EFFECTIVENESS OF RELAXATION THERAPY IN CANCER PAIN MANAGEMENT AND ITS IMPACT ON PSYCHOSOCIAL ISSUES IN CANCER PATIENTS

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ABSTRACT
Flare of pain rapidly increasing with high intensity and superimposed on persistent paroxysmal either spontaneous or continuous. Cancer pain is a highly detrimental to the quality of life of the affected individuals' and their family and community. It also contributes to the individuals' mental well-being and prone to get the highly distressing symptom of depression also called the 6th vital sign. The individual with cancer has disturbances in their higher cognitive function, avoidance-avoidance behavior unable to accept, denies and anger about the disease condition and related treatments. Finally have severe impact on their disease progression and treatment process which leads to psychogenic pain as depression, anxiety and stress. There is no "gold standard" to break-through the pain. Effective pain control has been achieved by thorough assessment, good communication and selection of appropriate treatment modalities of non-pharmacological or pharmacological and or both methods to break- through the pain.
Aims: Aim of this study was to assess the effectiveness of non-pharmacological management of Relaxation therapy for cancer pain related psycho-social impact in a holistic manner and to explore the patients' ideas about the influencing factors on effective interventions.
Ethical Issues: The first step of this study was to get the written permission and approval from institutional ethical committee (IEC N0-795/2020) and then the study was conducted in oncology department with oral description and written consent from the participants.
Research Method. Criteria for randomized purposive sampling techniques were followed for the cancer patients with pain. Non-Pharmacological intervention of Relaxation Therapy was implemented to breakthrough the cancer pain and its impact on psychosocial parameters. It includes Deep Breathing, Relaxation Training, Auto-Suggestion, Exercise, Cognitive Restructuring and Behavior Assignments which enhance the adaptation of positive attitude and perception and improve their positive way of higher cognitive function to improve their quality of life by modification of their life style. Results showed the positive impact and goal were attained.

Keywords: Pain, Cancer Pain, Psychogenic Pain, Breakthrough Pain, Relaxation Therapy

INTRODUCTION

Positive Therapy strategies are the adjuvant therapy of the pharmacological treatment modalities is implemented to maximize the relief and or reduce the cancer pain and cancer related psychosocial

3425

impacts. (Glenview, 2005). Positive Therapy is a combined way of Eastern Techniques of Yoga and Western Techniques of Cognitive Behavior Therapy. This has four strategies; they are Relaxation Training, Counseling, Exercise and Behavioral Assignment. All the techniques were used in this research process.

Relaxation therapy is a core component of positive therapy, that reduces the cancer pain level and also individuals were achieving the significant level of comfort and relived from their distressing symptoms. Deep breathing practices and Exercises enhances the individual physical and mental well-being, Cognitive restructuring boost up the self-confident level, Behavioural assignments divert their ill heath behaviour to healthy life style modification. In this study was focused to reduce the individuals with cancer pain and related psychosocial impact and to maximize the individual well-being and enhance the quality of life.

BACKGROUND

Normal physiological function has been distributed an unpleasant emotional sensory stimulus that precedes intense tissue damage and precipitating the mental health leads to distressing impacts. As per International Association for the Study of Pain (IASP-1979), pain as a "Sensory and emotional experiences" Individuals are not only having physiological pain, especially the cancer patients having psychological pain from the day of diagnosis to the end of the treatment and or abeyance. The pain in cancer individuals either dull or acute in crescendo also called Breakthrough pain. Even though there are advanced pharmacological pain management techniques, there is no effective pain control for breakthrough pain, mental pain or psychogenic pain. Psychogenic pain includes depression, fear, anxiety and distress.

Occurrence of chronic pain due to abnormal healing , body image disturbances and damage, impaired medical interventions giving the profound impacts not only the individual's mental health also with their family members and individuals were deprived from social functioning.

