt once when I did yoga I had this strange compress on that shoulder oo that is where the ginger compress should go yes

'So can you tell me more about the shoulder?'

I am quite a physical person I am quite aware of my physical body all the time. That doesn't hurt every day but after I hurt it it was very sore for quite a while. Also I had a back spasm at the end of last year very badly and I was quite aware of that but I felt like the compress was reaching down to that down my lower back as well it was just stopping my shoulder from doing yoga it pinged out or something and it doesn't hurt everyday but I am aware it is slightly weaker. Mmm

'Can you tell me about the warmth?'

It was tingly very tingly and um at the time it felt very physical but yesterday which is the day after I felt very good. I came home last night and gosh I felt extremely good and I really put it down to that for some reason. I felt like I stayed up late and vacuumed and cleaned and had a lot of energy and I really felt wonderful cause I am on pm's at the moment at work so I am just good. The warmth was definitely tingly and it was definitely external where I felt it but I could sense it being deeper, you know what I mean, the physical feeling was all on my skin really tingly and felt warm. A bit too hot actually to start of with but the Nurse turned the heater off and I think that helped but as far as my well there was a bit of discomfort with it felt hot

'Any other physical changes?'

No I was just becoming aware afterwards of that shoulder getting very warm which was very nice.

3. **'Could you tell me about any changes in your thought life?'**

I was trying to actually calm because I am quite a sanguine lol lol lol I am always trying to slow myself down at the moment because I get quite anxious. I do I get very anxious so when I was wrapped up in this blanket and warm I thought right this is a good time you can't move you can't do anything just relax and I was trying to relax but I find that very hard. By the end of the second twenty minutes I was starting to feel like I could drop off now. The compress was off by then it was the second twenty minutes I felt quite stimulated then.

'You felt physically stimulated then?'

Yeah my thoughts my mind was going broooooo it's strange that one associates with a gingery sort of thing isn't it yeah I was thinking now calm down slow your mind down try and picture a moon over the sea. No I couldn't I really couldn't yeah

'Can you tell me more about that thought life?'

At the time?

'Mmm'

Ah busy yes busy I was lying there and I was saying calm down. It was busy I can't remember what I was thinking now all the accumulation of anxiety and things to think about and just huge pictures for no reason just what is going to happen in the day and blah blah de blah all that sort of thing so at that stage I remember thinking it was just busy busy yeah

I wanted some more, (laughs) I liked it a lot it was lovely but like I need the warming up yeah I thought afterwards gosh as far as therapies go that is something I would like to do regularly for a while, for the warmth mmm. The Nurse said she would.

I found it hard to be looked after and that was definitely a looked after thing but that is a personal thing I suppose. Having the Nurse wash and warm my feet and things I also had to say to her gosh I find this very hard because I am used to looking after people and also I don't know why just having someone pay that much attention to me is very difficult. A big plus being cocooned up, is quite hard like, I was a bit shy (laughs)

'Yes'

Only because of the awareness of someone doing something for me but I don't think well that heat was quite startling I was quite amazed because I asked the Nurse to look afterwards and see if it was red and there was no redness at all on my skin and I was sure there would be, I was amazed. (laughs)

'Can you tell me more about that warmth?'

Yeah, tingly and hot and physical it is hard to explain the other warmth I just felt deeply warm inside yeah.

As well very aware of the physical on my skin and I kept thinking I wanted to move it up higher, that is what I thought, yeah I wanted it up higher. I liked where it was but I was trying to move myself down about I don't know inches. I had the feeling I wanted it up more up here (indicates shoulder area) I wanted it all over my back.

4. 'How has the experience been for you?'

Being warm it was so nice and warm it lived with me at work that afternoon as well I thought about it quite often and yesterday ah it was a bit grounding. I found it a little bit grounding actually, somehow yeah. Like I felt very good last night more as the day after, but I still and I really put it down to that when I came home I just felt very in myself and even though I had worked for eight hours for the last two days, eight hours shift after the ginger compress and then eight hour shift yesterday I didn't feel particularly tired no no. I managed work really well I managed to juggle six new mothers and their babies and that was all fine all manageable I didn't get stressed. (laughs)

'Can you tell me more about that grounding feeling?'

Normal yes normal

I didn't feel out of my tree one way or down the other way or tired or anything it just felt really contained and normal good mmm

And in a way it is almost like as I said, I am quite an X person you know a sanguinary excarnated sort of person. I think probably a down to earth sort of person, which has gone by the wayside a lot of the time, and the last couple of months I have felt myself start to become much more contained. I am not the joker so much anymore, usually I am hysterically silly and funny with people and people kept asking me if I am alright because I am not doing that but that ginger compress was almost like I need more of that to keep myself contained like this. This is very good, this is the full stop at the end of the sentence sort of thing, the pausing away the way I feel I am moving. Mmm

very good it was definitely not an out there experience like I couldn't get out yeah (laughs)

Interview 5 - HARRIET

1. 'What is your experience of receiving a ginger compress?'

This is the first time I have had a ginger compress and first I was aware of my thoughts flying around, it took a while just to come to a rest, stillness. Then I felt that I was hovering in the bed it sort of moved a little bit you could liken it to the sense of an earthquake yeah so it moved

And a strange experience around my fingertips, however a contrary experience would be how you would press on the keys of a piano and it was like something around the outside of my fingers was tipping my fingers, yeah, so I found an activity around there. In the first half hour of having the compress on I did drift off, I snored just a little bit, I woke up and that happened twice. I was surprised in that short time that I did go off a bit to sleep. At first the feeling around um the kidney area, didn't feel like much, you know it wasn't even particularly warming, it didn't feel particularly warm but after a while it got really really hot, like a hot hot water bottle. If it had been as hot as it felt you would have had to take it away. It was quite a tolerable intense heat. I felt it shift more strongly to the left side at one point and then focus in the center. It would have been yeah that first part and the heat was there and I actually did put my hand underneath to feel the heat and there was none. That was a real surprise to realize the heat was inside me, yes the heat was inside, really quite strong felt uncomfortable. I think it was localized around the area where the compress had been I didn't see how large the cloths were to sense if it didn't particularly feel it radiated anywhere um it seemed to have a concentrating in rather than a spreading out. Although just along the side of my hand at rest and it felt like something pressing individually, just a touching from underneath to the pad of the fingertip and it was both hands, not the thumb so much, not tingly, it was just like a pressing. It felt quite a real pressing similar as if from the inside when you press on a piano key but it was coming the other way. Perhaps only liken it to sometimes before one goes to sleep you have often a sudden dip of slipping out of your body and it certainly wasn't as sudden or as strong as that, it just was a shifting of how I am in my body. I could feel it and it wasn't within my body it was actually not on the periphery of the skin a little bit away from the body that something moved and I could perceive it and it tended to feel more in the bottom half of my body than the top half. Almost the sense of an extra cushioning as if there would be air between my body and the bed.

3. 'Could you tell me about any changes in your thought life?'

I've had of course a big week on Monday we had a fire at work and quite a dramatic thing and also a very intense meeting I'd had. It's not and also other changes are taking up study, so it took a little while just to really relax in my breathing and realize I can just be, yeah, I hadn't really been able to do that for probably a couple of weeks, not emotionally stressed but still carrying inwardly a lot. I had the sense that that was flying around in an anticlockwise direction a meter above my body. I could see and hear the thoughts of that I knew they were connected with me. It seemed to be a shift from ones daily business of the thoughts thinking me to actually that coming to a calming with my body in myself at peace. It worked out to be born the events and things I mustn't you see just that whirl of your daily thinking activity. Lying in the bed in the middle of the afternoon when all this is going on yeah I was aware that at another time it perhaps wouldn't have been so.

2. **'Could you describe the physical changes in your body?'**

They managed to prepare the space very well it was clear and clean and darkened and open to whatever happened. I had at the beginning of the compress, because I hadn't eaten much in the prior days, those noises in your abdomen of at times when you go to bed if you have eaten too late you have these sort of noises of a change of coming to rest but the activity is still there so even though I didn't feel hungry there was those noises associated with metabolic activity. I think I turned over and actually burped twice which is very unusual for me to do. I did notice that I thought oh where does that come from.

Given the timing of it in this particular week of my life I needed very quickly to get on. I had to come back to work to clear up all the debris from the fire and to get to the dump by four thirty yeah because I didn't want it here for the next day. I had the sense that I could very quickly engage again and get on with it and it seemed I could more easily choose one thing and just do it. So that pooling of all the many things that I could have taken up that was the first thing just get on and do it. I could do that then came back and then did the next thing and the next thing. The night I think because I've got so much going on I did wake up, allowed to sleep for so long and then I had to come back and process the work. It is not something I can process at night. I didn't particularly have the feeling that was connected to the compress but because it is such an unusual time I can't say if it had just been the normal rhythms I would have perhaps been more sensitive to it. I asked the Nurse to have a look, you know after you have had a hottie on your back and you get that red and white blotchiness and you know it felt quite warm for some time afterwards I didn't particularly notice for how long after can you have a look if it is at all red. She said no there is nothing to be seen there, there is perhaps a tiny bit of skin reaction just on that left side and I don't have sensitive skin to most substances so that was surprising as well. Cause it was such an intense, you have to say heat it is not just warmth, it is heat and quite mysterious how it would come from this compress. Because I didn't have the experience that it is the substance that soaks through your skin to make a change as a medicine would come even um to go in and do something you know and you do have the feeling that the stuff is there and there is this corresponding dialogue almost as something else happens within you. It is not the substance soaking through to achieve a particular effect.

It was quite intriguing really I don't think I have ever experienced you know you sit by the fire when you are cold and you get warm but is a heat from the outside yeah or if I would have a bad dream and have a night sweat it is a different quality of heat. Or you have a fever, different quality of heat a very pure heat the heat from electricity, an oil heater or a wood fire or an open fire or lying in the sun you know they are all different qualities of heat. It would be a deep lilac purple colour all very shimmering. Knowing there would be questions about it I tried not to be thinking about it through the process and just relax and be and I was even surprised at this slipping off to sleep because I thought I might hold on to see what it was about. But in spite of me that did happen and I slipped off, I didn't get a fright coming back either which I have a tendency to do, it was something out of my experience.

Interview 6 - JOANNE

1. **'What is your experience of receiving a ginger compress?'**

I had one last Wednesday. Well I am the type of person who still finds it hard to receive all the nurturing because I am so used to doing it. So the simple aspect of stepping over the threshold of receiving care and nurturing um is yeah is a threshold and I allow myself to just enjoy it I suppose. Let it be given to me so that is an emotional and psychological as well I don't know it is a threshold it is

definitely an issue for me to be able to allow myself to be nurtured. Because I am so much all my life the one who nurtures. So that is actually so wonderful and this morning I said to the Nurse I am going to stay here I don't want to get up, I don't want to get into the day. I am just going to stay here. Um yeah also I am the type of person who needs to be actually stopped to be slowed down preferably in a comfortable nurturing way as well, even so it is quite an effort to get here. It is good to just be wrapped up and to relax and my body does nothing tense because it is really relaxing for me if I am lying there all nice and warm and snug not tense. So it is good for me to just relax the nurturing aspect is great it is just really good to be cocooned in all snuggly everything warm with the ginger compress on the back of the body. Because I am such a sense nerve person anyway it is great to have this, I consider it being part of the process in having something warm and still.

2. **'Could you describe any physical changes in your body?'**

Well physically initially a quite warm cloth is like ah, the whole thing is an ah experience. It really is it is ah it really is so ah so that is really good and then also that the wrap gets wrapped round quite firm it felt really balanced to feel the firmness but it is like a holding together. I said it is like wearing corsets it goes with the sense of touch as well it is like touch all around through the firmness all through that hour um and I noticed with my ginger compress my left side responds differently to my right side. That was really interesting, I lay there and I go this is so good and I thought what is happening. My skin reacts to it on the left and I don't know why, I have absolutely no idea, it doesn't really matter. It starts on the left and it takes quite a while it is like this little bit of um all I could think of was 'tigerbalm'. It actually is like a very mild version of it. A little bit of prickling but very mild and at a certain point it goes into like a nearly cool experience and then it goes warm again and then it shifts on to my right side sort of towards the end of the last five or so minutes. Then the reaction is on the right side, it starts on my left and goes to my right and I would love to know why I really would. Also the experience, I have got a lot of lower back pain, a bit of right side hip, actually I have a lot of joint ache anyway. I found that when the hot cloth got applied it seemed that if it is kidney orientated, well hold on, maybe my lower back aches, not muscles and joints, maybe connected to my kidneys which apparently can cause lower back pain. I am really glad I am doing something about my kidneys. It is just such an interesting experience to realize that somehow I am doing something for my lower backache too.

'So could you tell me more about that?'

