

A woman in a white lab coat is shown from the chest up, leaning over a patient. Her hands are gently placed on the patient's forehead. The patient is lying down with their eyes closed. The background is a soft, out-of-focus light blue and white. The text is overlaid on the top half of the image.

Bringing  
*Eden Energy Medicine*  
into a  
Leading Cancer Institute

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*Along with my enthusiasm for Eden Energy Medicine grew a passion to bring it to the hospital where I had worked for nearly three decades.*

Eileen Kelly Vallatini, RN

I was a nurse with 20-plus years' experience in oncology, homecare, and case management when I learned about Eden Energy Medicine (EEM). Like many other EEM students, I vividly recall the fortuitous moment of being called to Donna Eden's work. For me, it was simply finding Donna's book, *Energy Medicine*, at a local bookstore. I was immediately captivated by it. I subscribed to the EEM newsletter and sought a local practitioner for personal treatments. Then I entered the EEM certification program. I was already certified in Reiki, Tong Ren Therapy, and Reconnective Healing.™ But EEM spoke to me in a different way because not only was I able to "treat" my clients with highly effective procedures, I was able to teach them techniques they could do themselves to further integrate the energy work. As a nurse, I knew the value of empowering people to take health into their own hands and not have to rely on someone else to make them feel better.

## KNOCKING ON LOCKED DOORS

Along with my enthusiasm for EEM grew a passion to bring it to the hospital where I had worked for nearly three decades. I wanted to provide free classes for oncology patients as well as staff. I proposed these classes for multiple contexts and received rejections every time. I grew incredibly frustrated. I felt I had a profound gift to share, but I couldn't gain any traction. In hindsight, I now realize I was reaching out to the wrong people. I was relying on established relationships with colleagues rather than going directly to people in positions that were more appropriate for creating such programs. New in my role as an energy healer, I was perhaps still not ready to fully embrace the power of the approach and was thus "playing small." I was also working in the only local hospital that as yet did not have a Reiki volunteer program. It really was not meant to be.



## FINDING NEW DOORS

Over time, the need to fulfill what felt like a life calling grew stronger than staying comfortable but dissatisfied. I accepted a nursing position at Dana–Farber Cancer Institute where I thought there might be more opportunities to introduce EEM to staff. I knew I would have to gain the respect of new colleagues for my nursing proficiency before I could begin any conversations about EEM, but they already had an established patient wellness center that offered acupuncture, mindfulness, and massage therapy. So it was already a more hospitable setting, and I was confident that I had the skills and commitment to see this through. I had overseen many younger nurses over the years and knew I was an effective teacher. I also enjoyed public speaking, which gave me another edge. And I had strong relationship–building skills that could ease me quickly into new environments.

## PERSONAL INTERACTIONS START TO OPEN THE DOORS

Once I had established my competence in taking care of my patients, I slowly began to introduce EEM techniques in the busy staff workroom. One day a physician was complaining of a headache radiating down her neck. I asked if she would like help. I told her that I had something that looked a bit weird but was gentle and wouldn't hurt. She looked skeptical but agreed. I traced her Triple Warmer meridian backwards several times, which releases stress. I was aware that some of the staff was watching while others stayed with their eyes glued to their computers. But I could tell that even they were listening attentively. After I finished, the physician sat up straight, adjusted her shoulders, and proclaimed how much better she felt. Several times over the next year she asked me to help her with a headache. She would say, "Can you do your thing?"

One quiet Friday afternoon in the workroom, a nurse practitioner confided that she had terrible trouble

with constipation. I showed her how to unfreeze and clear her ileocecal and Houston valves. The following Monday she greeted me with a big smile and told me "mission complete!" I had an oncologist whisper to me while waiting for a staff elevator, "Just so you know, if I was sick, I would be calling you. I totally believe in this!"

## A GRANT GETS ME THROUGH THE DOORS

I was committed to discovering what possibilities lay ahead. Within 3 weeks of starting the new job, I was introduced to the Integrative Nursing (IN) program and a grant opportunity. This opened the way to a wonderful journey of successfully bringing EEM into this prominent cancer institute.

