ETUDE DES MÉCANISMES QUI SOUS-TENDENT L'EFFET THÉRAPEUTIQUE DE LA RÉFLEXOLOGIE PLANTAIRE

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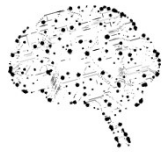
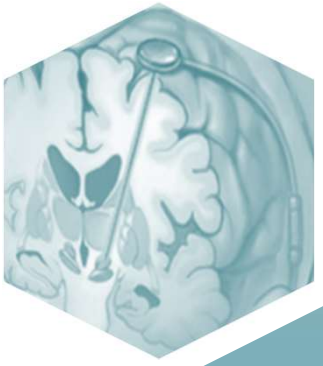
RECRUTEMENT CNRS 2011

Implants chroniques fonctionnels pour la stimulation et l'enregistrement de l'activité cérébrale



Enjeux sociétaux importants

- Suppléance fonctionnelle
- Aide au diagnostic
- Innovation thérapeutique
- Augmentation de l'autonomie



Maladies neurodégénératives

Stimulation profonde dans la maladie de Parkinson

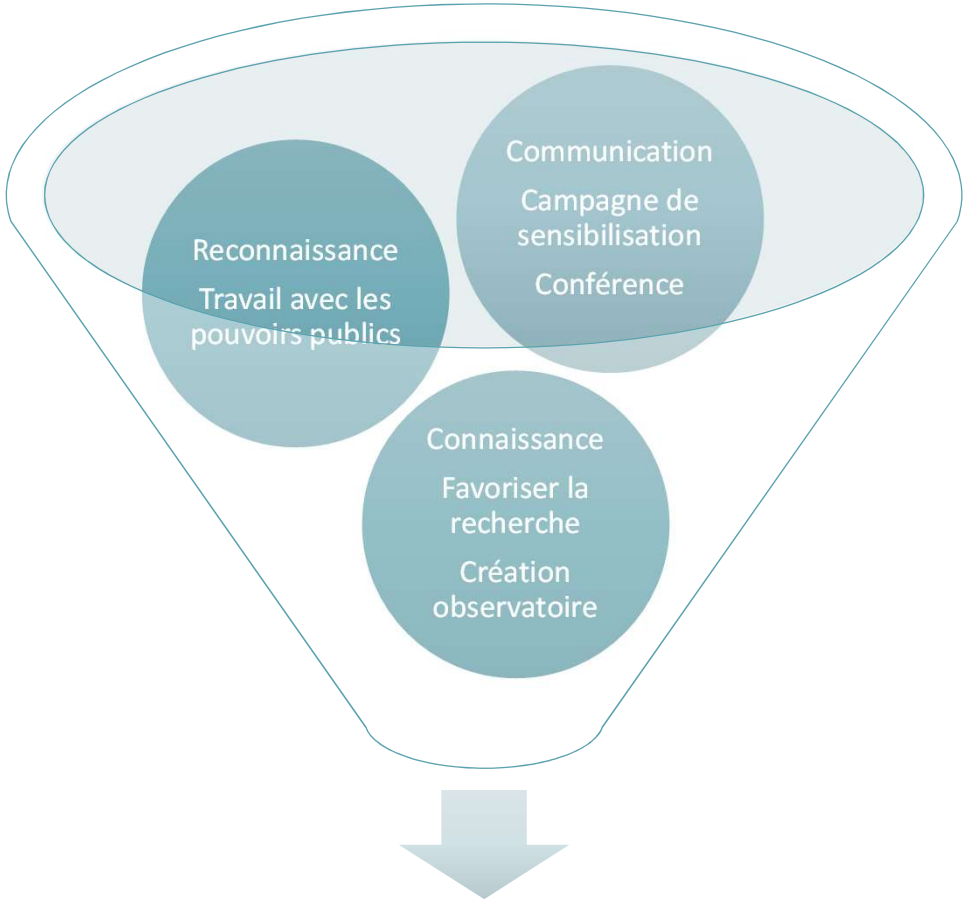
Implant cochléaire

Restauration des fonctions sensorielles

Connection avec le monde extérieur

Interfaces neurales chroniques

ACTIVITÉ D'INTÉRÊT GÉNÉRAL

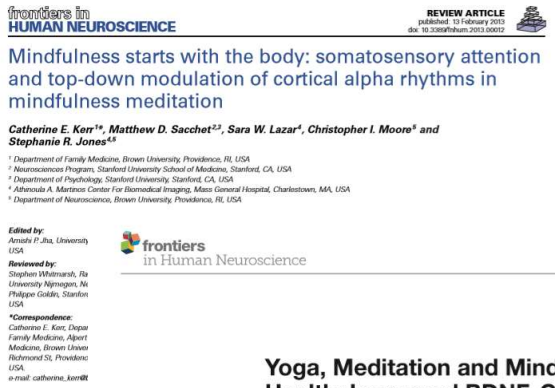


Aide et soutien aux patient(e)s

Douleur chronique

- Limites des médicaments
- Ressenti subjectif modulé par le vécu
- Gestion de la douleur chronique par les INMs

ETAT DE L'ART_BIBLIOGRAPHIE



frontiers in HUMAN NEUROSCIENCE

REVIEW ARTICLE
published: 13 February 2013
doi: 10.3389/fnhum.2013.00012

Mindfulness starts with the body: somatosensory attention and top-down modulation of cortical alpha rhythms in mindfulness meditation

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ORIGINAL RESEARCH
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doi: 10.3389/fnhum.2017.00315

Yoga, Meditation and Mind-Body Health: Increased BDNF, Cortisol Awakening Response, and Altered Inflammatory Marker Expression after

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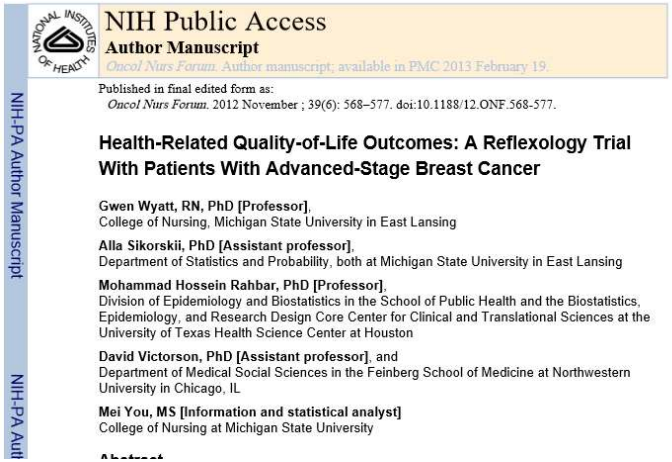