Well while I was lying there the warmth seems to have spread out, which eased the sort of tension and achy bits in my lower back. I also found that again on my left side a little bit of prickling it got a little itchy a bit. Actually it went down the muscle right down to the like the bone of the hip. It actually spread out again on my left it hasn't specially gone across to my right a little bit down. That I noticed. So it is interesting it goes right down to the hip. I find that really fascinating and I haven't got the knowledge base or an explanation to understand this. That was the physical experience the difference also physically was that the first time I had cold feet, everything on me was so cold even though it was a nice day, wasn't a rainy yuk day like today and I really felt totally comfortable with what I had on. Like I had on a little singlet thing and a sort of top and a hottie on the feet and I felt really comfortable but I started off being more on the cold side. Whereas today I actually started to feel quite hot like I took my feet off the hottie and I had to eventually take the blankets down and I woo so there is something about this warmth body of mine is going yooo cause I actually usually run more cold and I have the tendency to be cold.

'Your whole body feels cold?'

Yeah like I have three jumpers on in winter and that sort of thing and thick woolly socks. So I was surprised that somehow there was a lot more heating happening than I thought there was and it is so in the whole day now I was not cold everything was warm.

'So it has lasted?'

Yeah and I am not clear that that is meant to be but anyway it is something I have noticed physically. Mmmm you will have to ask me a bit more....

'Could you tell me..'

Ah there is something else physical, I just remembered that I have a very exhausting tendency of having to get up at night to go for a pee. It really bugs me because I've got this allergic reaction after my two children have had nights after nights up and nights up and now I have to get up just so I can have a pee and it irritates me. So when I actually I first had the ginger compress I slept through the night so I want to see tonight if I sleep all night. So that is a physical change I just had to put that in. That was great I forgot that I didn't need to get up I am so pleased to have that small change of not having to get up and actually slept through the night.

3. **'Could you tell me about any changes in your thought life?'**

I said to the Nurse it is amazing where the thoughts go. At the stage of monitoring my thoughts they just went flipping all over the place from doing the shopping to whether I need to put socks on this morning to where I need to go next, you know that sort of thing. I said it is amazing what thoughts can come. I didn't monitor my thought life in the week. Then today I consciously just focused more on relaxing my body and didn't have to think. Very busy little head anyway though it wasn't as busy in my head this time as it was last time. I noticed the difference between the business last time and the not so busy this time that's true. I am more aware of that effect. I wouldn't be able to tell a difference in my thought life to when I am actually not having a compress because life is so full and um I am pretty engaged a lot of the time. But I've managed it all right, I do feel still exhausted um in the evening. Emotionally I don't feel stressed emotionally. I feel woo I want to stay there. I definitely need to be able to stay like that not to be overwhelmed by outer events no matter what approaches from outer events. The ginger compress helped to do that as well.

I have been trying to practice that anyway and I am aware that I need to physically support that as well. My knowledge base has a limit. I need to be able to face things, not to be overwhelmed by things.

'So you have noticed a change?'

Yes this last week has been pretty good if it comes to that yeah things are getting a lot better in my life anyway. I was so overwhelmed it wasn't funny but that has improved significantly. That is good I am really glad I am doing something for my kidneys. I am yeah, social balance interacting socially balanced without getting stressed. I just need to be able to stop being drawn out so much. I have functioned quite well this week considering that I have had activities back at the polytech which seems the right thing to do.

4. **'How has this experience affected you?'**

Because I do other therapies as well like acupuncture and massage, it is a bit hard to tell for me what is the ginger compress and what is not apart from the physical result of not having to get up and pee and the warmth physically. Well I would definitely love to put that into the slot of that, that was the ginger compress.

It really helped, it did, that was the physical thing, which I can really see. I just now will enjoy myself between one week and the next, no hang on what am I saying a week, I had one Wednesday and Friday, every two days. I want to be able to specifically say this is because of the compress. Physically there was something emotionally I'm not sure.

'So the physical change?'

That is the thing I mentioned when I first came my feet and hands were cold which I was warm by the time I left ah but it was definitely a cold start where the other day it was a warm day where today my feet were warm so I think it's improved my warmth body. It must have because there is no other explanation for that one so that's actually a physical thing. Now emotionally if I am a lot nicer to my children or something is that my warmth body? I am not sure if those two do match up but definitely there is, yes today is definitely again running on the warmer side of things. Like usually I am definitely the person with an extra cardigan and an extra jacket in the car and so that I would say surprises me. I would have to say that is a surprise because that usually is not something which happens to me, that my warmth organism is sort of spreading out to that degree and there is you know the little end bits but also the degree of warmth. Yeah it is amazing I am actually sort of like warm, actually this is something it surprises me. Because I know some other people go round a lot hotter than I usually do so I have suddenly become one of those people who runs hotter. Which does, I think may, have something to do with the ginger compress because that is really nothing has done that yet so it must be it has affected my warmth, definitely did. I would say I am pretty much sure that it has done that, it is amazing, which is good, it is awesome which means everything is going to its place where it should go, you know right to the tips of my fingers and toes. That is great, it is just something I have not had for such a long time that it really takes me by surprise. Yeah, it must be quite powerful stuff you know yeah

'Anything else?'

I definitely look forward to tomorrows one I am having seven of them eventually. I am keen on following things through for sure and I am quite keen in monitoring myself in what's happening, physically and emotionally and just the levels I can actually detect. I am always really keen to know about myself.....I am doing it (laughs) because self care is not a big part in my life. I am really interested because I didn't get up to pee one night and my warmth organism is definitely going heating heating hot so I mean I had two so I am really want to know the next one and the next one and the next one really keen to see what happens. I am quite happy to write a book about it.

'How about the one?'

The one is enough proof for me yeah, I love it. I mean I work in the body industry, I've done massages.....

It does something it definitely affects the whole body. I am absolutely sure it does the emotionally life as well and the thinking too. An awesome support for my process really is.

'So can you tell me more about that?'

Well that one, like I said, that is a tricky one to know what is what within two days, you know. Because I have been training myself anyway in slow down, calm down and take it easy my attitudes are at the moment I don't need to rush, if I rush no-one forces me to rush. You know, I have been doing all this sort of stuff for a few years now so it is really hard to know in the two days between Wednesday and Friday. Emotionally, if I would have to put it in a nutshell, both calm, calm would be the word I put there, yes it is a certain stillness calmness, yeah that would be a nutshell. I yes, I didn't start to feel afraid or anything

(laughs) so I think it is the still and calm, that confirmation wise, very low stress orientated, which is really good. I was actually thinking, because I usually have a busy head, I don't think my head has been that busy, which is quite good. I do what I need to think, you know, I think about what I need to think about it, but I don't excess about it or something that I don't keep nit picking at or yeah I suppose it may lay out into the heap as well the emotional state, that is good that is really great. Any type of compress, which causes that state and supports it I am very keen to have. So whatever it has definitely done it has been that calm which is awesome. Really scrummy, it enhances the quality of life, its good stuff, it does it really does I will be recommending them to other people for sure. Definitely, I think kidney compresses are good. Comfortable right through on all levels, totally safe, non-threatening, no major rashes turning up afterwards. No unpleasant side effects, absolutely not yeah, the whole experience is rather yummy and delicious on all levels, totally. Like I said I look forward to my other remaining six. Really good.

Interview 7 - BARRY

1. **'What is your experience of receiving a ginger compress?'**

I have never been asked or had any compresses of any description before and I was told and given some of the guidelines for some of the things I might experience and a lot of the things she said I might experience the feeling of heat all very very relaxed very relaxed. While it was going on the half hour after she put the compress on and the half hour I lay there resting I felt very relaxed I felt fine it was very good. In fact I slept most of the time. Yeah

'During the compress and in the rest time?'

Yes both times

2. **'So could you describe any physical changes in your body?'**

Yes, I had a feeling for some reason or rather and it varied, I had a feeling of lopsidedness. I felt that the compress was bigger or it seemed to generate more heat first of all on the left hand side and then later on in the right hand side. I had a tremendous feeling of warmth in my legs where I had been hot. My legs felt as though they were full of blood and you know surfuscated with blood very very pleasant. Yeah I was lying there and I knew that the Nurse had placed the compress on evenly. As I was lying there I got more of the sensation on the left hand side and I thought to myself I wonder if this is part of what is supposed to happen and then I kept that to the back of my mind, then later on in one of the periods sort of between dozing and sleeping I realized it had changed over and that I now had that feeling on the right hand side and that is what it was.

'The heat was on your back?'

Yes it was most definitely, just that specific area

'Any more?'

I got tingling in my hands, my hands felt very very heavy I had them crossed across my front like this (crosses hands across front) and I stopped doing it because my hands did they felt very very heavy so I just moved them and laid them down by my side. I had a bit of tingling in my feet ah and the physical body no no real other things. A feeling of warmth but that was because I had the bedclothes around me. I don't normally sleep with the bedclothes around me so I don't know what that was caused by whether it was from the compress or just having the bedclothes around me.

'Can you tell me more about the tingling sensation?'

Yes, the tingling in the fingers was not the tingling you get from a dead arm, when you go to sleep on a joint and it turns numb. It was a tingling, I suppose it was almost like a pressure tingling in that when you go, when I was a kid and we used to go shooting and things and if you pushed yourself too hard climbing up a hill or running up a hill or something like that and your head started going broom broom and that was, although you couldn't, like you could almost see your pulse at the ends of your fingers and toes.

'And it was in your toes as well?'

Yes, not as much, but a lot in my fingers

3. 'Could you tell me if you had any changes in your thought life?'

Yes, I did the first thing that I noticed was that I became very very aware of the stimulus from outside. It was a particularly windy night and the noise of the wind was quite clear and seemed to be above everything else you know it really made, I thought to myself, oh you know I hadn't listened to wind like that for a while. It was the sort of thought I had. Um I had a, for some reason or rather, I had a thought during the process of an old hag sitting down near my feet on a chair and I don't know why. That is something I have never had before and the rest of the thought processes I had were very very pleasant. I felt very relaxed and happy in fact at one stage I caught myself smiling (laughs) yes it was good I quite enjoyed it.

'And that continued?'

Ah yes it did, even more so perhaps afterwards I um, I find it very easy to relax and no trouble at all relaxing it doesn't matter really what happens at work. I have a nice family and a good family life. I come home and I find it easy to just let go and relax and no I just had the normal dreams about fishing. Yeah you know the normal things it was quite normal but once again I seemed to have a heightened sense of awareness of what was going on outside the noises. At one stage I heard very very clearly what was going on down stairs and because I have worked with heavy machinery all my life I thought to myself you have not been able to hear them before I was able to yeah.

Yeah an extra hearing capacity. I could hear what was going on downstairs. I could hear what they were talking about and they were talking no louder than you and I are talking. So yeah

'So that was during the compress?'

No that was after after the compress had been taken off and when I was lying there when I was resting.

How has it affected me? I had a very disturbed nights sleep afterwards. I do have disturbed nights sleeps for some reason or rather depending occasionally but last night was almost as though I had taken something home with me and hadn't got rid of it which I try not to do. But I had a very disturbed nights sleep and this morning I felt the first three hours at work, I had almost flu like symptoms yeah if you can imagine the onset of getting a cold a very bad cold or the flu and you start to feel just ever so slightly nauseous and just off colour and the odd ache and pain starts to happen. That was all, nothing else, ah I wasn't crook I didn't feel bad enough to stop work it didn't affect my operating at all and by eleven o'clock it had gone.

'Can you tell me more about this feeling?'

Usually it was a result of me getting a cold or something like that and I haven't got a cold, none not at all no, and at the moment I feel like I normally do on a Friday stop going to work and going fishing. But this morning I had an off colour sort of feeling about me yeah very much so.

There did seem to be a lot of stuff going on in my head. I seemed to be unable to settle, almost I don't know as I said before, almost as though I had carried something home with me. I make a great point of not trying to bring things home that can cause that problem. I like to finish things at work and ring people up and tell people the unpleasant things so I can relax when I get home. It helps if I do something like that.

'Can you tell me more?'

Ah you wouldn't believe the amount of heat that was generated by the compress. Even after it had obviously cooled down and it seemed to be a very very and it didn't seem to just be a muscular or a skin heat it seemed to be quite deep seated and once again that deep seated heat feeling seemed to move first of all left to right and then evened. Yes it was focused on the back in that kidney area. I have no idea of time span but I was aware of it probably in bursts, of about sort of nine to ten minutes, then my mind had gone to something else ah these are the things I remembered in the process

'So this was during the compress?'

Yes and afterwards as well yeah

'At night?'

No nothing like that in bed no tingling nothing like that at all. I went to sleep an hour and a half two hours after our resting period. No it was good, I enjoyed it yes I did enjoy it. I don't know enough about it or the process or what it does or anthroposophical nursing or anthroposophical views on the body or life to take any cognizance of what happened to me. But it was interesting yeah. I may delve into it in the future I may not. I don't know, I can see myself using it if you were an unsettled person and you weren't happy with the person that you are or were. But all my life I have been very happy with who I am and I traveled overseas for six years by myself I wandered from country to country for six years by myself. I didn't have any friends with me not that I had trouble-making friends I just enjoyed my own company, I like being by myself. I like to think that I am a reasonably contented person. I have a couple of faults in life and I know what they are. One is that I try to please people too much instead of looking after myself and I think we all are guilty of that um and I have a violent temper which doesn't ever hurt anybody it just makes me upset when I get like that. Yeah and I can see if perhaps I did have some sort of problem I would delve into this further. At the moment you never know, okay.

