



## Do Bach flower remedies have a role to play in pain control?

### A critical analysis investigating therapeutic value beyond the placebo effect, and the potential of Bach flower remedies as a psychological method of pain relief

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#### KEYWORDS

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Belief

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**Summary** This paper explores the potentiality of Bach flower remedies as a means of pain relief through a retrospective case-study analysis to establish how clients suffering with painful conditions responded to the therapy.

**Results:** Of 384 subjects, 41 suffered pain. Of these, 46% felt treatment had relieved their pain; in 49% the physical outcome was unknown. About 88% of all subjects reported an improvement in their emotional outlook.

**Discussion:** The role of placebo and its influence on the study's key features: focus shift from physical pain to emotional outlook, and the importance of the client–practitioner relationship and belief in the therapy.

**Conclusion:** The use of Bach flower remedies has brought about positive emotional changes in the majority of clients in this study. Whilst it is difficult to draw a definitive conclusion as to significance of the therapeutic value of these remedies in relation to pain above that of a placebo, the results are encouraging. In particular, relief of negative emotions and promotion of positive thought including how clients opened up about, and dealt with, emotional issues. The indication is that potential for Bach flower remedies as a therapeutic agent in the relief of pain does exist and is worthy of further qualitative and quantitative investigation through robust, purpose-designed studies to replicate and progress the results shown here.

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## Introduction

A major factor in pain management is the relief of anxiety and “distressful thoughts”.<sup>1</sup> Furthermore, pain has an emotional as well as a sensory dimension,<sup>2</sup> and relaxation has been found to be effective in treating “many conditions, including chronic pain” (p. 75).<sup>3</sup> Whilst many complementary therapies aim to help clients relax and relieve their “distressful thoughts”, Bach flower remedies are unique insofar as they only address the state of mind and “take no notice of disease”.<sup>4</sup>

Increasing demand for complementary health practices,<sup>5</sup> prevalence of uncontrolled pain<sup>6</sup> and associated mental outlook, together with the way in which Bach flower remedies are purported to work, has inspired this investigation into the validity of Bach flower remedies as an aid to pain relief.

## The therapy

Bach flower remedies are a collection of 38 individual remedies mostly made from the flowers of plants. They are used to alleviate emotional symptoms such as hopelessness, impatience, worry, fatigue, guilt and anger and were discovered by Dr. Edward Bach, MB., BS., MRCS., MRCP., DPH (1886–1936) following his own extensive medical research<sup>7</sup> which led to the conviction that the mental and emotional state of an individual was the “true cause” of disease.<sup>4</sup> Selection of remedies is therefore based on mood, emotional outlook and temperament, as well as personality and general disposition of the person concerned (see Table 1). For example, those who are, by nature, eager to please and find it hard to refuse the demands of others, may choose Centaury to help them develop the strength of character necessary to stand up for themselves. They may also choose (for example) White Chestnut if they are worried and/or Larch if they lack confidence. Thus, a selection of remedies may be combined into one treatment composite (2 drops of each diluted in water) and it is recommended oral doses are taken at regular intervals.<sup>8–12</sup>

The preparation of Bach remedies utilises two methods: the sun method, where flower heads are floated on the surface of water contained in a glass bowl, left in the sunshine; and the boiling method in which plant matter is boiled.<sup>12</sup> In both cases, plant matter is subsequently removed and the remaining water filtered and mixed with an equal quantity of brandy (alcohol content 40% v/v). Bach originally potentised the first of the flower reme-

dies homoeopathically,<sup>13</sup> but this was later abandoned in favour of the “simple and more perfect method of potentisation” (p. 170)<sup>14</sup> described above.

Very little clinical research has been undertaken to attempt to prove the therapeutic effects attributed to Bach flower remedies, but personal testimonies, anecdotal evidence and case studies demonstrate the ‘healing benefits’ that users derive.

Bach’s philosophy, built around a firm assertion that physical health depends on a positive emotional attitude, saw disease as a manifestation of emotional and spiritual disharmony. Bach believed that physical suffering is “in itself beneficent and for our good” (p. 8)<sup>15</sup> because he regarded suffering as experience; a learning process through which the cycle of life—spiritual and earth-bound—would constantly strive to progress in its quest for perfection.<sup>15</sup>

## Pain

Research into cancer pain shows a significant association between increased distress and increased pain<sup>16</sup> and that the mind–body connection plays a part in the perception and regulation of chronic pain.<sup>17</sup> Indeed, as this retrospective study demonstrates, it is not uncommon for patients who suffer with a painful physical condition to seek relief of their symptoms with Bach flower remedies. Whether this suggests a deliberate recognition of, and attempt to correct, the emotional imbalances associated with pain, or simply a desperate last resort, is unclear. Nevertheless, the findings of this study suggest that people suffering physical pain respond well, although the question is whether an improved state of well-being is due solely to belief in the therapy and positive attitude of the therapist (placebo response), or because Bach flower remedies—which, according to Walach et al.,<sup>18</sup> possess no scientifically identifiable active ingredient—actually work.