Distressing symptoms are more common in chronically ill patients. Especially in cancer patients the pain may be chronic and seldom acute in nature and or crescendo. Breakthrough pain in cancer patient will not be relieved but rarely reduced. The complex treatment process and unrelieved pain requires frequent hospitalization. Most of them unable to meet the financial problems and impaired pain relief. The unpleasant exposure of psychogenic pain causes the distressing symptoms of depression, fear and anxiety about treatment process and unable to support the family and deprived from social functioning which leads to extreme level of stress and low self-esteem and significantly associated with impaired quality of life.

Even though the pain is a somatic sensation, the individual with cancer having pain is long lasting or severe that interfere with their day to day activities of maintaining personal hygiene, routine household works dependent with others for walking, bathing and or going to take treatment, i.e. they may also have a severe impact on maintaining relationship with others, sleep pattern disturbance, and enjoyment of life. They may not talk to family members, friends or well-wishers. They want to be alone and have self-limiting activities and also don't want to involve any recreational activities.

The word cancer itself gives tremendous impact to the individual's life and also their family members. They are all involved in the individual's treatment process. This journey will deteriorate the individual's life process, lack of care in their children, impaired family income, love and longing etc. leads to tremendous and dramatic psychosocial impact on their quality of life. The individuals are needed to get rid of their unpleasant symptoms by non-pharmacological approach.

Even though advancement in the management of pain and newer treatment modalities in pharmacological

approaches, there is ineffective in breakthrough the pain is cancer patients. Non pharmacological methods especially positive therapies are more effective and playing the major role to reduce or alleviate the symptoms. Hence implementation of "Relaxation Therapy" is a part of positive therapies. They are most effective to reduce the cancer, related psychosocial impact, and breakthrough the pain is successive manner to improve their quality of life and empower the individual to meet their unmet needs.

MATERIALS AND METHODS

In this present study the investigator has used purposive sampling method these techniques were widely employed in qualitative research and in implementation process.
Design
Simple Randomization techniques were followed as per Epi info. randomization technique.
Study setting and Sample size
Among 26,222 patients were admitted in Regional Cancer Centre, Thanjavur Medical College Hospital, Thanjavur during the period of 2020 -2021. Among them only 300 individuals were selected for this study.
Variables
Independent Variables: Application of Relaxation therapy
Dependent Variables: Physical and psychogenic pain among Cancer patients
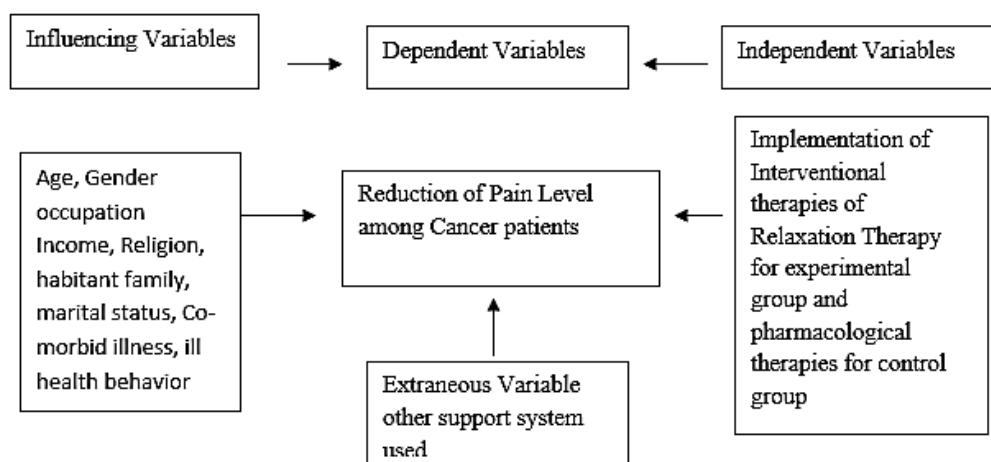**Influencing variables:** Demographic variables

TOOLS WERE INCLUDED IN THIS STUDY

Section A: Demographic Profile
Section B: Brief Pain Inventory (short form)(BPI)
Section C: DASS – 21 Scales, (Depression, Anxiety and Stress Scale-21)

RELATIONSHIP OF THE VARIABLES

SECTION: A DEMOGRAPHIC VARIABLES
It includes age, gender, occupation, income, religion, habitat, type of family, marital status, co – morbid illness, ill health behavior, mental health, and family history of cancer duration of illness, grade and stage of cancer and duration of pain. A copy of demographic data is given in Annexure l.