4. 'How has this experience affected you?'

I, as you gathered before, I make a point of trying not to be stressed. I could see that if I couldn't figure out why I was getting stressed then it may well help in explaining why I am stressed. I would look at anything to try and look at that because over the years I have seen friends of mine I had a brother die at a very early age at 53, I think that stress is a terrible killer I think it is a shocker.

Appendix IV

EXPLICATION OF INTERVIEWS 1 & 6

Appendix IV - EXPLICATION OF INTERVIEWS 1 & 6

1. Terms & Definitions

For the following Tables:

CT	Central Theme (Section 5.1)
Intv	Interviews of Patients (1 – 7)
I/Q/NMU	Interview/Question/Natural Meaning Unit - combined
NMU	Natural Meaning Unit (Section 5.1)
Profile	Summary of the NMUs / CTs for each Patient under a Research Key
QNo.	Question Number: Digits 1 – 4 indicate primary question Digits with letters a – h indicate supplementary questions
Qstn	Question asked (Primary and supplementary)
Redund/Irrele/NMU/CT	Indicates redundant or irrelevant Natural Meaning Units or Central Themes
Res Key	Research Key

1. Before Treatment

1A	Expectations
1B	Client Picture

2. Treatment (during treatment)

2A	Physical
2B	Feeling
2C	Thoughts
2D	Awareness
2E	Warmth
2F	Sense of Vitality

3. After Treatment

3B	Feeling
3C	Thoughts/Consciousness
3D	Sense of Self
3E	Warmth
3F	Sense of Vitality
3G	Initiative to be Active
3H	Significant Comments

Index				Constituent Profile		Redund / Irrele NMU/CT	Res Key
Intv	QNo	NMU	(I/Q/NMU)	Q s t i o n	NMU Descriptions		
1	1		1.1		What is your experience of receiving a ginger compress?		q
1	1	1	1.1.1		Very relaxing	The ginger compress was very relaxing	x
1	1	2	1.1.2		I was in myself	I was connected to myself	3D
1	1	3	1.1.3		Very even body temperature the rest of the day	I had very even body temperature for the rest of the day	3E
1	1	4	1.1.4		Though it was a windy day I had bare legs and bare feet and sandals	Although it was a windy day, I had bare legs and feet in my sandals	x
1	1	5	1.1.5		I felt really incarnated and part of my body and present mmm warm	I felt really incarnated and present in my body, warm	3D
1	1	6	1.1.6		The physical warmth of the heated compress was very pleasant	The warmth of the compress was very pleasant	2E
1	1	7	1.1.7		I had expected it to feel hotter	I had expected it to feel hotter	1A
1	1	8	1.1.8		To feel the radiating fire of the ginger	I had expected to feel the radiating fire of the ginger	1A
1	1	9	1.1.9		It was a surprise that it was so gentle	I was surprised it was so gentle	2A
1	1	10	1.1.10		Just the physical warmth of the warm cloth initially	Initially I just felt the physical warmth of the compress cloth	2A
1	1	11	1.1.11		Then came this pricking almost cool heat of the ginger through onto the kidney area	Then I felt this pricking, almost cool heat from the ginger onto the kidney area	2A
1	1	12	1.1.12		Grew to radiate through my whole body slowly	This heat grew and slowly radiated through my whole body	2E
1	1	13	1.1.13		Pleasant	The heat was pleasant	2B
1	1	14	1.1.14		Feeling of being permeated with this activity and warmth	I felt this activity and warmth permeate my body	2E
1	1	15	1.1.15		Not prickly at that stage	(The ginger compress was not prickly at this stage)	x
1	1	16	1.1.16		It was only initially over the kidney area where it had this prickly cool sort of feeling	It was only initially that the ginger compress had a prickly, cool sort of feeling over the kidney area	2A
1	1	17	1.1.17		The warmth came from the feeling of activity through my whole body	The warmth came from the feeling of activity through my whole body	2E
1	1	18	1.1.18		A feeling of being awake and aware through my whole body	I felt awake and aware through my whole body	3D
1	1	19	1.1.19		Even sort of in a way as though my circulation was very active and I was aware of it	I felt as though I became aware of my activated circulation	2F
1	1	20	1.1.20		Not overactive	The circulation wasn't overactive	2F
1	1	21	1.1.21		I felt just as present in my lower limbs as in my belly, shoulders, arms everywhere I felt aware of my whole body	I felt present in my shoulders, arms, abdomen and lower limbs, in my whole body	3D
1	1	22	1.1.22		I felt I was aware of my whole circulation in a way	I experienced my whole circulation	2F

Index				Constituent Profile		Redund / Irrele NMU/CT	Res Key
Intv	QNo	NMU	(I/Q/NMU)	Q s t i n	NMU Descriptions		
1	2		1.2		Could you describe any physical changes in your body?		q
1	2	23	1.2.23		During the compress it was a surprisingly slow radiating warmth through my body the warmth from the ginger	While the compress was on the ginger emanated a surprising slow radiating warmth through my body	2E
1	2	24	1.2.24		The compress itself felt almost..... it was physically warm from the	The compress felt physically warm from the heat	x
1	2	25	1.2.25		Then almost a prickling cold sensation from the ginger activity	(There was almost a cold prickling sensation from the ginger activity)	x
1	2	26	1.2.26		I sort of expected that to be sort of more powerful and strong so that it was just subtle	I had expected the compress to be more powerful and strong yet it was just a subtle effect	1A
1	2	27	1.2.27		Oil was applied and there was no prickling	When oil was applied the prickling stopped	2A
1	2	28	1.2.28		I was deeply relaxed afterwards I remember dropping off to sleep	I was deeply relaxed afterwards and went to sleep	2F
1	3		1.3		Could you tell me about any changes in your thought life?		q
1	3	29	1.3.29		During the compress I had reoccurring incidents from the past which relate to a court hearing I have coming up next week	During the compress I thought of reoccurring incidents from the past which relate to a court hearing I have next week	2C
1	3	30	1.3.30		That I haven't thought about for a long time	I haven't thought about this for a longtime	2C
1	3	31	1.3.31		Actually will be helpful just to have clarity about for those reasons	Consequently it will be helpful to have clarity about this	2C
1	3	32	1.3.32		After the rest they had gone	After the rest these thoughts had passed	2C
1	3	33	1.3.33		It felt like the thoughts were quite persistent playing on this track during the compress and during the rest time	I felt as though these thoughts were quite persistent both when the compress was on and during the rest-time	2C
1	3	34	1.3.34		I drifted off into something else that came	I drifted off into something else that came	x
1	3	35	1.3.35		The theme to do with this court situation came back three or four times	This court hearing came into my thoughts three or four times	2C
1	3	36	1.3.36		Afterwards and back into my day and meeting up with various people and I've been with someone who is a bit agitated	After the treatment, later in the day, when meeting people I met someone who was a bit agitated	3B
1	3	37	1.3.37		Felt very full of equanimity and ease	I felt full of equanimity and calm	3B
1	3	38	1.3.38		Not drawn into their antipathy response	I was not drawn into their antipathy response	3B
1	3	39	1.3.39		Centred is the word that keeps coming up	I felt centered	3D
1	3	40	1.3.40		Because I felt contained in my soul responses to things and not drawn out	I felt contained in my soul responses to things, not distracted	3B
1	3	41	1.3.41		Like this agitation that was around me in other people either in sympathy or antipathy I didn't feel either	There was this agitation in people around me and I felt neither sympathy or antipathy	3B
1	3	42	1.3.42		I felt more an observer kind of consciousness in myself and to the world	I felt more an observer kind of consciousness towards the world	3C

Index				Constituent Profile		Redund / Irrele NMU/CT	Res Key
Intv	QNo	NMU	(I/Q/NMU)	NMU Descriptions	Central Themes		
1	3		1.3	Could you tell me about any changes in your thought life?... continued		q	
1	3	43	1.3.43	Centering is I think the soul mood to do with equanimity. I think equanimity is the word	I think centering is the soul mood to do with equanimity		3B
1	3	44	1.3.44	That my soul wasn't flowing outwards in a sympathetic or antipathetic reaction	My soul wasn't responding in either a sympathetic or antipathetic manner		3B
1	3	45	1.3.45	But aware of the world around me and aware of everything that was happening around me	I was aware of the world and everything that was happening around me		3C
1	3	46	1.3.46	Not participating but not in any way judging or losing myself in other experiences or the experiences of others	I was neither participating nor in any way judging or losing myself in the experiences of others		3C

Index				Constituent Profile		Redund / Irrele NMU/CT	Res Key
Intv	QNo	NMU	(I/Q/NMU)	Q s t i n	NMU Descriptions		
1	4		1.4		<i>How has this experience affected you?</i>		q
1	4	47	1.4.47		Centering is the word that comes to mind	Centering is the word that comes to mind	3B
1	4	48	1.4.48		Even though I was deeply relaxed	I was deeply relaxed	2B
1	4	49	1.4.49		It was early in the morning	It was early in the morning	x
1	4	50	1.4.50		I thought I am going to be dreamy for the rest of the day	I expected to be dreamy for the remainder of the day	1A
1	4	51	1.4.51		I was sharp in my thinking	I was sharp in my thinking	3C
1	4	52	1.4.52		Feel awake in my body	I felt awake in my body	3F
1	4	53	1.4.53		Feel pretty mobile in my soul	I felt mobile in my soul	3B
1	4	54	1.4.54		I feel capable and calm and ready for what is coming	I felt capable and calm and ready for what was coming	3D
1	4	55	1.4.55		I like that it is a good space to be in	I like that, it is a good space to be in	3C
1	4	56	1.4.56		Because the conversation was just	(Because the conversation was just...)	x
1	4	57	1.4.57		That sense lasted three or four days, the sense of well being and equanimity	That sense of well being and equanimity lasted three or four days	3D
1	4	58	1.4.58		It was a sense I would like to have all the time actually	It was a sense I would like to have all the time actually	3C
1	4	59	1.4.59		I would like to repeat it	I would like to repeat it	3H
1	4	60	1.4.60		At times I have felt this would be a good day, a help at the moment when life is overwhelming or a feeling of not handling things very well or overtired and agitated	At times I have felt this would be a good day, this would help at this moment, when life is overwhelming or I am not handling things very well or I am agitated and overtired	3H
1	4	61	1.4.61		I could see where it would be useful for me	I could see where it would be of value for me	3H
1	4	62	1.4.62		Other physical things I didn't pay attention to or didn't notice any other particular responses	I didn't notice or pay attention to other physical or any other specific responses	x
1	4	63	1.4.63		So impressed	I was so impressed	3C
1	4	64	1.4.64		I work as a rhythmical masseuse	I work as a masseuse	1B
1	4	65	1.4.65		I meet people who have a need of a centering activity	I meet people who need a centering activity	3H
1	4	66	1.4.66		I meet many people who would benefit from such a way of composure	I meet many people who would benefit from such a way of composure	3H
1	4	67	1.4.67		It would have been the pricking I remember saying oh gosh that was surprising	I remember the prickly feeling and saying that was a surprise	x
1	4	68	1.4.68		But I can't remember whether it was the pricking	(I can't remember whether it was the pricking)	x
1	4	69	1.4.69		I am not as sharp in the head as I maybe I think I was	(I am not as sharp in the head as I maybe thought I was)	x