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Health-Related Quality-of-Life Outcomes: A Reflexology Trial With Patients With Advanced-Stage Breast Cancer

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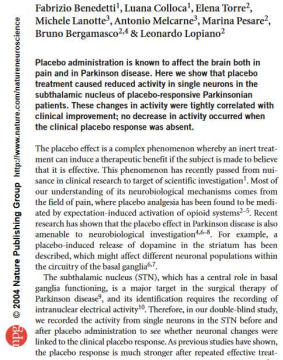

Placebo-responsive Parkinson patients show decreased activity in single neurons of subthalamic nucleus

Fabrizio Benedetti[1], Luana Colloca[1], Elena Torre[2], Michele Lanotte[3], Antonio Melcarne[3], Marina Pesare[2], Bruno Bergamasco[2,4] & Leonardo Lopiano[2]

Placebo administration is known to affect the brain both in pain and in Parkinson disease. Here we show that placebo treatment caused reduced activity in single neurons in the subthalamic nucleus of placebo-responsive Parkinsonian patients. These changes in activity were tightly correlated with clinical improvement; no decrease in activity occurred when the clinical placebo response was absent.

The placebo effect is a complex phenomenon whereby an inert treatment can induce a therapeutic benefit if the subject is made to believe that it is effective. This phenomenon has recently passed from nuisance in clinical research to target of scientific investigation[1]. Most of our understanding of its neurobiological mechanisms comes from the field of pain, where placebo analgesia has been found to be mediated by expectation-induced activation of opioid systems[2–5]. Recent research has shown that the placebo effect in Parkinson disease is also amenable to neurobiological investigation[4,6–8]. For example, a placebo-induced release of dopamine in the striatum has been described, which might affect different neuronal populations within the circuitry of the basal ganglia[6,7].