The IN grant proposal I submitted was quickly accepted. I believe that detailing EEM's rigorous credentialing process, which included more than 350 hours of training, and providing 100 mentored EEM sessions to clients, was pivotal to being chosen as a grant recipient. The grant had me applying a powerful EEM acupressure method, The Brazilian Toe Technique, to patients *while* they were receiving chemotherapy. I chose this particular technique because I could sit at the foot of the patients' infusion chair and stay out of the way of nurses providing clinical care. It was also easy to teach the technique to the patient's partner, and it was anecdotally very effective at reducing anxiety and nausea, two common side effects of chemotherapy. Over 12 months, I treated 96 patients with 100% of them stating they would recommend this treatment to other patients.

An initial challenge in carrying out my grant was that nobody knew me. As a new nurse in the institution, I had yet to really meet many other nurses before I began offering the acupressure technique as per my grant. In fact, I was meeting many infusion nurses for the first time while sitting at the foot of an infusion chair and holding their patients' toes. I learned very





quickly that it wasn't fair to expect busy infusion nurses to try to explain to patients what I was offering when they really couldn't articulate it and didn't have the time to do so anyway. So I began to walk around the unit, introduce myself to patients, and explain that I was volunteering an acupressure technique that "looked strange but didn't hurt" and that was reported to help people feel calmer. I didn't collect data on the percentage of patients who refused, but that number was low. Most of the patients I asked readily accepted a non-medicinal way to feel better as they were receiving intravenous chemotherapy and supportive meds.

Initial reactions among the infusion nurses were mixed, running the spectrum from interest and asking questions to obvious discomfort and avoidance. One nurse was clearly uneasy with my presence and would not make eye contact. One day, as I was holding a patient's toes, this nurse pulled back the privacy curtain to administer meds, unaware that I was there. The patient turned to her and said in an uplifted voice, "I just took my first deep breath in months since learning about my cancer diagnosis!" The nurse looked perplexed and impressed at the same time. From that day forward she became my number one cheerleader and would always ask me to treat her patients when I was on the unit. Meanwhile, as patients reported back to other infusion nurses on their experiences, it quickly became a scenario of, "Eileen! Can you see my patient? She really needs you!"

## OPENING DOORS IN OTHER HEALTH CARE SETTINGS

In 2017, I presented a poster at the 2nd International Integrative Nursing Society Conference in Tucson, Arizona: "Pioneering an Integrative Nursing Practice in a Boston Cancer Institution." It described the implementation and evaluation of the acupressure-based foot therapy the grant had allowed me to offer patients in the chemotherapy infusion unit.

That same year, I became a faculty member with the Dana-Farber's Integrative Nursing program and co-created an EEM-based workshop called "Acupressure for Self-Care" (ASC). It included a brief tutorial on the anatomy and physiology of energy and meridians. But the majority of the day-long, 6-CEU program was Donna Eden's Daily Energy Routine and content specific to Triple Warmer, an energy system that helps orchestrate the immune system. The workshop day always ended with participants receiving and giving the Brazilian Toe Technique. The workshop was offered three times per year. It was initially available to nurses where I work, but within a year, it was offered to all staff at the institute and to nurses throughout Boston. Participants included infusion nurses, nurse navigators, palliative care fellows, and college nursing professors. I led 10 ASC workshops over 3 years.

Here is one of the many stories to come out of these workshops: Lauren was working as a nurse on the night shift of an inpatient palliative care unit when she attended one of my early ASC workshops. Several days after the workshop she reached out to share an immediate success.

At shift turnover, she was told the patient she was caring for that night had experienced a sudden and significant decline in her functional status. Two days prior, she was ambulatory. Now she was bedbound, minimally engaging with staff, and very restless and agitated. Lauren decided to try the Brazilian Toe Technique with her at the beginning of her shift. The patient quickly became less agitated and slept well through the night. In the morning she reported, "I did a toe technique with her that I just learned. She slept pretty well." Lauren received a phone call from the day nurse shortly after she arrived home from working all night. The nurse was incredulous and told her, "I don't know what you did, but the change is unbelievable! She's up walking, talking, and even ate breakfast." Lauren has remained a huge advocate for my work and encourages staff to attend the workshops.



In May 2019, I presented “Creating an Acupressure-based Program at a Boston Cancer Institution: Teaching Self-care Techniques to Nurses and Staff” at the 3rd International Integrative Nursing Society conference in Galway, Ireland. I led participants through several aspects of the EEM Daily Energy Routine in addition to educating participants on how the program was created and disseminated throughout the institution.