Thematic Index – Natural Meaning Units (NMUs) - continued

Index				Constituent Profile		Redund / Irrele NMU/CT	Res Key
Intv	QNo	NMU	(I/Q/NMU)	Q s t i o n	NMU Descriptions		
6	1		6.1		<i>What is your experience of receiving a ginger compress?</i>		q
6	1	1	6.1.1		I had one last Wednesday	I received one ginger compresses last Wednesday	x
6	1	2	6.1.2		Well I am the type of person who still finds it hard to receive all the nurturing	I am the type of person who finds it hard to receive all this nurturing	1B
6	1	3	6.1.3		Because I am so used to doing it	This is because I am so accustomed to giving it	1B
6	1	4	6.1.4		So the simple aspect of stepping over the threshold of receiving care and nurturing, is yeah, is a threshold	So the simple act of stepping over the threshold and receiving care and nurture is a threshold for me	1B
6	1	5	6.1.5		I allow myself to just enjoy it I suppose	I allowed myself to just enjoy the treatment	1B
6	1	6	6.1.6		Let it be given to me	I allowed the ginger compress to be given to me	x
6	1	7	6.1.7		So that is an emotional and psychological as well, I don't know it is a threshold	That is an emotional and psychological threshold for me	1B
6	1	8	6.1.8		It is definitely an issue for me to be able to allow myself to be nurtured	It is definitely an issue for me to allow myself to be nurtured	x
6	1	9	6.1.9		Because I am so much all my life the one who nurtures	All my life I have been the one who nurtures	1B
6	1	10	6.1.10		So that is actually so wonderful	So this is actually so wonderful	2B
6	1	11	6.1.11		This morning I said to the nurse I am going to stay here, I don't want to get up, I don't want to get into the day	This morning I said to the nurse I am going to stay here, I don't want to get up and move into the day	2F
6	1	12	6.1.12		I am just going to stay here	(I am just going to stay here)	x
6	1	13	6.1.13		Also I am the type of person who needs to be actually stopped to be slowed down	I am the type of person who needs to be stopped, to be slowed down	1B
6	1	14	6.1.14		Preferably in a comfortable nurturing way as well	Preferably in a comfortable and nurturing way	1B
6	1	15	6.1.15		Even so it is quite an effort to get here	Nonetheless it was quite an effort to get to the treatment	1B
6	1	16	6.1.16		It is good to be just wrapped up	It is good to be all wrapped up	2A
6	1	17	6.1.17		To relax and my body does nothing tense	To be able to relax and loose my body tension	2F
6	1	18	6.1.18		Because it is really relaxing for me if I am lying there all nice and warm and snug not tense	It is so relaxing for me lying there all warm and nice and snug	2F
6	1	19	6.1.19		So it is good for me to just relax	It is so good for me to relax	2F
6	1	20	6.1.20		The nurturing aspect is just great	The nurturing aspect is great	2A
6	1	21	6.1.21		It is just really good to be cocooned in, all snugly, everything warm with the ginger compress on the back of the body	I felt good all cocooned in, snugly and warm, with the ginger compress on the back of my body	2A
6	1	22	6.1.22		Because I am such a sense, nerve person anyway	I am such a nerve, sense person	1B
6	1	23	6.1.23		It is great to have this	It is great to have this treatment	x
6	1	24	6.1.24		I consider it being part of the process in having something warm and still	(I consider it being part of the process in having something warm and still)	x

Index				Constituent Profile		Redund / Irrele NMU/CT	Res Key
Intv	QNo	NMU	(I/Q/NMU)	Q s t i n	NMU Descriptions		
6	2		6.2		Could you describe any physical changes in your body?		q
6	2	25	6.2.25		Well physically initially a quite warm cloth is like ah	Physically the warm ginger compress is so good	2A
6	2	26	6.2.26		The whole thing is an ah experience. It really is it is ah, it really is so ah so that is really good	The ginger compress is such an awesome experience	2A
6	2	27	6.2.27		Also that the wrap gets wrapped round quite firm	One is wrapped up so firm during the treatment	2A
6	2	28	6.2.28		It felt really balanced to feel the firmness, but it is like a holding together, I said it is like wearing a corset	It is so balanced having that firmness to hold you, it is like wearing a corset	2A
6	2	29	6.2.29		It goes with the sense of touch as well	The sense of firmness is connected to the sense of touch	2A
6	2	30	6.2.30		It is like touch all around through the firmness	There is this sense of touch through the firmness all around one	2A
6	2	31	6.2.31		All through that hour	The sense of firmness lasted for the whole hour of the treatment	2A
6	2	32	6.2.32		I noticed with my ginger compress my left side responds differently to my right side	I noticed during the ginger compress my left side responded differently to my right side	2A
6	2	33	6.2.33		That was really interesting	That was really interesting	x
6	2	34	6.2.34		I lay there and I go this is so good	This treatment is so good	x
6	2	35	6.2.35		I thought what is happening	I lay there and thought about what was happening during the treatment	2C
6	2	36	6.2.36		My skin reacts to it on the left	(My skin reacts to the compress on the left)	x
6	2	37	6.2.37		I don't know why, I have absolutely no idea, it doesn't really matter	I do not know why, I have absolutely no idea, it doesn't really matter	x
6	2	38	6.2.38		It starts on the left and it takes quite a while	The reaction begins gradually on the left side	2A
6	2	39	6.2.39		It is like this little bit of, all I could think of was 'tigerbalm'	The ginger compress is rather like 'tigerbalm'	2E
6	2	40	6.2.40		It actually is like a very mild version of it	The ginger compress is actually a very mild 'tigerbalm' type response	2E
6	2	41	6.2.41		A little bit of prickling but very mild	I experienced a mild prickling from the ginger compress	2A
6	2	42	6.2.42		At a certain point it goes into like a nearly cool experience	Gradually a cool experience developed	2A
6	2	43	6.2.43		Then it goes warm again and then it shifts on to my right side	Then the ginger compress becomes warm again as the reaction moves to the right side	2E
6	2	44	6.2.44		Sort of towards the end of the last five or so minutes	This happens towards the end of the last five or so minutes	2E
6	2	45	6.2.45		Then the reaction is on the right side, it starts on my left and goes to my right	The reaction starts on my left side and moves to my right	2A
6	2	46	6.2.46		I would love to know why I really would	I would really like to know why	x
6	2	47	6.2.47		I have got a lot of lower back pain, a bit of right side hip, actually I have a lot of joint ache anyway	I have a lot of joint ache, particularly lower back and right side hip pain	2D

Thematic Index – Natural Meaning Units (NMUs) - continued

Index				Constituent Profile		Redund / Irrele NMU/CT	Res Key
Intv	QNo	NMU	(I/Q/NMU)	Q s t i o n	NMU Descriptions		
6	2		6.2		<i>Could you describe any physical changes in your body?... continued</i>		q
6	2	48	6.2.48		I found that when the hot cloth got applied it seemed that if it is kidney orientated, well hold on, maybe my lower back aches, not muscles and joints, maybe connected to my kidneys	When the hot compress was applied to my kidney area I thought maybe my lower back aches are connected to my kidneys rather than my muscles and joints	2D
6	2	49	6.2.49		Which apparently can cause lower back pain	Apparently the kidneys can cause lower back pain	2D
6	2	50	6.2.50		I am really glad I am doing something about my kidneys	I am really glad I am doing something about my kidneys	2D
6	2	51	6.2.51		It is just such an interesting experience to realize that somehow I am doing something for my lower backache too	It is just such an interesting experience to realise I am somehow doing something for my lower backache as well	2D

Index				Constituent Profile		Redund / Irrele NMU/CT	Res Key
Intv	QNo	NMU	(I/Q/NMU)	NMU Descriptions	Central Themes		
6	2a		6.2a	<i>So could you tell me more about that?</i>		q	
6	2a	52	6.2a.52	Well while I was lying there the warmth seems to have spread out	While I was lying down the warmth seemed to spread out in my body		2E
6	2a	53	6.2a.53	Which eased the sort of tension and achy bits in my lower back	The warmth eased the tense and achy parts of my lower back		2E
6	2a	54	6.2a.54	I also found that again on my left side a little bit of prickling, it got a little itchy a bit	Initially there was a little bit of prickling and itchiness on my left side		2A
6	2a	55	6.2a.55	Actually it went down the muscle right down to the like the bone of the hip	Actually the warmth went down the muscle right down to the hip bone		2E
6	2a	56	6.2a.56	It actually spread out again on my left	The warmth spread out again on my left side		2E
6	2a	57	6.2a.57	It hasn't specially gone across to my right a little bit down	The warmth didn't especially go down the right side		2E
6	2a	58	6.2a.58	That I noticed	I noticed that	x	
6	2a	59	6.2a.59	So it is interesting	It is interesting	x	
6	2a	60	6.2a.60	It goes right down to the hip	It goes right down to the hip	x	
6	2a	61	6.2a.61	I find that really fascinating	I find that really fascinating	x	
6	2a	62	6.2a.62	I haven't got the knowledge base or an explanation to understand this	I do not have the knowledge base or an explanation to understand this	x	
6	2a	63	6.2a.63	That was the physical experience	That was the physical experience	x	
6	2a	64	6.2a.64	The difference also physically was that the first time I had cold feet	Also the first time there is the physical effect on my cold feet		2A
6	2a	65	6.2a.65	Everything on me was so cold even though it was a nice day	My whole body was cold even though it was a nice day		2A
6	2a	66	6.2a.66	Wasn't a rainy yuk day like today	It wasn't wet or unpleasant like today	x	
6	2a	67	6.2a.67	I really felt totally comfortable with what I had on	I felt totally comfortable with what I was wearing		2A
6	2a	68	6.2a.68	Like I had on a little singlet thing and a sort of top and a hottie on the feet	I had on a singlet and a sort of top and a hottie on my feet	x	
6	2a	69	6.2a.69	I felt really comfortable	I was really comfortable	x	
6	2a	70	6.2a.70	I started off being more on the cold side	I began being on the cold side	x	
6	2a	71	6.2a.71	Whereas today I actually started to feel quite hot like	While today I actually started to feel quite hot		2E
6	2a	72	6.2a.72	I took my feet off the hottie and I had to eventually take the blankets down	I had to take my feet off the hottie and draw the blankets down		2E
6	2a	73	6.2a.73	I wou so there is something about this warmth body of mine is going	So there is something about this warmth body of mine that is changing		3E
6	2a	74	6.2a.74	Cause I usually run more cold and I have the tendency to be cold	Because I usually feel colder, I have the tendency to be cold		1B

Thematic Index – Natural Meaning Units (NMUs) - continued

Index				Constituent Profile		Redund / Irrel NMU/CT	Res Key
Intv	QNo	NMU	(I/Q/NMU)	NMU Descriptions	Central Themes		
6	2b			6.2b	Your whole body feels cold?	q	
6	2b	75	6.2b.75	Yeah like I have three jumpers on in winter and that sort of thing and thick woolly socks	Yes, I have three jumpers on in the winter and thick woolly socks		1B
6	2b	76	6.2b.76	So I was surprised that somehow there was a lot more heating happening than I thought there was	I was surprised that there was so much warming happening, more than I expected		3E
6	2b	77	6.2b.77	It is so in the whole day now, I was not cold, everything was warm	This was so the whole day, I was not cold rather warm		3E
6	2c			6.2c	So it lasted?	q	
6	2c	78	6.2c.78	Yeah, and I am not clear that is meant to be	Yes, I am not sure what that means	x	
6	2c	79	6.2c.79	But anyway it is something I have noticed physically	Anyway it is something I have noticed physically	x	
6	2c	80	6.2c.80	Mmmm you will have to ask me a bit more...	(You will need to ask me more)	x	
6	2d			6.2d	Could you tell me....	q	
6	2d	81	6.2d.81	Ah there is something else physical, I just remembered	I have just remembered something else physical	x	
6	2d	82	6.2d.82	I have a very exhausting tendency of having to get up at night to go for a pee	I have a most exhausting tendency to get up at night to go to the toilet		3F
6	2d	83	6.2d.83	It really bugs me	Waking at night to go to the toilet really annoys me		3F
6	2d	84	6.2d.84	Because I've got this allergic reaction after my two children have had nights after nights up and nights up	I have had this allergic reaction since my two children have been young and woken me night after night		3F
6	2d	85	6.2d.85	Now I have to get up just so I can have a pee	Now I have to get up just to go to the toilet	x	
6	2d	86	6.2d.86	It irritates me	It annoys me	x	
6	2d	87	6.2d.87	So when I actually I first had the ginger compress I slept through the night	When I had the first ginger compress I slept through the night		3F
6	2d	88	6.2d.88	So I want to see tonight if I sleep all night	I want to see if I sleep all night tonight		3F
6	2d	89	6.2d.89	So that is a physical change I just had to put that in	So sleeping through the night was a significant change		3F
6	2d	90	6.2d.90	That was great	That was great	x	
6	2d	91	6.2d.91	I forgot that I didn't need to get up	I forgot that I didn't get up at night	x	
6	2d	92	6.2d.92	I am so pleased to have that small change of not having to get up	I am so pleased to have that small change in my night time habits		3F
6	2d	93	6.2d.93	Actually slept through the night	To actually sleep through the night		3F