The subthalamic nucleus (STN), which has a central role in basal ganglia functioning, is a major target in the surgical therapy of Parkinson disease[8], and its identification requires the recording of intranuclear electrical activity[10]. Therefore, in our double-blind study, we recorded the activity from single neurons in the STN before and after placebo administration to see whether neuronal changes were linked to the clinical placebo response. As previous studies have shown, the placebo response is much stronger after repeated effective treat-

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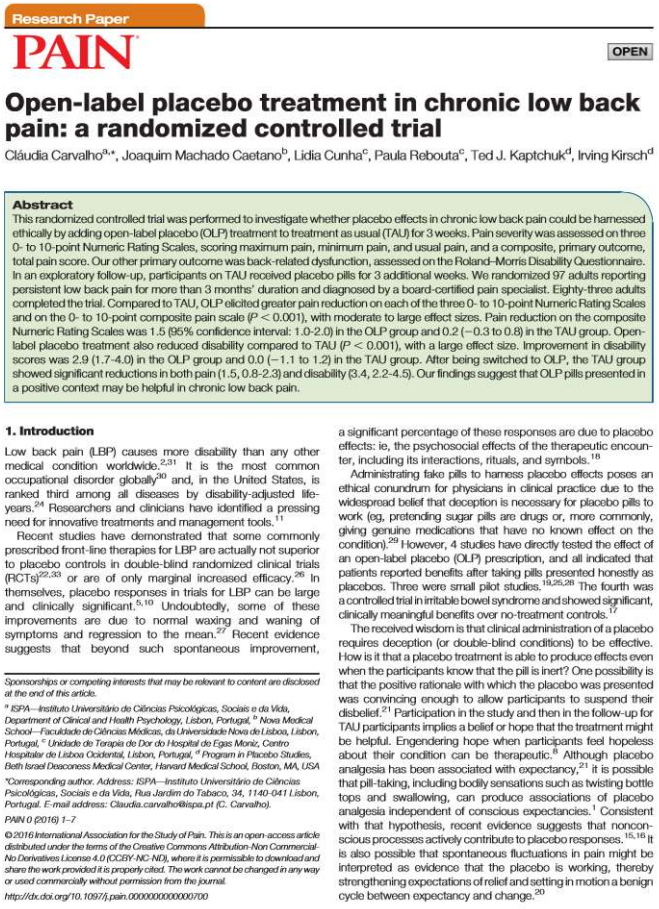

Research Paper

PAIN

OPEN

Open-label placebo treatment in chronic low back pain: a randomized controlled trial

Cláudia Carvalho[a,*], Joaquim Machado Caetano[b], Lidia Cunha[c], Paula Rebouta[c], Ted J. Kaptchuk[d], Irving Kirsch[d]

Abstract

This randomized controlled trial was performed to investigate whether placebo effects in chronic low back pain could be harnessed ethically by adding open-label placebo (OLP) treatment to treatment as usual (TAU) for 3 weeks. Pain severity was assessed on three 0- to 10-point Numeric Rating Scales, scoring maximum pain, minimum pain, and usual pain, and a composite, primary outcome, total pain score. Our other primary outcome was back-related dysfunction, assessed on the Roland–Morris Disability Questionnaire. In an exploratory follow-up, participants on TAU received placebo pills for 3 additional weeks. We randomized 97 adults reporting persistent low back pain for more than 3 months' duration and diagnosed by a board-certified pain specialist. Eighty-three adults completed the trial. Compared to TAU, OLP elicited greater pain reduction on each of the three 0- to 10-point Numeric Rating Scales and on the 0- to 10-point composite pain scale ($P < 0.001$), with moderate to large effect sizes. Pain reduction on the composite Numeric Rating Scales was 1.5 (95% confidence interval: 1.0-2.0) in the OLP group and 0.2 (−0.3 to 0.8) in the TAU group. Open-label placebo treatment also reduced disability compared to TAU ($P < 0.001$), with a large effect size. Improvement in disability scores was 2.9 (1.7-4.0) in the OLP group and 0.0 (−1.1 to 1.2) in the TAU group. After being switched to OLP, the TAU group showed significant reductions in both pain (1.5, 0.8-2.3) and disability (3.4, 2.2-4.5). Our findings suggest that OLP pills presented in a positive context may be helpful in chronic low back pain.