## Study method

### Literature search

A literature search (CINAHL, MEDLINE, AMED, RCN Journals, The Lancet, BMJ, PsycINFO databases; journals reporting on complementary therapies in medicine; dedicated websites and archive material) failed to reveal any papers relating to Bach flower remedies and their use in pain relief.

**Table 1** The 38 Bach flower remedies, their indications and number of clients prescribed.

Name of remedy	Indications*	No. clients prescribed for
Olive	Exhaustion	17
Mimulus	Known fears of everyday life	13
Red Chestnut	Fear and over-anxiety for others	13
Crab Apple	Feeling of uncleanness	12
Impatiens	Impatience and irritability	12
Oak	Those who are strong against adversity without losing hope	12
Walnut	Those led away from aims/work by strong opinions of others	12
Star of Bethlehem	Shock and loss	11
White Chestnut	Worrying thoughts and mental arguments	11
Centaury	For those who lack willpower to refuse demands of others	9
Vervain	Strain and tension of over-enthusiastic people	8
Agrimony	Hidden worries under cloak of cheerfulness and humour	7
Gentian	Doubt and discouragement	7
Larch	Lack of confidence	7
Water Violet	Self-reliant people, at times proud and aloof	7
Clematis	Day-dreaming; insufficient interest in present	6
Pine	Self-reproach	6
Rock Water	Rigid self-discipline	6
Willow	Resentfulness and bitterness	5
Aspen	Vague fears of unknown	4
Beech	Intolerance	4
Elm	Despondent at times of responsibility	4
Holly	Envy, jealousy, revenge, suspicion	4
Hornbeam	Those who feel they lack the strength to fulfil daily tasks	4
Scleranthus	Indecision between two things	4
Wild Oat	Dissatisfaction and uncertainty about course in life	4
Chestnut Bud	Slow to learn from experiences	3
Honeysuckle	Dwelling on memories, events and happiness of the past	3
Rock Rose	Extreme fear, terror, panic	3
Cerato	Lack trust in own decisions; repeatedly seek advice of others	2
Chicory	Possessive, critical of others	2
Wild Rose	Resignation and apathy	2
Cherry Plum	Fear of the mind giving way	1
Gorse	Great hopelessness	1
Sweet Chestnut	Extreme anguish	1
Vine	Dominant, forcing will on others	1
Heather	Talkative, self-absorbed people who fear loneliness	0
Mustard	Deep depression for which there is no explanation	0

\*Sources: Bach<sup>4</sup> and Weeks and Bullen.<sup>12</sup>

## Methodology

In view of the lack of existing studies, the author set about a retrospective analysis of case-study material to gauge the potential for Bach flower remedies in pain management and the scope for further research.

## Justification

This case-study analysis is based on a retrospective convenience sample with no subject randomisation

and no comparable placebo employed. Retrospective recruitment is considered plausible in chronic conditions, although further research is needed to demonstrate generalisability.<sup>19</sup> Double-blind, randomised placebo-controlled trials (RCTs) are generally regarded as the 'gold standard' in medical research, but the main flaw in using this method to test the efficacy of therapies such as Bach flower remedies is that not all data are quantifiable. Qualitative data such as clients' feelings, sense of well-being and ability to cope with life, may be better demonstrated through a case-study

approach. It adds depth and flavour and may, indeed, be critical to the overall analysis.

Furthermore, RCTs which investigate one aspect of a therapy for one particular group of people are often regarded as a test of the value of that therapy as a whole.<sup>20</sup> Armstrong and Ernst<sup>21</sup> and Walach et al.<sup>18</sup> failed to demonstrate the effectiveness of one particular Bach remedy combination for examination nerves, but it may be argued that the results of using this method caused an unfair challenge to the effectiveness of Bach flower remedies as a complete therapy system.