Index				Constituent Profile		Redund / Irrele NMU/CT	Res Key
Intv	QNo	NMU	(I/Q/NMU)	NMU Descriptions	Central Themes		
6	3		6.3	<i>Could you tell me about any changes in your thought life?</i>		q	
6	3	94	6.3.94	I said to the nurse it is amazing where the thoughts go	I commented to the nurse that it is amazing where all the thoughts go		2C
6	3	95	6.3.95	At the stage of monitoring my thoughts they just went flipping all over the place	When I was monitoring my thoughts they were all over the place		2C
6	3	96	6.3.96	From doing the shopping to whether I need to put socks on this morning to where I need to go next, you know that sort of thing	My thoughts went from shopping to whether I need to put socks on in the morning to where I need to go next, that sort of thinking		2C
6	3	97	6.3.97	I said it is amazing what thoughts can come	I said it is amazing what thoughts come to one	x	
6	3	98	6.3.98	I didn't monitor my thought life in the week	I didn't monitor my thought life through the week		3C
6	3	99	6.3.99	Then today I consciously just focused more on relaxing my body and didn't have to think	Today I just consciously focused on relaxing my body and not thinking		2C
6	3	100	6.3.100	Very busy little head anyway	I have a very busy head anyway		1B
6	3	101	6.3.101	Though it wasn't as busy in my head this time as it was last time	Although my head was less busy this time than the previous time		2C
6	3	102	6.3.102	I noticed the difference between the business last time and the not so busy this time, that's true	I did notice this difference between the head business last time and the not so busy this time		2C
6	3	103	6.3.103	I am more aware of that effect	I am more aware of that effect	x	
6	3	104	6.3.104	I wouldn't be able to tell a difference in my thought life to when I am actually not having a compress because life is so full and um I am pretty engaged a lot of the time	I would not be able to compare the difference in my thought life to when I am not having a compress as my life is so fully engaged		3C
6	3	105	6.3.105	But I've managed it alright	I have managed alright	x	
6	3	106	6.3.106	I do feel still exhausted um in the evening	I do still feel exhausted in the evening		3G
6	3	107	6.3.107	Emotionally I don't feel stressed emotionally	Emotionally I don't feel stressed		3B
6	3	108	6.3.108	I feel woo I want to stay there. I definitely need to be able to stay like that	I feel I really want to stay there		3B
6	3	109	6.3.109	Not to be overwhelmed by outer events no matter what approaches from outer events	I don't want to be overwhelmed by outer events no matter what approaches		3B
6	3	110	6.3.110	The ginger compress helped to do that as well	The ginger compress helped to achieve this sense of emotional calm		3B
6	3	111	6.3.111	I have been trying to practise that anyway	I have been trying to practice calming emotionally		3B
6	3	112	6.3.112	I am aware that I need to physically support that as well	I am aware that I need to offer physical support to this as well	x	
6	3	113	6.3.113	My knowledge base has a limit	My knowledge base has a limit	x	
6	3	114	6.3.114	I need to be able to face things, not to be overwhelmed by things	I need to be able to face things and not allow them to overwhelm me		3B

Thematic Index – Natural Meaning Units (NMUs) - continued

Index				Constituent Profile		Redund / Irrele NMU/CT	Res Key
Intv	QNo	NMU	(I/Q/NMU)	NMU Descriptions	Central Themes		
6	3a			6.3a	<i>So you have noticed a change?</i>		q
6	3a	115	6.3a.115	Yes this last week has been pretty good, if it comes to that	Yes this last week has been pretty good		3D
6	3a	116	6.3a.116	Yeah things are getting a lot better in my life anyway	Yes things are improving in my life	x	3D
6	3a	117	6.3a.117	I was so overwhelmed it wasn't funny	I was so overwhelmed by outer events		3D
6	3a	118	6.3a.118	But that has improved significantly	My disturbance by outer events has improved significantly		3D
6	3a	119	6.3a.119	That is good	It is good to not be disturbed by outer events		3D
6	3a	120	6.3a.120	I am really glad I am doing something for my kidneys	I am really glad I am doing something for my kidneys	x	
6	3a	121	6.3a.121	I am yeah, social balance interacting socially balanced without getting stressed	Yes, to be socially balanced and interacting socially without becoming stressed		3D
6	3a	122	6.3a.122	I just need to be able to stop being drawn out so much	I just need to stop being drawn out so much		3D
6	3a	123	6.3a.123	I have functioned quite well this week considering that I have had activities back at the polytech	I have managed well this week considering I am back at the polytech	x	
6	3a	124	6.3a.124	Which seems the right thing to do	This seems the right thing to do	x	
6	4			6.4	<i>How has this experience affected you?</i>		q
6	4	125	6.4.125	Because I do other therapies as well like acupuncture and massage, it is a bit hard to tell for me what is the ginger compress and what is not	As I do other therapies as well, like acupuncture and massage, it is difficult to know what is the ginger compress and what is not	x	
6	4	126	6.4.126	Apart from the physical result of not having to get up and pee and the warmth physically	Following the ginger compress there was the physical effect of the warmth and not having to get up to the toilet at night		3F
6	4	127	6.4.127	Well I would definitely love to put that into the slot of that, that was the ginger compress	I would love to say that was the ginger compress	x	
6	4	128	6.4.128	It really helped, it did	It really did help	x	
6	4	129	6.4.129	That was the physical thing which I can really see	That was the physical effect I am conscious of	x	
6	4	130	6.4.130	I just now will enjoy myself between one week and the next	(Now I will enjoy myself from one week to the next)	x	
6	4	131	6.4.131	No, hang on, what am I saying a week, I had one Wednesday and Friday, every two days	Wait on, I have a compress every two days, Wednesday and Friday	x	
6	4	132	6.4.132	I want to be able to specifically say this is because of the compress	I want to be really specific about what is the effect of the compress	x	
6	4	133	6.4.133	Physically there was something, emotionally I'm not sure	Physically there was an effect emotionally I am not sure		3B

Index				Constituent Profile		Redund / Irrele NMU/CT	Res Key
Intv	QNo	NMU	(I/Q/NMU)	Q s t i n	NMU Descriptions		
6	4a		6.4a		So the physical change?		q
6	4a	134	6.4a.134		That is the thing I mentioned when I first came my feet and hands were cold	When I first came I mentioned that my feet and hands were cold	x
6	4a	135	6.4a.135		Which I was warm by the time I left	By the time I left they were warm	x
6	4a	136	6.4a.136		It was definitely a cold start where the other day it was a warm day	It was definitely a cold start for me and it was a warm day	x
6	4a	137	6.4a.137		Where today my feet were warm	Today my feet are warm	x
6	4a	138	6.4a.138		So I think it's improved my warmth body	I think the ginger compress has improved my warmth body	3E
6	4a	139	6.4a.139		It must have because there is no other explanation for that one so that's actually a physical thing	The ginger compress must have improved my warmth body as there is no other explanation for this physical change	3E
6	4a	140	6.4a.140		Now emotionally if I am a lot nicer to my children or something is that my warmth body	Is it my warmth body if emotionally I am kinder to my children	x
6	4a	141	6.4a.141		I am not sure if those two do match up	I am not sure that those aspects match up	x
6	4a	142	6.4a.142		Definitely there is, yes today is definitely again running on the warmer side of things	Definitely today I am running on the warmer side	3E
6	4a	143	6.4a.143		Like usually I am definitely the person with an extra cardigan and an extra jacket in the car and so that I would say surprises me	This surprises me as usually I am the person with an extra cardigan and jacket in the car	3E
6	4a	144	6.4a.144		I would have to say that is a surprise because that usually is not something which happens to me, that my warmth organism is sort of spreading out to that degree	I would have to say this is surprising because it isn't usual for me to have my warmth organism spreading out to this degree	3E
6	4a	145	6.4a.145		There is, you know, the little end bits but also the degree of warmth yeah it is amazing	This degree of warmth is amazing	3E
6	4a	146	6.4a.146		I am actually sort of like warm, actually this is something it surprises me	I am surprised that I am actually warm	x
6	4a	147	6.4a.147		Because I know some other people go round a lot hotter than I usually do	I know other people who are warmer people than I usually am	3E
6	4a	148	6.4a.148		So I have suddenly become one of those people who runs hotter	I have suddenly become one of those people who is warmer	3E
6	4a	149	6.4a.149		Which does, I think may, have something to do with the ginger compress	I think this sense of being warm has something to do with the ginger compress	3E
6	4a	150	6.4a.150		Because that is really nothing has done that yet	Nothing else has warmed me like this ginger compress	3E
6	4a	151	6.4a.151		So it must be it has affected my warmth, definitely did, I would say I am pretty much sure that it has done that	The ginger compress definitely must have affected my warmth body	3E
6	4a	152	6.4a.152		It is amazing, which is good, it is awesome	The ginger compress is amazing, good and awesome	3H

Thematic Index – Natural Meaning Units (NMUs) - continued

Index				Constituent Profile		Redund / Irrele NMU/CT	Res Key
Intv	QNo	NMU	(I/Q/NMU)	Q s t n	NMU Descriptions		
6	4a		6.4a		<i>So the physical change? ... continued</i>		q
6	4a	153	6.4a.153		Which means everything is going to it's place where it should go, you know right to the tips of my fingers and toes	This means everything is going to the right place, you know right to my fingers and toes	3E
6	4a	154	6.4a.154		That is great	(This is great)	x
6	4a	155	6.4a.155		It is just something I have not had for such a long time that it really takes me my surprise	The sense of warmth is something that I have not had for such a long time that it takes me by surprise	3E
6	4a	156	6.4a.156		Yeah, it must be quite powerful stuff you know	The ginger compress must be very powerful	3E

Index				Constituent Profile		Redund / Irrele NMU/CT	Res Key
Intv	QNo	NMU	(I/Q/NMU)	Q s i n	NMU Descriptions		
6	4b		6.4b		Anything else?		q
6	4b	157	6.4b.157		I definitely look forward to tomorrows one	I definitely look forward to tomorrows compress	x
6	4b	158	6.4b.158		I am having seven of them eventually	I am having seven compresses eventually	3H
6	4b	159	6.4b.159		I am keen on following things through for sure	I am certainly keen to follow the process through	3H
6	4b	160	6.4b.160		I am quite keen in monitoring myself in what's happening, physically and emotionally and just the levels I can actually detect	I am keen to monitor myself and see what is happening, physically, emotionally and all levels I can detect	3H
6	4b	161	6.4b.161		I am always really keen to know about myself	I am always keen to know about myself	x
6	4b	162	6.4b.162		I am doing it because self care is not a big part in my life	I am doing this because self care is not a big part in my life	x
6	4b	163	6.4b.163		I am really interested because I didn't get up to pee one night and my warmth organism is definitely going heating heating hot	I am very interested because I didn't get up to the toilet one night and my warmth body is definitely heating hot	x
6	4b	164	6.4b.164		So I mean I had two	So there were two physical changes	x
6	4b	165	6.4b.165		So I am really want to know the next one and the next one and the next one really keen to see what happens	I really want to continue and see what happens as a result of the ginger compresses	3H
6	4b	166	6.4b.166		I am quite happy to write a book about it	I am happy to write a book on it	3H
6	4c		6.4c		How about the one?		q
6	4c	167	6.4c.167		The one is enough proof for me	One ginger compress is enough proof for me	3H
6	4c	168	6.4c.168		Yeah, I love it	I love the ginger compress	3B
6	4c	169	6.4c.169		I mean I work in the body industry, I've done massages.....	I work in the body industry, I do massaging	x
6	4c	170	6.4c.170		It does something it definitely affects the whole body	The ginger compress definitely does something that affects the whole body	3F
6	4c	171	6.4c.171		I am absolutely sure it does the emotional life as well and the thinking too	I am absolutely sure the ginger compress affects the emotional and the thinking aspect of my being	3B
6	4c	172	6.4c.172		An awesome support for my process really is	The ginger compress is really is an awesome support for me	x

Thematic Index – Natural Meaning Units (NMUs) - continued

Index				Constituent Profile		Redund / Irrele NMU/CT	Res Key
Intv	QNo	NMU	(I/Q/NMU)	Q s t n	NMU Descriptions		
6	4d		6.4d		So can you tell me more about that?		q
6	4d	173	6.4d.173		Well that one, like I said, that is a tricky one to know what is what within two days, you know	Well it is tricky to say what is what regarding the first one within two days	x
6	4d	174	6.4d.174		Because I have been training myself anyway in slow down, calm down and take it easy	I have been training myself to slow down, calm down and take it easy	1B
6	4d	175	6.4d.175		My attitudes are at the moment I don't need to rush, if I rush no-one forces me to rush	I have been working on developing the attitude that I don't need to rush and if I rush it is my choice	1B
6	4d	176	6.4d.176		You know, I have been doing all this sort of stuff for a few years now so it is really hard to know in the two days between Wednesday and Friday	I have been working on this a few years now so it is really hard to know between Wednesday and Friday	x
6	4d	177	6.4d.177		Emotionally, if I would have to put it in a nutshell, both calm, calm would be the word I put there, yes it is a certain stillness, calmness, yeah that would be a nutshell	If I were to put it into a nutshell I experienced a certain stillness and calmness	3B
6	4d	178	6.4d.178		I yes, I didn't start to feel afraid or anything	I didn't feel afraid or anything	3B
6	4d	179	6.4d.179		So I think it is the still and calm, that confirmation wise, very low stress orientated, which is really good	I think it is the still, the calm, the reassurance, the low stress orientation which is so good	3B
6	4d	180	6.4d.180		I was actually thinking, because I usually have a busy head, I don't think my head has been that busy, which is quite good	I am aware that my usually busy head has not been so busy, this is really good	3C
6	4d	181	6.4d.181		I do what I need to think, you know, I think about what I need to think about it, but I don't excess about it or something	I think about what I need to do but I don't excess about any thing	3C
6	4d	182	6.4d.182		I don't keep nit picking at	I don't keep nit picking	x
6	4d	183	6.4d.183		Yeah I suppose it may lay out into the heap as well as the emotional state	This could be included along with the emotional state	x
6	4d	184	6.4d.184		That is good, that is really great	It is good really great	x
6	4d	185	6.4d.185		Any type of compress which causes that state and supports it I am very keen to have	Any type of compress that induces such a state and supports it I am keen to have	x
6	4d	186	6.4d.186		So whatever it has definitely done, it has been that calm which is awesome	Whatever the effect, there has been a calming which is awesome	3B
6	4d	187	6.4d.187		Really scrummy, it enhances the quality of life, it's good stuff, it does it really does	The ginger compress enhances ones quality of life, it is so good	3H
6	4d	188	6.4d.188		I will be recommending them to other people for sure	I will be recommending ginger compresses to other people	3H
6	4d	189	6.4d.189		Definitely, I think kidney compresses are good	I definitely think the kidney compress is good	3H
6	4d	190	6.4d.190		Comfortable right through on all levels	The ginger compress is comfortable right through on all levels	3H
6	4d	191	6.4d.191		Totally safe, non-threatening	The ginger compress is totally safe and non-threatening	3H