SECTION B: BRIEF PAIN INVENTORY (Short form) (BPI)

Brief Pain Inventory (short form) is an effective tool to rapidly assess the severity of pain and its impact on functioning ability. BPI scale was first developed by Charles S Clecland in the year of 1984. It is a short and self-administered questionnaire specially designed tool for the assessment of cancer pain and its origin also used to assess the all nociceptive and neuropathic pain. BPI composed of eleven items on a one point scale of 0- 10. Among all four items are concerning on intensity of pain, rest of the seven items deals with pain interference with general life and daily activities. The graphic representation shows the location of pain. The individuals are asked to tick or circle the given points as per their sufferings. The numbering indicates the individual suffering and intensity of pain, pain relief and interference in general activities and mood. A copy of Brief Pain Inventory (short form) version is given in Annexure II.

**SECTION C: DASS 21 SCALE (DEPRESSION, ANXIETY, STRESS SCALE)**

DASS 21 point scale is a quantitative measure of distress scale, which is developed by Syd Levibond and Peter Lovibond in the University of New South Wales in 1995. It examines three separated and inter-related areas of depression, anxiety and stress. The three subscales include seven items in all three areas. It measures the levels of hopelessness, devolution of life, self- depreciation, lack of interest, involvement in depression and anxiety. It measures the subjective experience of anxious, situational anxiety, autonomic arousal. In stress related items evaluate relaxation, difficulty in overcome the stress, agitation, irritability; easily get upset, over reactive and impatience. In clinical assessment it provides valuable insight in a client's level of emotional functioning. In DASS-21 there is no right or wrong answer. The rating scale is 0, 1, 2 or 3. 0 score shows Never, score 1 shows Sometimes, score 2 indicates Often and score 3- indicates Almost Always. The total score express the severity of Depression, Anxiety and Stress as Normal, Mild, Moderate, Severe and Extremely Severe. The individual are asked to rate their emotional well- being, according to the score the individuals are categorized as per emotional distress level and action plan was executed.

ETHICAL CONSIDERATION

While conducting the study the nurse investigator must follow the moral principles to ensure the individual rights, and confidentiality in all the aspect. The purpose of the study explained well and the guarding of privacy ensured the confidentiality about results. Thus the investigator followed the ethical guidelines which are approved by Institutional Ethical Committee of Thanjavur Medical College, Thanjavur.

A detailed description of procedures was used in this parent study and provided in the report. All the interventional therapies were approved by the Institutional Ethical Committee of Thanjavur Medical College and Hospital, also departmental permission were obtained from head of the department of Oncology. Participants were admitted in the Oncology ward for chemotherapy or radiotherapy and or both, with stage I and stage II having cancer pain. The pain is physiological and psychogenic in nature. Individuals' who agreed and willing to participate in the intervention program they were given the written consent. The patients were selected as per epiinfo randomization technique and purposive sampling was used. As per randomization the control group will receive the pharmacological therapy. Whereas the interventional group individuals were given the non-pharmacological therapy. It starts with deep breathing practices followed by relaxation training, autosuggestion, tension releasing exercise, smile therapy, laugh therapy, cognitive restructuring and end up with behavioural assignments for three days a week for one month and the duration of session was 45 minutes.