The gap that exists between the evidence base provided by RCTs and meta-analyses, and the outcomes that therapists and clients experience as a result of the treatment,<sup>22</sup> may be better addressed by a mixed method design. Thus, quantitative and qualitative results of this study are discussed in an attempt to contextualise the material and provide sufficient scope to take the findings forward.

## The subject base

Case studies submitted by student practitioners as part of The Dr. Edward Bach Foundation's practitioner training course were chosen as the subject base. The course is structured in three parts: an introductory level (history of Dr. Bach's discoveries, philosophy of the therapy and uses of the 38 flower remedies), an intermediate level (where students have the opportunity to widen and explore their understanding of the practical use of the remedies in more depth) and a practitioner level (where students' understanding of the therapy is developed and enhanced for the use of the therapy in a professional setting). The majority of students are already qualified in or practising another complementary therapy discipline or health practice, ranging from psychotherapy, nursing, occupational therapy and general medical practice to massage and aromatherapy, chiropractic, reflexology, counselling and Reiki healing. Assessment is also in three stages, each of which is designed to test students' knowledge of the therapy and the application of remedies in a variety of situations. The final stage of the assessment requires each student to undertake three detailed case studies over a period of 3 months. Each study submitted is required to include the following criteria:

- *Description of client*—age, sex, marital status, number of children, etc.
- *Date of first visit*.
- *Outline of the problem* for which the client came for treatment.
- *Client's knowledge* of the remedies and of the principles of the system.
- *First impressions*. How the client appeared, behaved, etc.
- *Description of each consultation*. Introduction to and explanation of the Bach system; the main body of the interview; interactions with the client.
- *Remedies considered*. Remedies considered and explored, and how the initial interpretation developed and changed during the interview(s).
- *Remedies chosen*. Reasons for selection.
- *Follow up and progress made*. Development of the treatment programme, and changes in mixture with reasons for any changes.
- *Overall progress* made during the whole course of treatment or treatment period.
- *Present state*. General development of well-being, and expectations and plans for the future in respect of continued treatment.

The case studies which form the subject base of this study were submitted between 1 January 2000 to 31 October 2005. In total, 389 studies were submitted, of which 384 gave consent and were available for examination.

These case studies were initially divided into two client groups: those presenting with physical symptoms; and those who sought treatment principally for psychological or emotional reasons. The former group were further divided according to whether or not their physical symptoms included pain.

## Ethical considerations

When presenting their work, practitioners were asked to use pseudonyms to protect client confidentiality. All 384 clients gave informed consent for their anonymised case-study to be used for research and/or publication. Written verification of consent was provided by the practitioner.

The case studies were subsequently numbered sequentially (1–41) to distance the case studies from the practitioners and further protect client identity.

Practitioners informed clients of the limitations of the therapy: that it does not directly correct physical symptoms, but is used to balance the emotional state which may be hindering progress in restoring better physical health. Practitioners were also careful to explain their own limitations: that they were students of the therapy and their role

was to assist in selecting Bach flower remedies and not to provide a counselling service or to give medical advice. No claims to cure or treat medical conditions were made on behalf of the therapy or the skills of the practitioner. Thus clients were provided with clear information about the role of the practitioner, the therapy and its possible effects, and were not knowingly given false hope.

### Bias

Whilst the author acknowledges her personal or professional interest in this research, she is confident that the utmost care has been taken to provide a true and accurate report of the findings as they were presented, and that detached objectivity was maintained to avoid bias.

### Inclusion/exclusion criteria

No specific inclusion or exclusion criteria were applied to the initial examination of case-study material. All case studies submitted during the given period for which consent was obtained were included in the study.

### Results

Case studies have provided qualitative as well as quantitative data. Descriptions of clients, their feelings and presenting problems over a period of time offered a rich sense of 'the people' involved and how their emotional needs related to their physical symptoms and progress. Quantifiable information in terms of remedies chosen and symptom improvement provided both a means of gauging the effectiveness of the therapy and, due to the emotional base for remedy selection, an insight into the temperament, personality and or mood of the subjects which may, of itself, be associated with the pain experience.

### Quantitative data

In total, 384 case studies were analysed: approximate female/male ratio 2:1, with an age range of 7–72 years. About 299 (78%) presented with mental, spiritual, psychological, or emotional problems; 87 (23%) presented with a physical condition as their primary concern. Of these, 41 were experiencing physical pain. Thus, almost 50% of those presenting with a physical condition were in pain. Conditions ranged from headaches, heart-

burn and neck or shoulder pain, to shingles, fibromyalgia, cystitis and cancer.

