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Oil Therapy Massage as Complementary Care of Burns and Wounds

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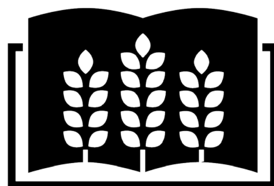
Abstract: Oil therapy massage is a part of the care of burns and wounds done by plain, lay caregivers in Amish and Mennonite communities across the United States and Canada. Oil therapy massage is used to manage scarring and to improve joint functionality and skin and tissue integrity. The purpose of this article is to describe oil therapy massage as a complementary part of after-burn care in the context of sociocultural values of plain populations in which caregivers are a part of the B&W movement. This article includes a brief description of the caring and sharing culture of plain peoples; a short history of the B&W movement; an account of the development of after-burn care; an abbreviated explanation of the oil therapy massage procedure; and details of several cases of people who were cared for with oil therapy massage. [Abstract by authors.]

Keywords: lay caregivers; Amish; Mennonite; burdock leaf treatment; B&W; sociocultural values; social support

*Note: Members of the Tristate Burn Care Team are Amish and Mennonite. They requested that their individual names not be used in the authorship of this paper



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INTRODUCTION

This introductory story is fictitious but presented here to introduce the use of oil therapy massage among plain Anabaptist people. Sadie, an 11-year-old Amish girl, was helping her mother put up peaches in the family's summer kitchen. While moving the jars to the kitchen counter, one exploded, splashing boiling water and fruit on the right side of Sadie's body. She quickly plunged herself into a nearby tub of cool water. Then a neighbor drove them to the nearest hospital. In the emergency room, the nurses started an intravenous line and gave Sadie pain medication. The physician examined Sadie and determined she had second degree burns across her face and down her thigh and lower leg and third degree burns on her neck and ankle. Sadie was admitted to the hospital's burn unit and her parents were told that Sadie's third degree burns would need skin grafting. Two days after the accident, Sadie's burned sites were grafted with skin from her left thigh. Her neck, ankle, and the donor site were swathed in dressings of Silvadene cream. She received injections for pain several times a day. A week later, she was discharged from the hospital. Her parents were instructed to continue the dressing changes at home and return with Sadie in one month for a follow up examination. As the months passed, Sarah's skin healed nicely but her ankle began to tighten, causing her to limp, and the skin on her neck began to contract her jaw down toward her chest and shoulder making it hard for Sadie to lift her head. Her doctor proposed release surgery, but Sadie's parents were reluctant, preferring to find an alternative solution.

Sadie's parents then heard of a team of Amish caregivers who cared for people who had been burned or injured. They took Sadie to meet members of the oil therapy massage team (OTT), who explained components and phases of after-burn scar management. The team stressed to Sadie and her parents the importance of soaking baths, stretching exercises, and compression garments. They explained that for the tightened skin to relax, it would be important to do oil therapy massage several times a day, every day, probably for at least 12 months. They clarified that to be able to sustain this level of care, Sadie's parents would need help from other members of their community.

Working together for the good of each other was common, so when they returned home, Sadie's parents spoke to their nearby relatives and friends. The following week, the OTT arrived to find 30 people gathered and ready to receive instructions. The team demonstrated the massage technique using refined coconut oil. Several people practiced on each other to demonstrate they understood. One of the men agreed to be responsible to organize the calendar. Volunteers signed up for the days and times they could help. Sometimes the caregivers got discouraged with the slow progress but they kept at it, three times a day, for eight months. Sadie was faithful to do her own physical therapy and tub soaks, wear pressure garments on her leg, and eat healthy foods.

PURPOSE STATEMENT

Oil therapy massage is a part of after-burn care of burns and wounds done by Amish and Mennonite caregivers. Oil therapy massage is used to manage scarring to improve joint functionality and skin and tissue integrity. The purpose of this article is to describe the history and growth of after-burn care in the context of the burns and wounds (B&W) movement; and this in light of the motivating sociocultural aspects of plain people's healthcare. This article will increase mainstream healthcare providers' knowledge of the popularization of oil therapy massage as a preferred after-burn, scar management treatment.

SOCIOCULTURAL VALUES OF PLAIN PEOPLE

The wide acceptance of oil therapy massage among plain people can be attributed to several key sociocultural factors based on a worldview of sharing and caring: its origin amng plain people; preference for natural remedies; preference for home care; the importance of family and church members' social connections and support; affirmation from medical professionals; willingness to endure prolonged healing time; and testimonies of perceived successes spread by word of mouth.

Plain people value sharing life experiences with each other. Caring for others is an essential part of being plain; for them, caregiving is a duty laced with privilege (Farrar, Kulig, and Sullivan-Wilson 2018, 34). Through informal caring net-

works (Banks and Benchot 2001), they become involved in meeting the needs of members of the extended family and wider community (Wenger 1995, 5). Since visiting each other is an important value (Miller-Fellows 2019, 117-18) and a part of every-day life, this becomes the basis of volunteering to help an individual who needs burn and after-burn care, as well as the patient's family. The caregiving role includes an attitude of willingness, empathy, turn-taking, and sacrifice (Farrar, et al. 2018).