3428

FIGURE: SINGLE GROUP BEFORE AND AFTER DESIGN
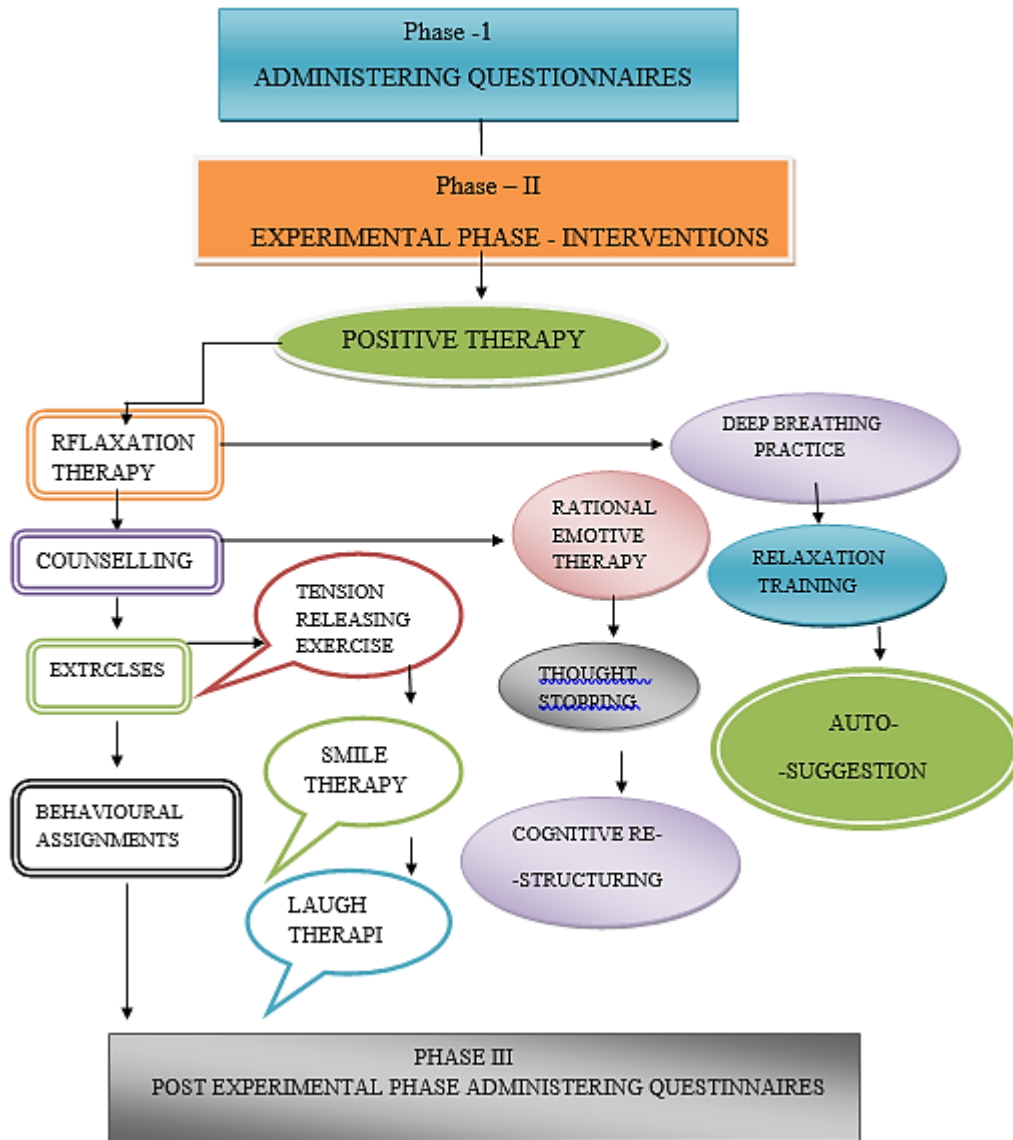
Interventions starts with deep breathing practices, in this individuals are encouraged to breathe in with four counts [1,2,3,4] and hold for a while then 4-6 counts to breathe out similarly ask them to do 5-10 times in relaxed manner in comfortable position. Once they were completed breathing practices bring into relaxation training. In this they are placed in either sitting or lying posture as per their convenience they were given relaxation training. Individuals' were brought into relaxed state from head to foot. Once they relaxed they were given auto suggestion. In this the individuals were instructed to follow the positive and self -motivational statements to empower themselves. Followed by Exercise, in this individuals' were encouraged to do the mild physical activities to reduce their stress level to cheerful state by tension releasing exercise, Smile therapy and Laugh therapy.