Of the 41 suffering with pain, 35 revealed emotional or psychological issues at the initial consultation and, of the remaining six, five revealed emotional issues during follow-up. Thus almost all clients with pain also experienced emotional distress.

Treatment took place over a period of [up to] 3 months. Progress was reported at an average of 3-weekly intervals when treatment was re-appraised. The outcomes were divided into two bands: those who reported physical improvement and pain relief, and those who reported feeling better psychologically/emotionally. Some inevitable overlap occurred.

By the end of the treatment period, of the 41 pain sufferers a total of 19 (46%) had reported a beneficial result with regard to their physical pain. Two said they felt no physical improvement had taken place. No report as to the outcome of treatment on physical symptoms was provided in the remaining 20 case studies (49%).

Thirty-six subjects (88%) reported that the treatment had made a positive difference to their emotional outlook. One reported no improvement. In four cases, no feedback in respect of the emotional effect was given in the study.

Seventeen had no prior knowledge of the therapy, one of whom expressed scepticism of its effectiveness; 18 had some limited knowledge; four were already knowledgeable about the therapy and had used it in the past.

Remedies chosen for each client varied considerably. All choices were based on emotional symptoms, and individual character and disposition. [Table 1](#) shows the indications for each of the 38 Bach remedies, together with a breakdown of remedies chosen across the subject group.

### Qualitative findings

Written accounts of the case studies provided a rich overview of the 'feeling' conveyed by clients about their treatment and how it affected them. One of the fundamental aspects of Bach therapy is that layers unfold as treatment progresses, and in so doing, equilibrium is restored and people "feel themselves" again.<sup>23</sup> Indeed, some clients simply described feeling "not like me" and then, after treatment, to feeling "more normal" or "more like myself". In many instances, clients opened up to the practitioner about deep-seated emotional issues which they were then able to work through during the course of treatment to deal with the

emotions that consequently surfaced. On some occasions, this caused an emotional release and clients were able to cry—sometimes for the first time—in response to experiences rooted in the past. This was described by clients as a “relief”, and as “cleansing”, promoting a sense of “calm” and “relaxation”.

## Discussion

Bach flower remedies are chosen on a highly individual basis.<sup>4,23</sup> Likewise, the perception and experience of pain is an individually discernable phenomenon,<sup>17</sup> and given the variation of physical conditions, degree of pain and associated emotional issues within the client group studied here, definitive conclusions are difficult to draw. However, results clearly show that of known outcomes, there was an improvement and reduced pain in the majority of cases at a ratio of 19:2.

Pain, however, is poorly understood<sup>1</sup> and remains the subject of continuing theoretical evolution.<sup>24,25</sup> The study of psychoneuroimmunology, mind–body connection and placebo analgesia add further dimensions to this already fascinating and highly complex phenomenon.

If Bach remedies can assist in pain relief, it must be an indirect, secondary action: influencing the experience of pain by changing the person’s attitude towards it—a connection that is difficult to quantify. But regardless of how they might work, large numbers of people who take Bach remedies report that they feel more positive, optimistic and happier as a result.<sup>26–29</sup> Yet, the provocative issue remains: whether Bach flower remedies are, themselves, capable of restoring a positive frame of mind, or whether this occurs as a product of actively seeking a more positive attitude. Highly debatable—possibly unanswerable.

Reilly<sup>30</sup> makes a poignant observation about healing and human nature: that doctors trained in complementary therapies felt they could see how the whole person played a more vital role in the healing process than the challenge mere biochemistry presented. Indeed, this echoes Bach’s feelings. He too became disillusioned with orthodox medicine and saw more to human disease and health than a set of pathogens.<sup>7</sup> Furthermore, Reilly<sup>30</sup> advocates the importance of exploring how therapeutic engagement, and qualities such as compassion, empathy, trust and positive motivation can directly help to improve outcomes. As Bach said:

The physician of tomorrow will...study human nature...and thus enable him to give the

necessary advice and treatment for the relief of the sufferer... Everything about the hospital of the future will be uplifting...to soothe and comfort...bring them hope, faith and courage to overcome their difficulties. (p. 61)<sup>31</sup>

Interestingly, Bach investigated and promoted a ‘mind–body’ theory during his early work in the 1920s when he noticed how patients’ with a positive attitude responded better to treatment than those who had lost hope.<sup>7</sup> Yet only now is it regarded to have a scientific explanation.<sup>32</sup> Indeed, the ‘mind–body connection’ is held as the major force behind the demand for complementary therapies.<sup>33</sup> This may be because complementary therapies are perceived to be ‘holistic’,<sup>34</sup> or, equally, due to the care, communication and empowerment that individuals receive during a complementary therapy treatment; a nurturing relationship which in turn creates a healing experience.<sup>35</sup>