Index				Constituent Profile		Redund / Irrele NMU/CT	Res Key
Intv	QNo	NMU	(I/Q/NMU)	NMU Descriptions	Central Themes		
6	4d		6.4d	<i>So can you tell me more about that? ... continued</i>		q	
6	4d	192	6.4d.192	No major rashes turning up afterwards	No major rashes appeared after the treatment		3H
6	4d	193	6.4d.193	No unpleasant side effects, absolutely not	Absolutely no unpleasant side effects from the ginger compress		3H
6	4d	194	6.4d.194	Yeah, the whole experience is rather yummy and delicious on all levels, totally	The whole experience was delicious on all levels		3H
6	4d	195	6.4d.195	Like I said I look forward to my other remaining six	I look forward to my remaining six	x	
6	4d	196	6.4d.196	Really good	It was really good	x	

Index					Constituent Profile	
Intv	Res Key	QNo	NMU	(I/Q/NMU)	NMU Descriptions	Central Themes
1	1A	Profile			I had anticipated the ginger compress experience having an intense and potent effect that would cause a loss of concentration for the day	
1	1A	1	7	1.1.7	I had expected it to feel hotter	I had expected it to feel hotter
1	1A	1	8	1.1.8	To feel the radiating fire of the ginger	I had expected to feel the radiating fire of the ginger
1	1A	2	26	1.2.26	I sort of expected that to be sort of more powerful and strong so that it was just subtle	I had expected the compress to be more powerful and strong yet it was just a subtle effect
1	1A	4	50	1.4.50	I thought I am going to be dreamy for the rest of the day	I expected to be dreamy for the remainder of the day
1	1B	Profile			I work as a masseuse	
1	1B	4	64	1.4.64	I work as a rhythmical masseuse	I work as a masseuse
1	2A	Profile			Initially I was aware of both the warmth and the prickly cool feeling over the kidneys. It was surprisingly gentle.	
1	2A	1	9	1.1.9	It was a surprise that it was so gentle	I was surprised it was so gentle
1	2A	1	10	1.1.10	Just the physical warmth of the warm cloth initially	Initially I just felt the physical warmth of the compress cloth
1	2A	1	11	1.1.11	Then came this prickling almost cool heat of the ginger through onto the kidney area	Then I felt this prickling, almost cool heat from the ginger onto the kidney area
1	2A	1	16	1.1.16	It was only initially over the kidney area where it had this prickly cool sort of feeling	It was only initially that the ginger compress had a prickly, cool sort of feeling over the kidney area
1	2A	2	27	1.2.27	Oil was applied and there was no prickling	When oil was applied the prickling stopped
1	2B	Profile			I was deeply relaxed	
1	2B	1	13	1.1.13	Pleasant	The heat was pleasant
1	2B	4	48	1.4.48	Even though I was deeply relaxed	I was deeply relaxed
1	2C	Profile			My thoughts persistently focused on a legal matter I address next week	
1	2C	3	29	1.3.29	During the compress I had reoccurring incidents from the past which relate to a court hearing I have coming up next week	During the compress I thought of reoccurring incidents from the past which relate to a court hearing I have next week
1	2C	3	30	1.3.30	That I haven't thought about for a long time	I haven't thought about this for a longtime
1	2C	3	31	1.3.31	Actually will be helpful just to have clarity about for those reasons	Consequently it will be helpful to have clarity about this
1	2C	3	32	1.3.32	After the rest they had gone	After the rest these thoughts had passed
1	2C	3	33	1.3.33	It felt like the thoughts were quite persistent playing on this track during the compress and during the rest time	I felt as though these thoughts were quite persistent both when the compress was on and during the rest-time
1	2C	3	35	1.3.35	The theme to do with this court situation came back three or four times	This court hearing came into my thoughts three or four times

Index					Constituent Profile	
Intv	Res Key	QNo	NMU	(I/Q/NMU)	NMU Descriptions	Central Themes
1	2E	Profile			The heat from the ginger compress warmed and activated my whole body.	
1	2E	1	6	1.1.6	The physical warmth of the heated compress was very pleasant	The warmth of the compress was very pleasant
1	2E	1	12	1.1.12	Grew to radiate through my whole body slowly	This heat grew and slowly radiated through my whole body
1	2E	1	14	1.1.14	Feeling of being permeated with this activity and warmth	I felt this activity and warmth permeate my body
1	2E	1	17	1.1.17	The warmth came from the feeling of activity through my whole body	The warmth came from the feeling of activity through my whole body
1	2E	2	23	1.2.23	During the compress it was a surprisingly slow radiating warmth through my body the warmth from the ginger	While the compress was on the ginger emanated a surprising slow radiating warmth through my body
1	2F	Profile			I was deeply relaxed and aware that my circulation had been stimulated	
1	2F	1	19	1.1.19	Even sort of in a way as though my circulation was very active and I was aware of it	I felt as though I became aware of my activated circulation
1	2F	1	20	1.1.20	Not overactive	The circulation wasn't overactive
1	2F	1	22	1.1.22	I felt I was aware of my whole circulation in a way	I experienced my whole circulation
1	2F	2	28	1.2.28	I was deeply relaxed afterwards I remember dropping off to sleep	I was deeply relaxed afterwards and went to sleep
1	3B	Profile			I felt centred, full of equanimity and calm.	
1	3B	3	36	1.3.36	Afterwards and back into my day and meeting up with various people and I've been with someone who is a bit agitated	After the treatment, later in the day, when meeting people I met someone who was a bit agitated
1	3B	3	37	1.3.37	Felt very full of equanimity and ease	I felt full of equanimity and calm
1	3B	3	38	1.3.38	Not drawn into their antipathy response	I was not drawn into their antipathy response
1	3B	3	40	1.3.40	Because I felt contained in my soul responses to things and not drawn out	I felt contained in my soul responses to things, not distracted
1	3B	3	41	1.3.41	Like this agitation that was around me in other people either in sympathy or antipathy I didn't feel either	There was this agitation in people around me and I felt neither sympathy or antipathy
1	3B	3	43	1.3.43	Centering is I think the soul mood to do with equanimity. I think equanimity is the word	I think centering is the soul mood to do with equanimity
1	3B	3	44	1.3.44	That my soul wasn't flowing outwards in a sympathetic or antipathetic reaction	My soul wasn't responding in either a sympathetic or antipathetic manner
1	3B	3	47	1.3.47	Centering is the word that comes to mind	Centering is the word that comes to mind
1	3B	4	53	1.4.53	Feel pretty mobile in my soul	I felt mobile in my soul

Thematic Index – Research Key (Res Key) – continued

Index					Constituent Profile	
Intv	Res Key	QNo	NMU	(I/Q/NMU)	NMU Descriptions	Central Themes
1	3C	Profile			Whilst I was acute in my thinking I was aware of a sense of objectivity in relation to the world around me.	
1	3C	3	42	1.3.42	I felt more an observer kind of consciousness in myself and to the world	I felt more an observer kind of consciousness towards the world
1	3C	3	45	1.3.45	But aware of the world around me and aware of everything that was happening around me	I was aware of the world and everything that was happening around me
1	3C	3	46	1.3.46	Not participating but not in any way judging or loosing myself in other experiences or the experiences of others	I was neither participating nor in any way judging or loosing myself in the experiences of others
1	3C	4	51	1.4.51	I was sharp in my thinking	I was sharp in my thinking
1	3C	4	55	1.4.55	I like that it is a good space to be in	I like that, it is a good space to be in
1	3C	4	58	1.4.58	It was a sense I would like to have all the time actually	It was a sense I would like to have all the time actually
1	3C	4	63	1.4.63	So impressed	I was so impressed
1	3D	Profile			I felt really incarnated and present in my whole body with a sense of well being and equanimity that lasted 3 or 4 days.	
1	3D	1	2	1.1.2	I was in myself	I was connected to myself
1	3D	1	5	1.1.5	I felt really incarnated and part of my body and present mmm warm	I felt really incarnated and present in my body, warm
1	3D	1	18	1.1.18	A feeling of being awake and aware through my whole body	I felt awake and aware through my whole body
1	3D	1	21	1.1.21	I felt just as present in my lower limbs as in my belly, shoulders, arms everywhere I felt aware of my whole body	I felt present in my shoulders, arms, abdomen and lower limbs, in my whole body
1	3D	3	39	1.3.39	Centred is the word that keeps coming up	I felt centered
1	3D	4	54	1.4.54	I feel capable and calm and ready for what is coming	I felt capable and calm and ready for what was coming
1	3D	4	57	1.4.57	That sense lasted three or four days, the sense of well being and equanimity	That sense of well being and equanimity lasted three or four days
1	3E	Profile			I was aware of an even body warmth for the whole day.	
1	3E	1	3	1.1.3	Very even body temperature the rest of the day	I had very even body temperature for the rest of the day
1	3F	Profile			I was awake in my body.	
1	3F	4	52	1.4.52	Feel awake in my body	I felt awake in my body

Index					Constituent Profile	
Intv	Res Key	QNo	NMU	(I/Q/NMU)	NMU Descriptions	Central Themes
1	3H	Profile			I would like to repeat this treatment when I am agitated and tired. I meet many people who could benefit from the sense of composure gained in this treatment.	
1	3H	4	59	1.4.59	I would like to repeat it	I would like to repeat it
1	3H	4	60	1.4.60	At times I have felt this would be a good day, a help at the moment when life is overwhelming or a feeling of not handling things very well or overtired and agitated	At times I have felt this would be a good day, this would help at this moment, when life is overwhelming or I am not handling things very well or I am agitated and overtired
1	3H	4	61	1.4.61	I could see where it would be useful for me	I could see where it would be of value for me
1	3H	4	65	1.4.65	I meet people who have a need of a centering activity	I meet people who need a centering activity
1	3H	4	66	1.4.66	I meet many people who would benefit from such a way of composure	I meet many people who would benefit from such a way of composure
6	1B	Profile			I am a busy nerve sense person, who is very sensitive to the cold. I have been trying to slow down and take it easy. Being accustomed to care for others I find it hard when this caring is reciprocated.	
6	1B	1	2	6.1.2	Well I am the type of person who still finds it hard to receive all the nurturing	I am the type of person who finds it hard to receive all this nurturing
6	1B	1	3	6.1.3	Because I am so used to doing it	This is because I am so accustomed to giving it
6	1B	1	4	6.1.4	So the simple aspect of stepping over the threshold of receiving care and nurturing, is yeah, is a threshold	So the simple act of stepping over the threshold and receiving care and nurture is a threshold for me
6	1B	1	5	6.1.5	I allow myself to just enjoy it I suppose	I allowed myself to just enjoy the treatment
6	1B	1	7	6.1.7	So that is an emotional and psychological as well, I don't know it is a threshold	That is an emotional and psychological threshold for me
6	1B	1	9	6.1.9	Because I am so much all my life the one who nurtures	All my life I have been the one who nurtures
6	1B	1	13	6.1.13	Also I am the type of person who needs to be actually stopped to be slowed down	I am the type of person who needs to be stopped, to be slowed down
6	1B	1	14	6.1.14	Preferably in a comfortable nurturing way as well	Preferably in a comfortable and nurturing way
6	1B	1	15	6.1.15	Even so it is quite an effort to get here	Nonetheless it was quite an effort to get to the treatment
6	1B	1	22	6.1.22	Because I am such a sense, nerve person anyway	I am such a nerve, sense person
6	1B	3	100	6.3.100	Very busy little head anyway	I have a very busy head anyway
6	1B	2a	74	6.2a.74	Cause I usually run more cold and I have the tendency to be cold	Because I usually feel colder, I have the tendency to be cold
6	1B	2b	75	6.2b.75	Yeah like I have three jumpers on in winter and that sort of thing and thick woolly socks	Yes, I have three jumpers on in the winter and thick woolly socks
6	1B	4d	174	6.4d.174	Because I have been training myself anyway in slow down, calm down and take it easy	I have been training myself to slow down, calm down and take it easy
6	1B	4d	175	6.4d.175	My attitudes are at the moment I don't need to rush, if I rush no-one forces me to rush	I have been working on developing the attitude that I don't need to rush and if I rush it is my choice