3429

"Positive thinking won't let you do anything, but it will let you do everything better than negative thinking will".   **-Zig Ziglar**

Cognitive Restructuring is the next level intervention, in this process the individuals' are encouraged to think in positive way and also replace their negative thoughts with positive thoughts. Once they start replacement of negative thoughts with positive thoughts they will start to get positive vibes. At the end behavioural assignments, in this sense individuals are encouraged to continue the interventions in their house exercises might have continue with their family members to reduce their stress level and divert their mind by doing mild household works like gardening, painting, graft work, drawing, watching television, hearing music, chatting with friends and relatives, going to shrine, playing indoor games like tiger and flikar (aadu puli aattam), pachichi (thaayam), pallankuzhi, [bean hole] or Mancala game, and chess, telling Ancient stories to grandchildren etc., from these activities they will divert their mind and getting relived from their distressing symptoms and improving their health related quality of life.

Through this individual are able to quickly learn how to recognize and distinguish the distressing symptoms. Repetitive practices and possessing this knowledge about these interventions increases the relaxation of mind and body. The accomplishment of physical and mental relaxation enhances the mental well-being and inner peace and mental calmness. Relaxation therapies are found more effective in cancer pain management and its impact.

DATA ANALYSIS

The result of the intervention in this study was analyzed, tabulated and discussed. Data were coded in Microsoft excel sheet and analyzed using SPSS trial version 20. Categorical data were summarized as n with % and continuous data were summarized as mean with SD or median with Interquartile range depending upon normality of the data. Fisher's exact test was used to compare the proportions between the groups. Unpaired 't' test was used to compare the mean between the two groups with normally distributed data. Mann Whitney U test was used to compare the median between the two groups with data of non- normal distribution. P value <0.05 was considered statistically significant.

The results of the study was analyzed, tabulated and discussed in three sections of section A explained about the demographic variables and the section B reveals the pain intensity, pain relief and pain interference, finally the section C explores about distressing symptoms of depression, anxiety and stress levels and relief.

RESULTS

Characteristics of the sample

Data was collected over on 12 month recruitment process from 300 patients in purposive sampling in randomized manner as per epiinfo, The selected individuals are diagnosed to have the stage I & stage II and Grade I & Grade II.

The majority of the patients belonged to 41- 60 years of age groups. Demographic variables were generally well matched at baseline . (Table-1). There is no significant differences' with regards to Age (P=0.0001), Gender (0.002), Education (0.628), Occupation (0.045), Income (0.651), Comorbidity (0.218), Stage (0.059), Pain (0.071) and Duration of Pain (0.401).

Table 1.Comparison of age category and gender distribution between the control and experimental groups in the study.

S.No	Parameter			Control group	Experimental group	Chi square value	Df	P value
1	Gender	Male (n=57)	n	41	16	12.8	2	0.002*
			%	71.9	28.1			
		Female (n=242)	n	113	129			
			%	46.7	53.3			
		Transgender(n=1)	n	0	1			
			%	0	100			
2	Age category	19-28 years (n=13)	n	9	4	19.9	3	<0.0001*
			%	69.2	30.8			
		29-48 years (n=56)	n	17	39			
			%	30.4	69.6			
		41-60 years (n=203)	n	106	97			
			%	52.2	47.8			
		>60 years (n=28)	n	22	6			
			%	78.6	21.4			

Fisher's exact test was used to compare the frequency between the groups. *indicates $p<0.05$ and considered statistically significant. NS = Not significant.

Table 2.Comparison of frequency distribution of education status, occupation and income between the control and experimental groups in the study.