1. Introduction

Low back pain (LBP) causes more disability than any other medical condition worldwide.[2,31] It is the most common occupational disorder globally[30] and, in the United States, is ranked third among all diseases by disability-adjusted life-years.[24] Researchers and clinicians have identified a pressing need for innovative treatments and management tools.[11]

Recent studies have demonstrated that some commonly prescribed front-line therapies for LBP are actually not superior to placebo controls in double-blind randomized clinical trials (RCTs)[22,33] or are of only marginal increased efficacy.[26] In themselves, placebo responses in trials for LBP can be large and clinically significant.[5,10] Undoubtedly, some of these improvements are due to normal waxing and waning of symptoms and regression to the mean.[27] Recent evidence suggests that beyond such spontaneous improvement, a significant percentage of these responses are due to placebo effects: ie, the psychosocial effects of the therapeutic encounter, including its interactions, rituals, and symbols.[18]

Administrating fake pills to harness placebo effects poses an ethical conundrum for physicians in clinical practice due to the widespread belief that deception is necessary for placebo pills to work (eg, pretending sugar pills are drugs or, more commonly, giving genuine medications that have no known effect on the condition).[29] However, 4 studies have directly tested the effect of an open-label placebo (OLP) prescription, and all indicated that patients reported benefits after taking pills presented honestly as placebos. Three were small pilot studies.[19,25,28] The fourth was a controlled trial in irritable bowel syndrome and showed significant, clinically meaningful benefits over no-treatment controls.[17]

The received wisdom is that clinical administration of a placebo requires deception (or double-blind conditions) to be effective. How is it that a placebo treatment is able to produce effects even when the participants know that the pill is inert? One possibility is that the positive rationale with which the placebo was presented was convincing enough to allow participants to suspend their disbelief.[21] Participation in the study and then in the follow-up for TAU participants implies a belief or hope that the treatment might be helpful. Engendering hope when participants feel hopeless about their condition can be therapeutic.[6] Although placebo analgesia has been associated with expectancy,[21] it is possible that pill-taking, including bodily sensations such as twisting bottle tops and swallowing, can produce associations of placebo analgesia independent of conscious expectancies.[1] Consistent with that hypothesis, recent evidence suggests that nonconscious processes actively contribute to placebo responses.[15,16] It is also possible that spontaneous fluctuations in pain might be interpreted as evidence that the placebo is working, thereby strengthening expectations of relief and setting in motion a benign cycle between expectancy and change.[20]

Sponsorships or competing interests that may be relevant to content are disclosed at the end of this article.

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Certification RTTFA
Master Neurosciences clinique / Imagerie médicale

Ecole Faure Alderson
RTTFA

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5. Promouvoir le partage d'expériences et de ressources méthodologiques
6. Promouvoir des études au niveau national, et international (harmonisation européenne)

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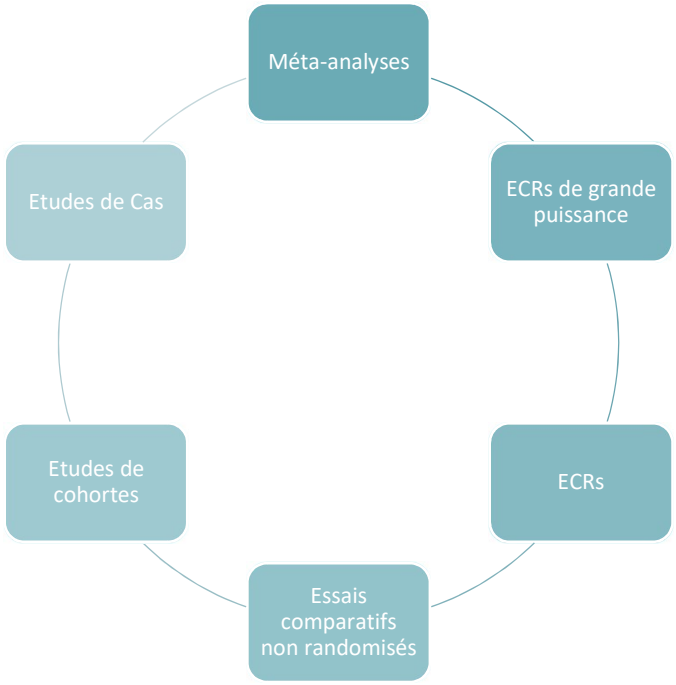
…tout en respectant leurs philosophies