A participant from the Galway workshop invited me to speak at the Greater Boston Nursing Collective’s Joy in Leadership Symposium in October 2019. I taught calming acupressure techniques based on EEM’s triple warmer to Boston’s nurse leaders in healthcare and education. The response was overwhelmingly positive, and I received another request to present my work at another local hospital. Unfortunately, the COVID pandemic has put that particular event on hold.

Meanwhile, staff from Dana–Farber’s Occupational Health Department who attended one of my workshops were intrigued by my story of using the “Triple Warmer/Spleen Hug” prior to receiving the mandatory flu shot and having no adverse effects. The technique reduces anxiety and minimizes potential side effects. I collaborated with the Occupational Health staff on a quality improvement project to introduce and evaluate how self-administered acupressure immediately prior to the vaccination in a health care setting impacts the employee’s experience of anxiety on receiving the flu vaccine. Eighteen employees participated, and all respondents reported a positive impact. An animated video was created for the Occupational Health Department that is now part of an online self-care toolbox available to all employees. Occupational Health staff were poised to present a poster at their yearly conference but covid canceled those plans.

While two promising programs were sidelined because of the pandemic, I was now being asked to present, to various departments within my hospital, stress-reducing techniques focused on the

challenges COVID was bringing to us all. These were presented over Zoom and ranged from 20 minutes to an hour. All requests came from participants of past ASC workshops who said in one form or another, “I took your class and remember how good I felt. I was hoping you could talk to my group?”

Most recently, just before the lockdown, I presented a workshop at the Integrative Healthcare Symposium’s annual conference in NYC in February 2020. The purpose of the workshop was to share the process for creating the successful and innovative acupressure program and to teach foundational knowledge and skills of acupressure for self-care. As a result of that conference, I was invited to participate in another Boston hospital’s annual Integrative Nurse Conference this upcoming May.

### LESSONS LEARNED

I have learned so many ways to be more credible and effective in bringing EEM into healthcare settings. The very first consideration I would highlight is to be mindful of language.

I quickly realized that I could lose an audience within seconds of describing my grant work with the name “Brazilian Toe Technique.” In fact, several years after getting the grant, the nurse leader who backed my application told me how uncomfortable the title made her, so much so that she felt like she was really going out on a limb to support me. Donna had named the technique to honor the first country she had heard of using a similar technique, but with approval from Donna’s team, I looked for wording that was consistent with my EEM training yet more commonly known to the general public. “Acupressure” is a readily accepted term known to many in the general public and has the added benefits of being supported in scientific literature, which helped to substantiate my work. I began using the term “acupressure-based foot technique” (ABFT) to describe the Brazilian Toe Technique. This had a startlingly quick effect of getting buy-in from physicians and mid-level providers. It also provided a very specific title for my workshop,




**Acupressure for Self-Care**, which gave staff a very clear sense of course content.

Additional behaviors and strategies that I have adopted include reassuring participants at the beginning of a class that there is nothing special about me. Everyone has an innate ability to listen to their body's energies and effect change. I typically lead the group through several exercises to learn how to feel energy. I acknowledge that some nurses are there only to get the CEUs, and I welcome them as well. I reassure people that while they don't have to believe in subtle energies, I ask them to try to listen and participate with an open mind. I always have the group rate "symptoms" at the start and end of the day. The most common observation is how much more relaxed people feel by the end of the class. But I've seen debilitating menstrual cramps, migraines, and other symptoms that – while not stopping them from attending were making them miserable – disappear. I also found it most effective to begin any class, whether an hour or day-long,

by teaching participants ways to work with Triple Warmer. By feeling calm, people quickly engage. I also began to pay more attention to how I dressed for speaking engagements. I intentionally chose business casual for speaking in front of Boston Nurse Leaders. Appearing too "woo woo" can lose people even before you start speaking. I leave my crystals and flowy clothing for engagements with more readily receptive groups. Having a website offers additional credibility and some of my speaking engagements required it.

In addition to the fulfilling work I continue to do at Dana-Farber, I am finding myself being increasingly called upon locally and internationally to provide presentations on the use of acupressure within healthcare settings. The doors that were once closed to me have swung open in the most exciting ways!

What's behind your doors? 

 Learn more about author Eileen Kelly Vallatini, at [www.Body-Wise-Healing.com](http://www.Body-Wise-Healing.com)