S.No	Parameter			Control group	Experimental group	Chi square value	df	P value
1	Educational status	Primary (n=93)	n	45	48	1.73	3	0.628 (NS)
			%	48.4	51.6			
		Secondary (n=127)	n	63	64			
			%	49.6	50.4			
		Graduate (n=15)	n	9	6			
			%	60	40			
		Illiterate (n=65)	n	37	28			
			%	56.9	43.1			
2	Occupation	Govt employee (n=10)	n	6	4	8.03	3	0.045*
			%	60	40			
		Private employee (n=25)	n	14	11			
			%	56	44			
		Daily labour (n=38)	n	27	11			
			%	71.1	28.9			
		Own business (n=227)	n	107	120			
			%	47.1	52.9			

3431

3	Income (INR/month)	<5000 (n=263)	n	132	131	1.64	3	0.651 (NS)
			%	50.2	49.8			
		5001 – 6000 (n=6)	n	4	2			
			%	66.7	33.3			
		6000 – 7000 (n=9)	n	6	3			
			%	66.7	33.3			
		>7000 (n=22)	n	12	10			
			%	54.5	45.5			

Fisher's exact test was used to compare the frequency between the groups. *indicates $p<0.05$ and considered statistically significant. NS = Not significant.

Table 3.Comparison of frequency distribution of stages, illness duration and pain duration of cancer between the control and experimental groups in the study

S.No	Cancer			Control group	Experimental group	Chi square value	df	P value
1	Stage	Stage 1 (n=249)	n	120	129	6.01	2	0.501 (NS)
			%	48.2	51.8			
		Stage 2 (n=49)	n	33	16			
			%	67.3	32.7			
		Stage 3 (n=2)	n	1	1			
			%	50	50			
2	Duration of illness	In days (n=2)	n	0	2	5.67	2	0.059 (NS)
			%	0	100			
		In month (n=219)	n	106	113			
			%	48.4	51.6			
		In years (n=79)	n	48	31			
			%	60.8	39.2			
3	Pain duration	In month (n=220)	n	106	114	3.28	1	0.071 (NS)
			%	48.2	51.8			
		In years (n=80)	n	48	32			
			%	60	40			

Fisher's exact test was used to compare the frequency between the groups. NS = Not significant.

Table 4. Comparison of duration of illness and pain duration in days between the experimental and control group in the study

S.No	Parameter	Control group (n=154)		Experimental group (n=146)		t value	df	P value
		Mean	SD	Mean	SD			
1	Duration of cancer	262.9	179	248	150	0.772	298	0.441(NS)
2	Duration of pain due to cancer	263	179	246	149	0.841	298	0.401 (NS)

Data are expressed as mean with SD. Unpaired 't' test was used to compare the mean between the groups. NS = Not significant.

3432

Pain is an inimical emotional experience. Patients in the intervention and control groups reported that the worst pain level (Median score is 7. IQR-4-8 and M=6. IQR-3-8, P= 0.013) is same in both groups before the intervention. Respectively there is no significant differences were found in both groups. Where as in interventional group they reported that they have significant reduction of pain level (p= 0001) after the intervention. Hence the intervention was statistically significant. Pain interferences with walking, and working ability and general activity before intervention was (0.016) interfere with the individual physical well-being . Which is declined (P=0.0001) after the intervention. Interferences of pain level in day today activities such as relation with others (p=0.003 to 0.0001), enjoyment of life (p=0,013- 0.0001), mood (p=0.001- 0.0001) and sleep pattern (p= 0.003-0.0001) also shows the differences respectively following the intervention there is a significant differences after the interventions.

Table 5. Comparison of pain relief by medication, walking ability-activity-work interferences (as per BPI scale) between the experimental and control group in the study.

S.No	Description of BPI scale category	Control group (n=154)		Experimental group (n=146)		Mann Whitney U	SE	P value
		Median	IQR	Median	IQR			
1	Pain relief by medication-pre	4	3 – 7	4	3 – 7	11611.5	741	0.618 (NS)
2	Pain relief by medication – post	4	3 – 7	9	8 – 9	19647	741	<0.0001*
3	Pain interferes Walking ability – pre	1	1 – 1	1	1 – 1	12042	332	0.016*
4	Pain interferes Walking ability – post	1	1 – 1	0	0 – 0	2574	655	<0.0001*
5	Pain interferes General activity – pre	9	8 – 9	9	9 – 9	13252	561	<0.0001*
6	Pain interferes General activity – post	9	7 – 9	0	0 – 0	2505	696	<0.0001*
7	Pain interferes Normal work – pre	1	1 – 1	1	1 – 1	12112	292	0.003*
8	Pain interferes Normal work – post	1	1 – 1	0	0 – 0	2451	651	<0.0001*

Data (scores) are expressed as median with interquartile range. Mann whitney U test was used to compare the median between the control and experimental groups. *Indicates $p < 0.05$ and considered statistically significant. NS = Not significant.