Index					Constituent Profile	
Intv	Res Key	QNo	NMU	(I/Q/NMU)	NMU Descriptions	Central Themes
6	2A	Profile			It was a good experience being warmly and firmly wrapped especially as I feel the cold. Initially the prickly cool sensation begins on the left side and moves to the right.	
6	2A	1	16	6.1.16	It is good to be just wrapped up	It is good to be all wrapped up
6	2A	1	20	6.1.20	The nurturing aspect is just great	The nurturing aspect is great
6	2A	1	21	6.1.21	It is just really good to be cocooned in, all snugly, everything warm with the ginger compress on the back of the body	I felt good all cocooned in, snugly and warm, with the ginger compress on the back of my body
6	2A	2	25	6.2.25	Well physically initially a quite warm cloth is like ah	Physically the warm ginger compress is so good
6	2A	2	26	6.2.26	The whole thing is an ah experience. It really is it is ah, it really is so ah so that is really good	The ginger compress is such an awesome experience
6	2A	2	27	6.2.27	Also that the wrap gets wrapped round quite firm	One is wrapped up so firm during the treatment
6	2A	2	28	6.2.28	It felt really balanced to feel the firmness, but it is like a holding together, I said it is like wearing a corset	It is so balanced having that firmness to hold you, it is like wearing a corset
6	2A	2	29	6.2.29	It goes with the sense of touch as well	The sense of firmness is connected to the sense of touch
6	2A	2	30	6.2.30	It is like touch all around through the firmness	There is this sense of touch through the firmness all around one
6	2A	2	31	6.2.31	All through that hour	The sense of firmness lasted for the whole hour of the treatment
6	2A	2	32	6.2.32	I noticed with my ginger compress my left side responds differently to my right side	I noticed during the ginger compress my left side responded differently to my right side
6	2A	2	38	6.2.38	It starts on the left and it takes quite a while	The reaction begins gradually on the left side
6	2A	2	41	6.2.41	A little bit of prickling but very mild	I experienced a mild prickling from the ginger compress
6	2A	2	42	6.2.42	At a certain point it goes into like a nearly cool experience	Gradually a cool experience developed
6	2A	2	45	6.2.45	Then the reaction is on the right side, it starts on my left and goes to my right	The reaction starts on my left side and moves to my right
6	2A	2a	54	6.2a.54	I also found that again on my left side a little bit of prickling, it got a little itchy a bit	Initially there was a little bit of prickling and itchiness on my left side
6	2A	2a	64	6.2a.64	The difference also physically was that the first time I had cold feet	Also the first time there is the physical effect on my cold feet
6	2A	2a	65	6.2a.65	Everything on me was so cold even though it was a nice day	My whole body was cold even though it was a nice day
6	2A	2a	67	6.2a.67	I really felt totally comfortable with what I had on	I felt totally comfortable with what I was wearing

Index					Constituent Profile	
Intv	Res Key	QNo	NMU	(I/Q/NMU)	NMU Descriptions	Central Themes
6	2B	Profile			I found it wonderful	
6	2B	1	10	6.1.10	So that is actually so wonderful	So this is actually so wonderful
6	2C	Profile			I was a aware of the daily business of my thoughts, they seem to be all over the place	
6	2C	2	35	6.2.35	I thought what is happening	I lay there and thought about what was happening during the treatment
6	2C	3	94	6.3.94	I said to the nurse it is amazing where the thoughts go	I commented to the nurse that it is amazing where all the thoughts go
6	2C	3	95	6.3.95	At the stage of monitoring my thoughts they just went flipping all over the place	When I was monitoring my thoughts they were all over the place
6	2C	3	96	6.3.96	From doing the shopping to whether I need to put socks on this morning to where I need to go next, you know that sort of thing	My thoughts went from shopping to whether I need to put socks on in the morning to where I need to go next, that sort of thinking
6	2C	3	99	6.3.99	Then today I consciously just focused more on relaxing my body and didn't have to think	Today I just consciously focused on relaxing my body and not thinking
6	2C	3	101	6.3.101	Though it wasn't as busy in my head this time as it was last time	Although my head was less busy this time than the previous time
6	2C	3	102	6.3.102	I noticed the difference between the business last time and the not so busy this time, that's true	I did notice this difference between the head business last time and the not so busy this time
6	2D	Profile			When the compress was applied to my kidneys I was aware of my lower back and right hip pain.	
6	2D	2	47	6.2.47	I have got a lot of lower back pain, a bit of right side hip, actually I have a lot of joint ache anyway	I have a lot of joint ache, particularly lower back and right side hip pain
6	2D	2	48	6.2.48	I found that when the hot cloth got applied it seemed that if it is kidney orientated, well hold on, maybe my lower back aches, not muscles and joints, maybe connected to my kidneys	When the hot compress was applied to my kidney area I thought maybe my lower back aches are connected to my kidneys rather than my muscles and joints
6	2D	2	49	6.2.49	Which apparently can cause lower back pain	Apparently the kidneys can cause lower back pain
6	2D	2	50	6.2.50	I am really glad I am doing something about my kidneys	I am really glad I am doing something about my kidneys
6	2D	2	51	6.2.51	It is just such an interesting experience to realize that somehow I am doing something for my lower backache too	It is just such an interesting experience to realise I am somehow doing something for my lower backache as well

Thematic Index – Research Key (Res Key) - continued

Index					Constituent Profile	
Intv	Res Key	QNo	NMU	(I/Q/NMU)	NMU Descriptions	Central Themes
6	2E	Profile			The deep warmth of the compress spread throughout my body easing the tense and sore parts of my lower back and hips. Initially it was focused on the left side then it moved to encompass my whole back.	
6	2E	2	39	6.2.39	It is like this little bit of, all I could think of was 'tigerbalm'	The ginger compress is rather like 'tigerbalm'
6	2E	2	40	6.2.40	It actually is like a very mild version of it	The ginger compress is actually a very mild 'tigerbalm' type response
6	2E	2	43	6.2.43	Then it goes warm again and then it shifts on to my right side	Then the ginger compress becomes warm again as the reaction moves to the right side
6	2E	2	44	6.2.44	Sort of towards the end of the last five or so minutes	This happens towards the end of the last five or so minutes
6	2E	2a	52	6.2a.52	Well while I was lying there the warmth seems to have spread out	While I was lying down the warmth seemed to spread out in my body
6	2E	2a	53	6.2a.53	Which eased the sort of tension and achy bits in my lower back	The warmth eased the tense and achy parts of my lower back
6	2E	2a	55	6.2a.55	Actually it went down the muscle right down to the like the bone of the hip	Actually the warmth went down the muscle right down to the hip bone
6	2E	2a	56	6.2a.56	It actually spread out again on my left	The warmth spread out again on my left side
6	2E	2a	57	6.2a.57	It hasn't specially gone across to my right a little bit down	The warmth didn't especially go down the right side
6	2E	2a	71	6.2a.71	Whereas today I actually started to feel quite hot like	While today I actually started to feel quite hot
6	2E	2a	72	6.2a.72	I took my feet off the hottie and I had to eventually take the blankys down	I had to take my feet of the hottie and draw the blankets down
6	2F	Profile			My body was so relaxed that all tension eased.	
6	2F	1	11	6.1.11	This morning I said to the nurse I am going to stay here, I don't want to get up, I don't want to get into the day	This morning I said to the nurse I am going to stay here, I don't want to get up and move into the day
6	2F	1	17	6.1.17	To relax and my body does nothing tense	To be able to relax and loose my body tension
6	2F	1	18	6.1.18	Because it is really relaxing for me if I am lying there all nice and warm and snug not tense	It is so relaxing for me lying there all warm and nice and snug
6	2F	1	19	6.1.19	So it is good for me to just relax	It is so good for me to relax

Index					Constituent Profile	
Intv	Res Key	QNo	NMU	(I/Q/NMU)	NMU Descriptions	Central Themes
6	3B	Profile			The ginger compress helped to achieve a sense of calm and equanimity.	
6	3B	3	107	6.3.107	Emotionally I don't feel stressed emotionally	Emotionally I don't feel stressed
6	3B	3	108	6.3.108	I feel woo I want to stay there. I definitely need to be able to stay like that	I feel I really want to stay there
6	3B	3	109	6.3.109	Not to be overwhelmed by outer events no matter what approaches from outer events	I don't want to be overwhelmed by outer events no matter what approaches
6	3B	3	110	6.3.110	The ginger compress helped to do that as well	The ginger compress helped to achieve this sense of emotional calm
6	3B	3	111	6.3.111	I have been trying to practise that anyway	I have been trying to practice calming emotionally
6	3B	3	114	6.3.114	I need to be able to face things, not to be overwhelmed by things	I need to be able to face things and not allow them to overwhelm me
6	3B	4	133	6.4.133	Physically there was something, emotionally I'm not sure	Physically there was an effect emotionally I am not sure
6	3B	4c	168	6.4c.168	Yeah, I love it	I love the ginger compress
6	3B	4c	171	6.4c.171	I am absolutely sure it does the emotional life as well and the thinking too	I am absolutely sure the ginger compress affects the emotional and the thinking aspect of my being
6	3B	4d	177	6.4d.177	Emotionally, if I would have to put it in a nutshell, both calm, calm would be the word I put there, yes it is a certain stillness, calmness, yeah that would be a nutshell	If I were to put it into a nutshell I experienced a certain stillness and calmness
6	3B	4d	178	6.4d.178	I yes, I didn't start to feel afraid or anything	I didn't feel afraid or anything
6	3B	4d	179	6.4d.179	So I think it is the still and calm, that confirmation wise, very low stress orientated, which is really good	I think it is the still, the calm, the reassurance, the low stress orientation which is so good
6	3B	4d	186	6.4d.186	So whatever it has definitely done, it has been that calm which is awesome	Whatever the effect, there has been a calming which is awesome
6	3C	Profile			I am aware since the compress that there has been a certain calming in my thinking.	
6	3C	3	98	6.3.98	I didn't monitor my thought life in the week	I didn't monitor my thought life through the week
6	3C	3	104	6.3.104	I wouldn't be able to tell a difference in my thought life to when I am actually not having a compress because life is so full and um I am pretty engaged a lot of the time	I would not be able to compare the difference in my thought life to when I am not having a compress as my life is so fully engaged
6	3C	4d	180	6.4d.180	I was actually thinking, because I usually have a busy head, I don't think my head has been that busy, which is quite good	I am aware that my usually busy head has not been so busy, this is really good
6	3C	4d	181	6.4d.181	I do what I need to think, you know, I think about what I need to think about it, but I don't excess about it or something	I think about what I need to do but I don't excess about any thing

Index					Constituent Profile	
Intv	Res Key	QNo	NMU	(I/Q/NMU)	NMU Descriptions	Central Themes
6	3D	Profile			I am not feeling so overwhelmed or stressed socially	
6	3D	3a	115	6.3a.115	Yes this last week has been pretty good, if it comes to that	Yes this last week has been pretty good
6	3D	3a	117	6.3a.117	I was so overwhelmed it wasn't funny	I was so overwhelmed by outer events
6	3D	3a	118	6.3a.118	But that has improved significantly	My disturbance by outer events has improved significantly
6	3D	3a	119	6.3a.119	That is good	It is good to not be disturbed by outer events
6	3D	3a	121	6.3a.121	I am yeah, social balance interacting socially balanced without getting stressed	Yes, to be socially balanced and interacting socially without becoming stressed
6	3D	3a	122	6.3a.122	I just need to be able to stop being drawn out so much	I just need to stop being drawn out so much
6	3E	Profile			The ginger compress has improved my warmth body. I am amazed that I was warm the whole day of the treatment and still am on the warmer side. Nothing has done this to me before.	
6	3E	2a	73	6.2a.73	I woo so there is something about this warmth body of mine is going yooo	So there is something about this warmth body of mine that is changing
6	3E	2b	76	6.2b.76	So I was surprised that somehow there was a lot more heating happening than I thought there was	I was surprised that there was so much warming happening, more than I expected
6	3E	2b	77	6.2b.77	It is so in the whole day now, I was not cold, everything was warm	This was so the whole day, I was not cold rather warm
6	3E	4a	138	6.4a.138	So I think it's improved my warmth body	I think the ginger compress has improved my warmth body
6	3E	4a	139	6.4a.139	It must have because there is no other explanation for that one so that's actually a physical thing	The ginger compress must have improved my warmth body as there is no other explanation for this physical change
6	3E	4a	142	6.4a.142	Definitely there is, yes today is definitely again running on the warmer side of things	Definitely today I am running on the warmer side
6	3E	4a	143	6.4a.143	Like usually I am definitely the person with an extra cardigan and an extra jacket in the car and so that I would say surprises me	This surprises me as usually I am the person with an extra cardigan and jacket in the car
6	3E	4a	144	6.4a.144	I would have to say that is a surprise because that usually is not something which happens to me, that my warmth organism is sort of spreading out to that degree	I would have to say this is surprising because it isn't usual for me to have my warmth organism spreading out to this degree
6	3E	4a	145	6.4a.145	There is, you know, the little end bits but also the degree of warmth yeah it is amazing	This degree of warmth is amazing
6	3E	4a	147	6.4a.147	Because I know some other people go round a lot hotter than I usually do	I know other people who are warmer people than I usually am
6	3E	4a	148	6.4a.148	So I have suddenly become one of those people who runs hotter	I have suddenly become one of those people who is warmer
6	3E	4a	149	6.4a.149	Which does, I think may, have something to do with the ginger compress	I think this sense of being warm has something to do with the ginger compress
6	3E	4a	150	6.4a.150	Because that is really nothing has done that yet	Nothing else has warmed me like this ginger compress