The effects of touch, presence and listening—nurturing—are effective, spiritually positive interventions.<sup>36,37</sup> Indeed, anxiety, said to be one of the most prevalent emotional states associated with pain,<sup>1</sup> has been reduced through simple hand holding.<sup>38</sup> Further, when presence, touch and listening form part of conversation, patients feel able to put words and meaning to their suffering.<sup>39</sup> A pertinent observation here is that key factors associated with the placebo response are said to include a trusting rapport between client and practitioner, time, belief in the therapy, listening, caring and touch,<sup>36,37,40</sup> and a therapeutic relationship has been directly linked to pain management.<sup>41</sup> Furthermore, by conveying positive feelings through caring and sensitive touch, a patient’s belief that healing is taking place is reinforced.<sup>42</sup>

Interestingly, some parallels can be drawn between Bach flower remedies and homoeopathy, particularly in terms of emotional consideration and practitioner/client relationship. Furthermore, whilst Bach flower remedies are not the same as homoeopathic medicines, both therapies share an assumed ‘placebo benefit’ due to the lack of conventional scientific evidence to the contrary. Bearing in mind these parallels, then, it seems highly relevant to draw on the research into homoeopathy in order to explore, in particular, the placebo argument.

It has been suggested that practitioners of homoeopathy form a powerful bond with clients because clients share practitioners’ strong belief in the treatment’s effectiveness.<sup>43</sup> The same argument might apply to Bach flower practice because

Bach practitioners are also strong advocates of the therapy they administer. Some clients said they felt better for “just being with” the practitioner. Student practitioners may have a strong will to achieve a positive result, and their belief in the therapy may be conveyed to their clients. In so doing, they may be instrumental in generating a placebo effect or, ironically, acting as the very placebo they might be keen to deny exists.

It is interesting that trials comparing the effect of homoeopathy and placebo medication for pain, inflammation and bruising have found no positive evidence that homoeopathic treatment is effective,<sup>44,45</sup> yet, a randomised double-blind placebo-controlled pilot study demonstrated significantly positive results in favour of homoeopathic treatment for otitis media in children.<sup>46</sup> Interestingly, otitis media is said to be the commonest reason for prescribing antibiotics to children, despite there being little evidence of their effectiveness for this condition.<sup>47</sup> It could be argued, then, that antibiotics are no more effective than placebo medication either.

However, based on the premise that hand holding and sugar pills are as equally effective as potent analgesic drugs, placebos should be actively encouraged rather than condemned, and, further, it should not matter if their success depends on a mistaken belief of their efficacy.<sup>48</sup> As Moerman and Jonas<sup>35</sup> point out “the placebo effect is about healing” (p. 33), and that the healing process is influenced by communication, empowerment and caring. Indeed, the placebo effect is, essentially, said to be a “neuro-physiological phenomenon and as real as anything else” (p. 46). It may be hypothesised, then, that the reason why so many cases in this study had unknown end results with regard to pain outcome was because the concentration on emotional issues was at the expense of physical symptoms: ‘mind–mind’ as opposed to ‘mind–body’.

There is another argument that ‘expectancy’ (rather than belief) is at the heart of most placebo effects and that these effects may be mediated by changes in the emotional state.<sup>40</sup> Memory and experience of previous pain, expectation, anticipation, culture and fear of the known and unknown, all influence how the brain responds to stimuli, forthcoming events and information.<sup>24,40</sup> Indeed, it has been said that “to be in a state of good health is to be in balance, physically and emotionally” (p. 186),<sup>49</sup> a significant observation where Bach flower remedies are concerned since they are specifically aimed at treating emotions in order to achieve balance. If, then, one accepts the view that being free of emotional tension and anxiety is

equal to being in a state of physical relaxation,<sup>3,50</sup> and that to be in a state of physical relaxation is to be pain-free,<sup>49,51–53</sup> then, the association between the action of Bach flower remedies and pain relief becomes abundantly clear.