Psychogenic Pain

Pain is the fifth vital sign and the depression is the 6th vital sign**.** Patients in the control group demonstrated that they have significantly higher level of depression (M=16-17) anxiety (M=15- 16) and stress level was ((M=16.5-18) was increased. Individuals' were getting more depressed (M=18) anxious (M=18) and more distressed (M=19). Following the intervention there is significant decline in level of depression (M=2), anxiety (M= 00) and the stress (M=2), which is statistically significant differences in before and

3433

after the interventions.

Table 6. Comparison of depression, anxiety and stress score between the experimental and control group in the study.

S.No	Type of score	Control group (n=154)		Experimental group (n=146)		Mann Whitney U	SE	P value
		Median	IQR	Median	IQR			
1	Depression score – pre	16	5 - 19	19	15 – 21	14,941	743	<0.0001*
2	Depression score – post	17	10 – 18	2	2 – 3	1388	743	<0.0001*
3	Anxiety score – Pre	15	5.75 - 19	18	14 – 21	15,012	745	<0.0001*
4	Anxiety score – Post	16	11 – 18	0	0 – 2	2509	736	<0.0001*
5	Stress score – Pre	16.5	6 – 20	19	15 – 21	14903	742	<0.0001*
6	Stress score – post	18	12 – 20	2	2 – 3	3091	743	<0.0001*

Data (scores) are expressed as median with interquartile range. Mann whitney U test was used to compare the median between the control and experimental groups. *Indicates p <0.05 and considered statistically significant.

Table 7. Comparison of relation with other people, enjoyment with life, mood and sleep interferences by pain (as per BPI scale) between the experimental and control group in the study.

S.No	Description of BPI scale category	Control group (n=154)		Experimental group (n=146)		Mann Whitney U	SE	P value
		Median	IQR	Median	IQR			
1	Pain interferes Relation with other people – Pre	1	1 – 1	1	1 – 1	12113.5	292	0.003*
2	Pain interferes Relation with other people –Post	1	1 – 1	0	0 – 0	2451	651	<0.0001*
3	Pain interferes Enjoyment of life– Pre	1	1 – 1	1	1 – 1	11967.5	309	0.019*
4	Pain interferes Enjoyment of life– post	1	1 – 1	0	0 – 0	2439	652	<0.0001*
5	Pain interferes mood – pre	9	8 – 9	9	9 – 9	13171	558	0.001*
6	Pain interferes mood – post	9	8 – 9	0	0 – 2	2554	709	<0.0001*
7	Pain interferes sleep – pre	1	1 – 1	1	1 – 1	12109	292	0.003*
8	Pain interferes sleep – post	1	1 – 1	0	0 – 0	2451	651	<0.0001*

Data (scores) are expressed as median with interquartile range. Mann whitney U test was used to compare the median between the control and experimental groups. *Indicates p <0.05 and considered statistically significant.

Health related quality of life

Assessing the results before the intervention with the Mann Whitney U test showed that the both groups were similar in the symptoms and deprived from social functioning that leads to traumatic impacts on health related quality of life. After the intervention the interventional group shows that they have increased coping skill to overcome the impact related to cancer and improved in their social functioning. Where as in control group they are all in same and or higher level in declined social functioning and poor coping skill leads to decline in health related quality of life. Non-pharmacological intervention of relaxation therapy is more effective to overcome or reduce the distressing symptoms and to enhance their quality of life.