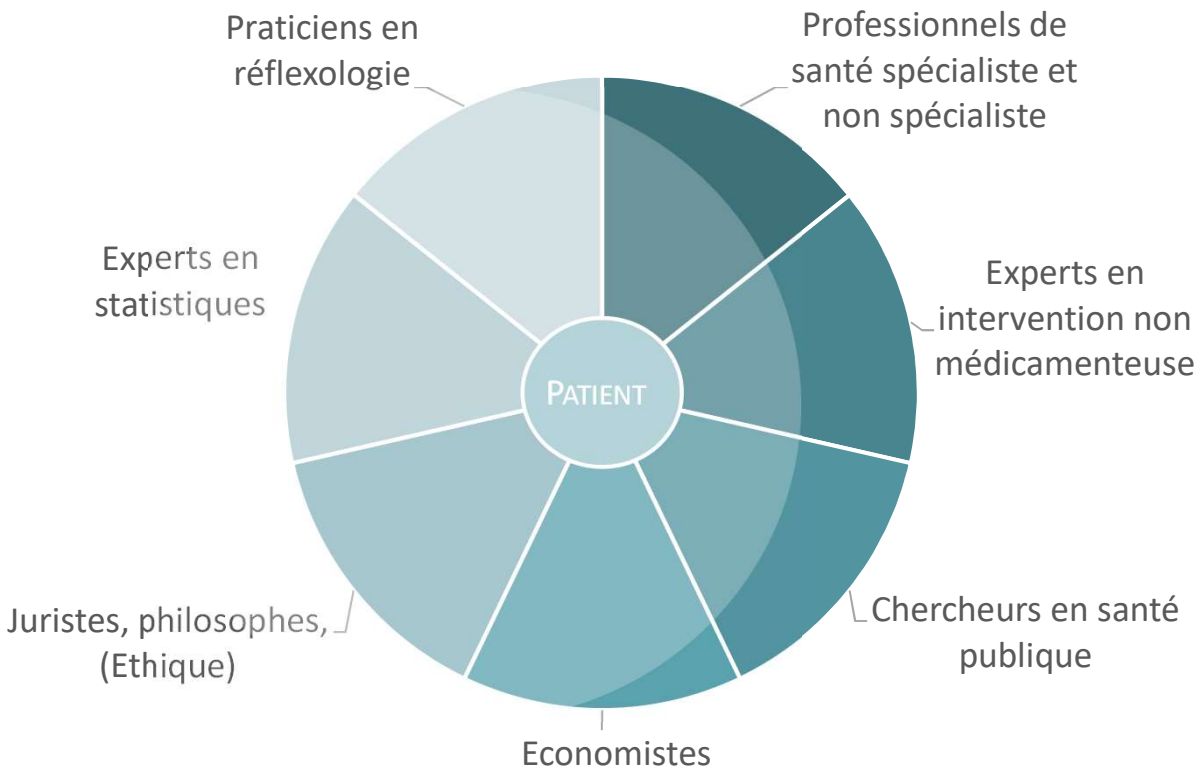
Essais de faibles qualités

- Pas d'enregistrement au préalable du protocole
- Intervention ne reflétant pas forcément la pratique
- Description de l'intervention souvent inexistante
- Absence des méthodes de randomisations, de sorties d'études
- Effectif faible et non expliqué
- Suivi à court terme

Fragilités des méta-analyses
⇒ n'ont aucun sens (souvent 90% d'exclusion)
⇒ n'arrivent pas à conclure