Further interesting research has recently investigated how ‘absorption’ and ‘spirituality’ may predict the placebo response independently of ‘expectancy’.<sup>54</sup> In this experiment, Bach flower remedies were used as the placebo intervention, on the basis that “flower essences are effective because people acquire beliefs that they are effective” (p. 50).<sup>54</sup> The results of the experiment demonstrate that absorption and spirituality (together) and spirituality (alone) predicted more variance than an expectancy measure comprising of expectancy, holistic belief and attitude to complementary medicine. Thus, it challenges the existing hypothesis that placebo response is based on expectancy. The study concludes that the data “do not explain why, independently of expectations, some people experience benefit from pharmacologically inert substances” (p. 52).

However, the essential aspect of the Hyland et al.<sup>54</sup> trial is that it attempts to dissect the placebo response and clarify what is actually taking place when an otherwise ‘unexplainable’ phenomenon brings about improvement in people’s health and well-being. As Stock<sup>48</sup> advocates, it is important to acknowledge the strength of the placebo effect. And as Campbell<sup>42</sup> points out, whilst the placebo effect “still retains a certain element of charlatany” (p. 46), the important contribution it makes to healthcare should not be ignored. Indeed, it is unfortunate that it might be denigrated simply because the term itself may have a reputation for being synonymous with ‘worthless’. What Hyland et al.<sup>54</sup> say is that placebo is about more than expectation; that an open mind and spiritual awakening also play a large part in enhancing receptiveness to self-healing. Essentially, this echoes Bach’s philosophy in two vital ways: firstly, to ‘heal thyself’ which he regarded as a strategy for life, achievable through positive thought<sup>15</sup> and thereby potentially accomplishable with or without the assistance of the flower remedies (or, indeed, a practitioner); and secondly, that those with a positive attitude, receptive to the existence of ‘life beyond life’, and therefore not suffocated by fear of illness or death, respond better to healing and get well quicker than those who are oppressed by negative thought.

Some clients in this study demonstrated how spiritual belief can be a strong element of a person’s desire to be well. Indeed, it may be hypothesised that clients sought treatment with

Bach flower remedies because they had bought into the associated philosophy and were therefore already spiritually open. It may not be surprising, then, for clients, regardless of any actual clinical improvement that may or may not have taken place, to earnestly believe that they *have* got better. However, this study demonstrates that, in fact, most clients had *no* prior knowledge of the therapy and would therefore not be familiar with Bach's philosophical ideals. They may, coincidentally, share his outlook on life, and therefore be more spiritually receptive to healing, but that is pure conjecture.

Whilst two recent (RCTs) have, at best, concluded Bach flower remedies to be an 'effective placebo',<sup>18,21</sup> there are, nonetheless, qualitative studies which have shown encouraging results.<sup>26,55-63</sup> Nevertheless, a scientifically convincing trial showing positive results for Bach flower remedies as a therapeutic treatment in its own right is yet to emerge. And until it does, the positive results that advocates of the therapy experience, demonstrated to some extent by this retrospective study, will remain something of a mystery. After all, Bach flower remedies, along with other therapies that have little or no scientific explanation for their efficacy, work on a dimension of human kind that is intangible: thought, spirit, energy.

They are able, like beautiful music, to raise our very natures, and bring us nearer to our Souls: and by that very act, to bring us peace and relieve our sufferings (p. 62).<sup>31</sup>

The way in which the brain works is barely understood, let alone aspects of the psyche and the wider 'energetic world' to which we all belong. Whilst further research is clearly needed—and enormous scope for it exists—scientists may never find a satisfactory answer to explain the unexplainable.

## Conclusion

Little good quality research into Bach flower remedies exists, and the author found no evidence of research into the use of Bach flower remedies and pain. This retrospective case-study analysis of clients who had received Bach treatment from student practitioners, demonstrates that the majority of clients derived an overall improved sense of well-being. Of 384 cases studied, 88% felt better emotionally, and of 41 clients whose primary concern was pain; nearly 50% experienced relief. Only two reported feeling no improvement, and

whilst there is no feedback as to relief of pain for the remainder, all but one experienced an improvement in emotional outlook.

The field is open to further research which may include quantitative comparative placebo-controlled analyses, as well as qualitative studies to explore further the relationship between spiritual belief and health. Indeed, a future research question might ask: "Is the healing potential of Bach flower remedies attributable to direct biologic action or to spiritual belief and a sense of relaxation and positive thought brought about by enhanced awareness and understanding of the self through the process of remedy selection and belief in the therapy?"

In the meantime, given that relaxation and an improved emotional outlook, including relief from stress, anxiety and 'distressful thoughts' are associated with the relief of pain, Bach flower remedies clearly do have a valid and potentially important role to play in the psychological perspective of pain management.

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