DISCUSSION

Cancer the word itself gives traumatic and their impact gives dramatic and disguises the individuals and it's a bag of burden, which can be carried from the day of diagnosis to treatment and or throughout their life. This is a randomized comparative study designed to provide rigorous evidence on the effectiveness of Relaxation Therapy in patients with history of cancer and related impacts. CAM therapies are the adjuvant therapies in cancer pain management. Even though Cancer patients were receiving their treatment in a scheduled manner they prone to perceive the unpleasant experiences and cluster of symptoms that interfere with their quality of life. The uniqueness of this study makes it impossible for any comparison with preceding studies and interventional principles are targeted into a single symptom management.

The Relaxation therapy demonstrated strong evidence on their effectiveness in the management of symptoms in cancer patients. The finding reveals that the intervention was significantly more effective in improving pain outcome either physiological or psychogenic pain in the intervention group compared to the control group. These positive effects are more beneficial in pain management, in patients with history of cancer (Bardia *et* al, 2008). Effectiveness of various CAM therapies for cancer related pain concluded that Relaxation therapies can be effective in reducing cancer related pain and its impacts. (Kwekkeboom *et* al, 2008).

The analyzed data reveals that the interventional group has significant relief from the perceived symptoms and improved their general ability and to reduce their dependency. There is a significant reduction of perceived fatigue relieved by deep breathing practices that enhances the general well-being (Kim and Kim 2012). Relaxation therapy decreases the pain level by total relaxation of the body part and improved circulation increases the oxygen level also reduces the physical symptoms and reduces the increased demand of analgesics.

Relaxation therapy was more effective in reducing the depression, anxiety and stress level. The effectiveness was demonstrated by the comparison of pre and post assessment in both groups. There is a significant reduction of depression, anxiety and stress level in intervention group, whereas in control group the data shows increased level of psychogenic pain level and they are all more distressed. Psychological interventions of Progressive Muscle Relaxation play a major role on reducing anxiety and depression level in hospitalized client receiving brachytherapy (Leon – Pizarro *et* al 2010). The following study reveals that Positive therapies are more effective in Management of stress in Nurses in K.G hospital (Hemalatha & Mary-2009) Management of stress in Parent of special child (Hemalatha & Thenu-2008). Reduction of stress level in Diabetic patients in India through Positive therapy (Gayathri devi & Saranya-2009).

Laughter therapies are more effective in depression and stress reduction. It is more useful, easily available and cost effective (Hae and Chang 2010). Music therapies are more effective in reducing the anxiety level

3435

in cancer patients (Priyadharshini & Shoba 2016) Humor is an important part of life. Laughter eases the tension among people with cancer and positive physiologic effect on patients and their families. (Erdman, 1999). Non- Pharmacological therapies are playing the major role in reducing pain level in cancer patients and related impacts.

Cognitive restructuring are the powerful tool to improve the individuals' physical and mental well-being in those who are suffering with cancer and related illnesses. In Cognitive Restructuring the individuals' negative thoughts are erased and rejuvenated with positive and energetic thoughts which makes the individuals happier and healthier. The healthy thoughts are enhances the health related quality of life and inner peace. Behavioural assignments are the best way of reducing their stress level by participating recreational activities like indoor games, traditional games, gardening etc. Behavioural assignments also increases their confidence level , inner peace, decreases the dependent level and lead their life independently.

Hence relaxation therapies are the core component of positive therapy which is more reliable and helpful in managing patients with cancer pain and related psychosocial impacts and enhances their quality of life. Limitations i.e., interventional individuals are happier but the control group also need to provide the therapies. Hence it's a comparative study the researcher unable to do so. Furthermore the researchers are not able to know whether the participants are doing their practice in successive manner without interruption. The rigorous design and implementation allow the generalization of the findings in this patients study. Apart from the intervention in this study the caregiver are more distressed and the researcher was unable to focus on them to overcome the stressful situations.

CONCLUSION

In this randomized comparative study provided evidence that supported the integrated management of adjuvant therapy of Relaxation therapy is a core component of Positive therapy for cancer related physical pain along with psychogenic pain management. However further studies are needed for all the individuals with cancer with implementation of various CAM therapies and the study will be compared in both the therapies, i.e., all the individuals are getting benefited either way.

<center>**"Life is good either way".**</center>

ACKNOWLEDGEMENTS

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3436

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