NÉCESSITE DES ADAPTATIONS RIGOUREUSES

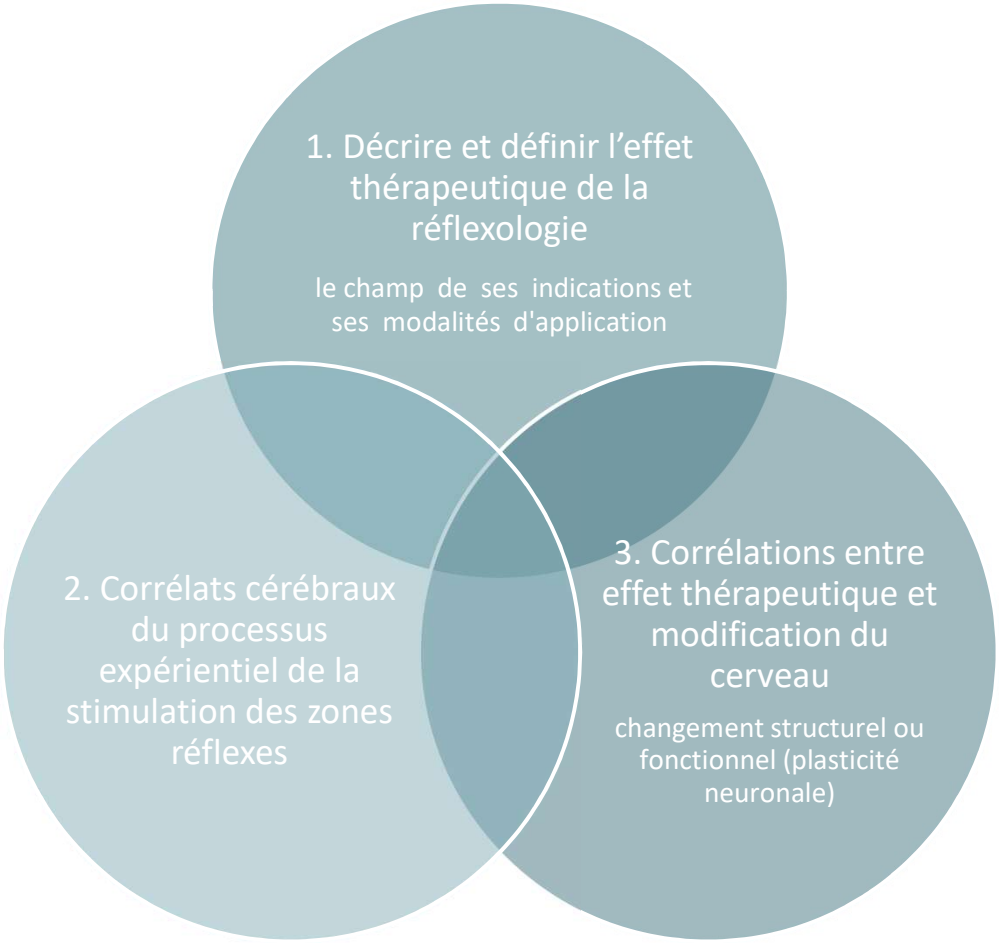
RASSEMBLER POUR OBTENIR DES CONSENSUS



Création d'un groupe de réflexion
pour améliorer le niveau de preuve de l'effet thérapeutique de la réflexologie
en développant des essais de qualité

MES AXES DE RECHERCHE

Approche multimodale en incluant différents types d'investigations



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Neuroscience Letters

journal homepage: www.elsevier.com/locate/neulet

Somatotopical relationships between cortical activity and reflex areas in reflexology: A functional magnetic resonance imaging study