Index					Constituent Profile	
Intv	Res Key	QNo	NMU	(I/Q/NMU)	NMU Descriptions	Central Themes
6	3E	4a	151	6.4a.151	So it must be it has affected my warmth, definitely did, I would say I am pretty much sure that it has done that	The ginger compress definitely must have affected my warmth body
6	3E	4a	153	6.4a.153	Which means everything is going to it's place where it should go, you know right to the tips of my fingers and toes	This means everything is going to the right place, you know right to my fingers and toes
6	3E	4a	155	6.4a.155	It is just something I have not had for such a long time that it really takes me my surprise	The sense of warmth is something that I have not had for such a long time that it takes me by surprise
6	3E	4a	156	6.4a.156	Yeah, it must be quite powerful stuff you know	The ginger compress must be very powerful
6	3F	Profile			It definitely affected my whole body particularly the warmth aspect and my nocturnal enuresis.	
6	3F	4	126	6.4.126	Apart from the physical result of not having to get up and pee and the warmth physically	Following the ginger compress there was the physical effect of the warmth and not having to get up to the toilet at night
6	3F	2d	82	6.2d.82	I have a very exhausting tendency of having to get up at night to go for a pee	I have a most exhausting tendency to get up at night to go to the toilet
6	3F	2d	83	6.2d.83	It really bugs me	Waking at night to go to the toilet really annoys me
6	3F	2d	84	6.2d.84	Because I've got this allergic reaction after my two children have had nights after nights up and nights up	I have had this allergic reaction since my two children have been young and woken me night after night
6	3F	2d	87	6.2d.87	So when I actually I first had the ginger compress I slept through the night	When I had the first ginger compress I slept through the night
6	3F	2d	88	6.2d.88	So I want to see tonight if I sleep all night	I want to see if I sleep all night tonight
6	3F	2d	89	6.2d.89	So that is a physical change I just had to put that in	So sleeping through the night was a significant change
6	3F	2d	92	6.2d.92	I am so pleased to have that small change of not having to get up	I am so pleased to have that small change in my night time habits
6	3F	2d	93	6.2d.93	Actually slept through the night	To actually sleep through the night
6	3F	4c	170	6.4c.170	It does something it definitely affects the whole body	The ginger compress definitely does something that affects the whole body


Index					Constituent Profile	
Intv	Res Key	QNo	NMU	(I/Q/NMU)	NMU Descriptions	Central Themes
6	3E	4a	151	6.4a.151	So it must be it has affected my warmth, definitely did, I would say I am pretty much sure that it has done that	The ginger compress definitely must have affected my warmth body
6	3E	4a	153	6.4a.153	Which means everything is going to it's place where it should go, you know right to the tips of my fingers and toes	This means everything is going to the right place, you know right to my fingers and toes
6	3E	4a	155	6.4a.155	It is just something I have not had for such a long time that it really takes me my surprise	The sense of warmth is something that I have not had for such a long time that it takes me by surprise
6	3E	4a	156	6.4a.156	Yeah, it must be quite powerful stuff you know	The ginger compress must be very powerful
6	3F	Profile			It definitely affected my whole body particularly the warmth aspect and my nocturnal enuresis.	
6	3F	4	126	6.4.126	Apart from the physical result of not having to get up and pee and the warmth physically	Following the ginger compress there was the physical effect of the warmth and not having to get up to the toilet at night
6	3F	2d	82	6.2d.82	I have a very exhausting tendency of having to get up at night to go for a pee	I have a most exhausting tendency to get up at night to go to the toilet
6	3F	2d	83	6.2d.83	It really bugs me	Waking at night to go to the toilet really annoys me
6	3F	2d	84	6.2d.84	Because I've got this allergic reaction after my two children have had nights after nights up and nights up	I have had this allergic reaction since my two children have been young and woken me night after night
6	3F	2d	87	6.2d.87	So when I actually I first had the ginger compress I slept through the night	When I had the first ginger compress I slept through the night
6	3F	2d	88	6.2d.88	So I want to see tonight if I sleep all night	I want to see if I sleep all night tonight
6	3F	2d	89	6.2d.89	So that is a physical change I just had to put that in	So sleeping through the night was a significant change
6	3F	2d	92	6.2d.92	I am so pleased to have that small change of not having to get up	I am so pleased to have that small change in my night time habits
6	3F	2d	93	6.2d.93	Actually slept through the night	To actually sleep through the night
6	3F	4c	170	6.4c.170	It does something it definitely affects the whole body	The ginger compress definitely does something that affects the whole body

Appendix V

Research Letters and Forms

Appendix V - RESEARCH LETTERS & FORMS

1. Letter to Participating Nurses



5 February 2003

Dear

Thank you for agreeing to participate in this phenomenological research study of the 'External Application of Ginger' based in Hawke's Bay.

This study meets with the ethical approval of The Human Research Committee of the Edith Cowan University in Perth and the Hawke's Bay Health & Disability Ethics Committee.

Enclosed is

A revised copy of the translation 'Study of the External Application of Ginger' from the Filderklinik in Germany *(to be kept for your information)*

Consent Form *(to be returned signed to the Principle Researcher)*

Information for Clients – two copies. *(Both copies to be signed - one copy to be retained by the patient and the other returned to the Principle Researcher).*

Method of Application of Ginger Compress.

One thermometer, one tablespoon ground ginger, one bottle olive oil, one compress cloth. *(to be retained by the Nurse)*

Each individual Anthroposophical Nurse will be responsible for

Selecting an appropriate participant / patient.

Ensuring an interpreter or support person is available as needed.

Explaining the procedure and protocol to the patient.

Signing the 'Consent Form' and the 'Information for Clients' with the patient

Providing the treatment according to the 'Method of Application of Ginger Compress'.

Monitoring the patient's condition both before and after the treatment. This must include written records and temperature, pulse, respiration and blood pressure.

Contacting the Principle Researcher as soon as the treatment has been given so an interview can be arranged within a week or so.

You are welcome to contact me at any time if you have any questions or concerns.

Thanking you in anticipation.

Kind Regards

Tessa Therkluson
Principle Researcher

2. Method of Application of Ginger Compress

For example to the kidney region

Atmosphere/Environment

Room; quiet, warm and orderly.

Nursing gesture; calm and prepared.

Materials

A soft, double thickness cotton cloth the size of the area to be covered.

One cotton hand towel and one cotton and wool binder with two safety pins.

Hot water bottle to warm the prepared hand towel and cotton and wool binders.

Ginger powder, two teaspoons

Basin and thermometer

Olive Oil

Preparation

Close the curtains, ensure semi-darkness and absolute quiet.

Patient needs to empty their bladder and be given a hot water bottle or footbath as necessary to warm the feet. Once the feet are warm remove the hot water bottle.

The ginger compress is prepared by making a ginger infusion and placing the compress cloth in this, soaking a few minutes and squeezing out well. (Ginger infusion is two teaspoons ground ginger to 200 mls of water at 60 degrees C in a basin).

The compress is quickly placed on the warmed hand towel and both placed over the exposed kidney area – maintaining warmth.

The patient lies down and the binders are firmly wrapped and pinned.

Ensure the patient is well covered, especially the shoulders and neck.

Leave the compress on for 20 – 30 minutes. Remove the compress cloth and hand towel. Wipe the skin where the compress has been.

Bind again with the cotton and wool binders - pin firmly.

Ensure a rest period of 20 - 30 minutes, consistent with the length of time the compress was applied.

Wake the patient carefully, remove the binders and apply the olive oil, using two strokes, one down each side of the area treated.

Mobilise.

Finishing

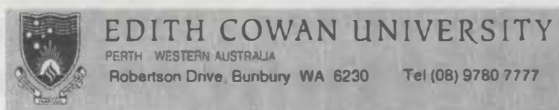
Observe the results, note the patient's experience.

Air the room.

Clean the materials used.

3. Information for Clients

ECU Research Study
External Application of Ginger



You are invited to take part in a small study on the experience of receiving an external application of ginger.

Procedure

The procedure for applying an external application of ginger is clearly defined. A warm cloth is soaked in a ginger infusion and applied to the kidney region. This is left in place for 20 – 30 minutes.

There are no known risks involved.

Occasionally there is an uncomfortable experience when the application is first applied.

One compress will be given. The visit to the Nurse will take between 1 1/2 to 2 hours. If further treatments are to be given these will be arranged between the Nurse and yourself.

A week or so following the compress you will be interviewed concerning your experience. This interview will be audio taped. It will take between 1/2 to 1 hour. You do not have to answer all the questions, and you may stop the interview at any time.

General

The aims of this study are to provide a small study on the external application of ginger outside a hospital environment. Details of patient experiences will provide comparisons with the previous Filderlinik Research, acknowledging a different culture and society.

There will be a total of five participants in this Study from the Hawkes Bay region. You are invited to take part by your anthroposophical Nurse. Your participation is entirely voluntary. You may withdraw from this study at any time and this will in no way affect your future health care. This research is not part of any ongoing clinical treatment you may be undertaking.

This is not an experimental study. Your Nurse has a translation from the German Filderlinik Research giving the results of a pilot study and research on the external application of ginger.

You may have a friend, family or whanau support to help you understand this study and any other explanations you may require.

There are no costs other than your time and no compensation provision other than the opportunity to experience an 'external application of ginger'.

No material that could personally identify you will be used in any reports on this study. All names of participants are anonymous on the tapes and when transcribed the tapes will be destroyed. At the completion of the research transcribed data will be stored at Edith Cowan University in Western Australia in the Lead Researcher's secure space.

If you would like further information please ask your Anthroposophical Nurse first and secondly your Principal Researcher. Your Principal Researcher is an Independent New Zealand Registered and Anthroposophical Nurse researching the external application of ginger for a Master of Social Science by Research.

Principal Researcher Tessa Therkleson



Lead Researcher Dr Trish Sherwood

Edith Cowan University, Bunbury, WA 6230

0061 8 9731 5022

If you have any queries or concerns regarding your rights as a participant in this study you may wish to contact;

Independent Person Ms Kim Gifkins, Research Ethics Officer,
Edith Cowan University, Pearson St. Churchlands, WA 6018 0061 8 9273 8170
Health and Disability Advocate Mid and Lower North Island 0800 42 36 38

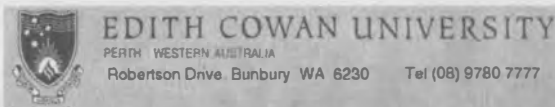
This study is planned to be completed by December 2003. If you would like to receive the results of this research study or alternatively have the researcher discuss the outcomes with you please contact the Principal Researcher.

This study has received the ethical approval from the Hawkes Bay New Zealand Ethics Committee and the Edith Cowan University Western Australia Postgraduate Ethics Committee.

	Name	Address / Phone
Patient		Not required
Anthroposophical Nurse		
Principal Researcher	Tessa Therkleson	

4. Consent Form

ECU Research Study External Application of Ginger



Consent Form

Client name

Mr/Ms/Mrs/Miss

Preferred Name

Surname

Date of Birth

Consent to Treatment

- I have read and I understand the information sheet dated February 2003 for volunteers taking part in the study designed to research the external application of ginger. I have had the opportunity to discuss this study. I am satisfied with the answers I have been given.
- I have had the opportunity to use whanau support or a friend to help me ask questions and understand the study.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time and this will in no way affect my future health care.
- I agree that the research data gathered for this study may be published provided I am not identified.
- I understand confidentiality and privacy is maintained at all times.
- I agree my General Practitioner or Health Provider can be informed of my participation in this study.
- I consent to my interview being audio taped.
- If I have any concerns I know to contact;

Principal Researcher: Tessa Therkleson

Lead Reseacher: Dr Trish Sherwood
Edith Cowan University, Bunbury, WA 6230

Independent Person: Ms Kim Gifkins - Research Ethics Officer, 0061 8 9273 8170
Edith Cowan University, Pearson St. Churchlands, WA 6018

Patient

Signature

Date

Anthroposophical Nurse

Signature

Date

Principal Researcher

Signature

Date

Request for Interpreter

English	I wish to have an interpreter
Maori	E hiahia ana ahau ki tetahi kaiwhakamaori/kaiwhaka pakeha
Samoan	Ou te mana o ia i ai se fa amatala upu.
Tongan	Oku ou fiema u ha fakatonulea.
Cook Island	Ka inangaro au i tetai tangata uri reo.
Niuean	Fia manako au ke fakaaoga e taha tagata fakahokohoko kupu

Yes	No
Ae	Kao
Io	Leai
Io	Ikai
Ae	Kare
E	Nakai

(Other languages to be added if necessary)