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[b] Department of Functional Brain Imaging, Institute of Development, Aging and Cancer (IDAC), Tohoku University, Sendai, Japan
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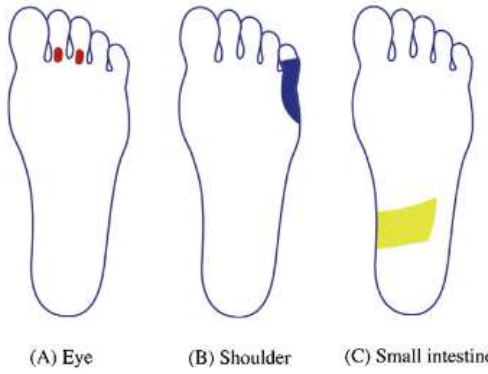
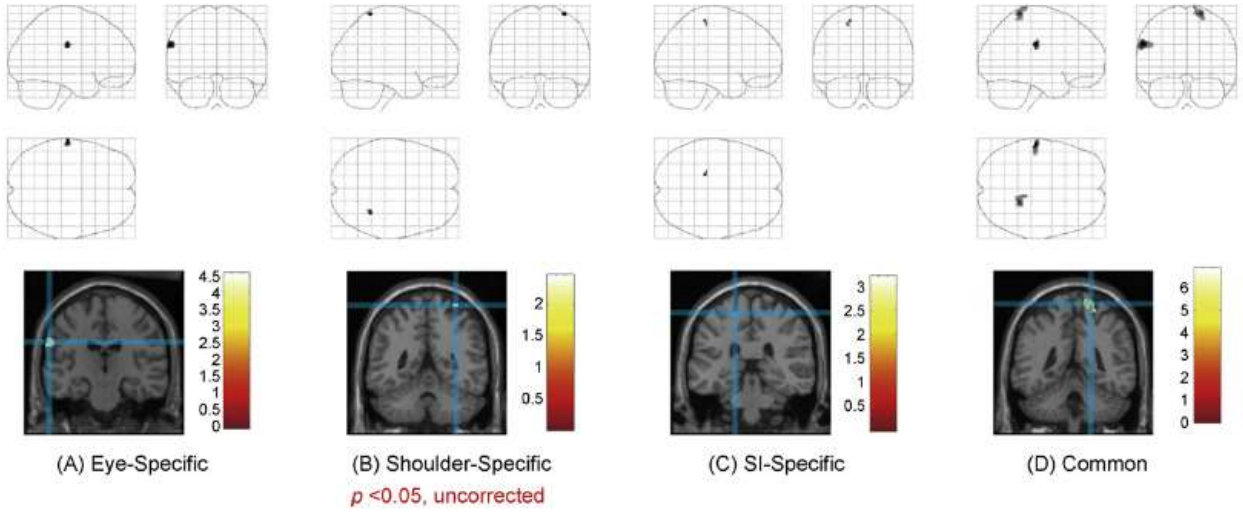


Fig. 1. Reflex areas for the (A) eye, (B) shoulder, and (C) small intestine.



ETUDE FOOT

Co-financement du SPR

Réflexologie

Eléments spécifiques

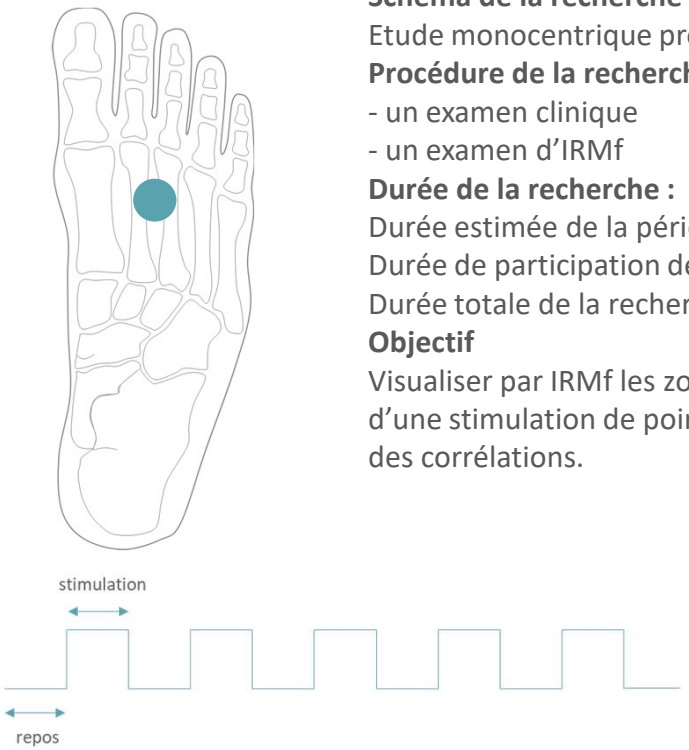
« Caractéristiques »

- Stimulation des zones réflexes
- Points réflexes
- Stimulation de zones non réflexes
- Anamnèse dédiée

Eléments non spécifiques

« Commun aux autres traitements »

- Croyance du patient dans le traitement
- Interaction thérapeute/Patient
- Effet ERC
- Libération d'endorphines



Sujets : 30 sujets

Schéma de la recherche :

Etude monocentrique prospective transversale

Procédure de la recherche :

- un examen clinique
- un examen d'IRMf

Durée de la recherche :

Durée estimée de la période d'inclusion : 2 ans

Durée de participation de chaque participant : 0,5 jour

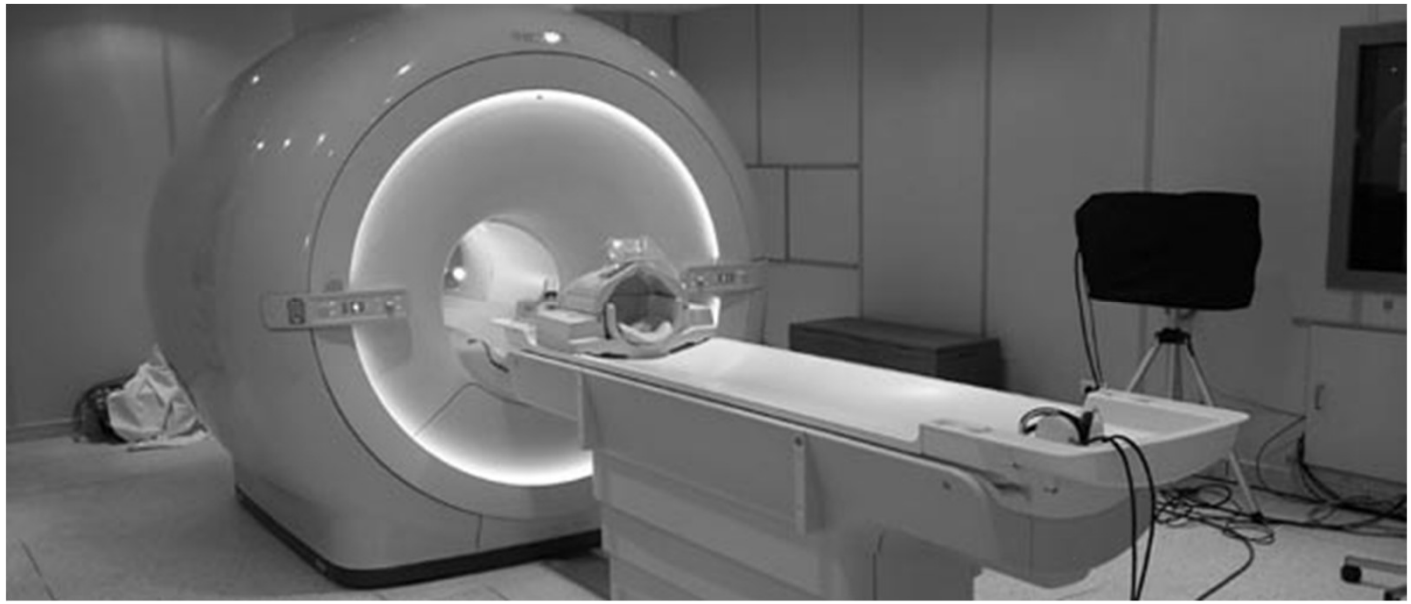
Durée totale de la recherche : 2 ans

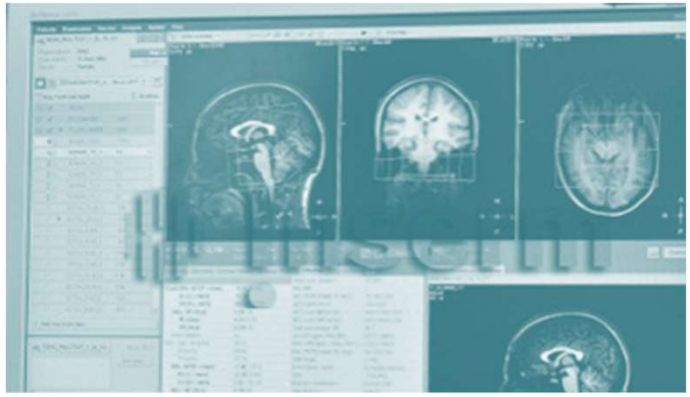
Objectif

Visualiser par IRMf les zones cérébrales actives lors d'une stimulation de points réflexes du pied et études des corrélations.

ETUDE FOOT

EXAMEN IRMF : ENVIRONNEMENT COMPLEXE





REMERCIEMENTS

La Fédération Française des Réflexologues

Merci de votre attention

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