Plain people also value self-reliance, as seen in their education, economic, and health care choices. Examples of important cultural value include community involvement during barn raisings, at the birth of a baby, at harvest time, if someone has a chronic illness or special needs, and while caring for the dying (Farrar, et al. 2018). But they are also trusting and confident to accept medical care when professional healthcare providers acknowledge the plain culture and tailor care to it (Snider, et al. 2022, 941-42). Vital to this cooperation and trust building is open communication with mutual decision making (Amish Burn Study Group, et al. 2015; Hess 2017; Nathan, et al. 2020; Weber, Corneman, and Dal Cin 2021); fostered by a willingness to listen to plain family members or their liaisons (Flurry, et al. 2017; Whiteford and Adessalam 2021; Snider, et al. 2022); and tolerance of safe, culturally accepted treatments (Flurry, et al. 2017; Nathan, et al. 2020), especially natural remedies (Whiteford and Adessalam 2021). Healthcare providers' acceptance of patients' healthcare goals, such as shortened hospital stays for financial reasons (Weber, et al. 2021), preference of home-based care (Hess 2017; Snider, et al. 2022), and family and community mental health support (Snider, et al. 2022) tend to also expedite healing.

Within this context of health and anticipated care, members of a family, a settlement, or a congregation prioritize caring for each other with their own resources before reaching out to mainstream services (Hess 2018; Kueny, Ayers, and Tripp-Reimer 2021). They limit their choice of costly treatments if such treatments will not improve the outcome (Miller-Fellows 2019).

Plain people's faith in God is the foundation of their caring and support in the community and beyond (Anderson and Potts 2020). The "cohesive nature of the [plain] community, including its strong social support network [provides] significant benefits to health and recovery" (Mitchell, et al. 2012, 7). Plain people exhibit caring and support for suffering people through circle letters and card showers (Miller-Fellows 2019, 120-22). They also prioritize prayer, Bible reading, and other religious activities when meeting the challenges of illnesses and injuries (Anderson and Potts 2020). And they accept God's will for the outcome (Miller-Fellows 2019).

BRIEF HISTORY OF BURNS AND WOUNDS (B&W) AND BURDOCK LEAF BURN CARE

The B&W and burdock leaf therapy for burn care originated in the 1980s through John Keim, an Amish man, because a family member had endured conventional burn care that seemed torturous to Keim. Keim, an herbalist, credits God with giving him the understanding of the use of several plants, including burdock leaves, which could serve as natural, non-stick dressings (Keim 1999). He also developed a non-petroleum based ointment of various plants with healing ingredients (Amish Burn Study Group, et al. 2015). Keim shared this knowledge with others through personal contacts, community-based training seminars, publication of pamphlets and booklets, and stories in newspapers read by plain people, such as *The Budget* and *Plain Interests*. Over the past four decades, the B&W movement has expanded to plain people across the United States and Canada.

The "B&W Movement"[1]

During the past four decades a movement of plain lay caregivers has emerged, who use B&W ointment and burdock leaves to treat injured children and adults alike. Volunteers with caregiving experience, and a reliance on God, have travelled extensively to train hundreds, if not thousands, of Amish and Mennonites.

In many of these communities, care boards have been formed to work as liaisons between patients, physicians, and nurses (Snider, et al. 2022). Board members have relationships with healthcare professionals in at least nine burn centers and hospitals in seven states and several Canadian provinces. Medical teams monitor hospitalized patients' vital signs including pain levels

and hydration, while plain caregivers do dressing changes, mediate between healthcare staff and patient, and plan together for discharge. Weber, et al. (2021) authored a case study of a 46-year-old Amish man in Ontario who was cared for in a hospital's burn unit, simultaneously by the hospital's burn team and the patient's community burn caregivers. They describe the negotiation process between the multidisciplinary hospital team and the patient and the treatment of this man's burns with B&W and burdock leaves.

The hospital accepted this man's personal preference to use this alternative treatment and his goals for his care, keeping costs down and returning to work. The three medical doctors who authored that article presented this case as a good example of cooperation between alternative and modern medicine for a successful outcome based on trust between all parties involved.

When a patient is released from the hospital, burn caregivers continue home-based dressing changes, promote good nutrition, and provide spiritual and emotional support in the patient's home or, if necessary, in homes near the burn center. If the need for after-burn care is extensive and prolonged, the care team sets up a schedule within the larger community where tight social networks facilitate caregiving responsibilities. Then the patient's family can continue to meet other obligations, including church attendance, meal preparation, childcare, farming, and fundraising (Farrar, et al. 2018).

Anecdotal and published evidence of the growing acceptance of the B&W and burdock leaf treatment of burns and wounds by medical professionals is encouraging to plain caregivers. Though after-burn care of seriously burned patients by plain caregivers is growing, documented facts are still absent from published literature. The remainder of this article will focus on the use of after-burn oil therapy massage by plain caregivers.

A Condensed History of After-Burn Oil Therapy Massage

In 2013, Dr. Sigrid Blome-Eberwein, MD, Associate Medical Director at Lehigh Valley Health Network, Allentown, PA, made a comment to several burn caregivers that changed the course of their care of people who needed scar management. This also greatly expanded community involvement. Here is the history of those developments.

Melvin Petersheim, Jr., an Amish man living in southeastern Pennsylvania, was concerned for the survival and healing of a severely burned young man. Dr. Blome-Eberwein told Melvin and some of his friends that for healing to be complete, the boy should have oil therapy massage three to four times a day for at least six months. She quickly acknowledged that this type of care would be costly and require a great deal of work. Petersheim and his friends prayed, discussed the needed commitment, and then told the physician that they would take on the challenge. They formed a team of community volunteers who then massaged that boy three times a day, for 15 months, making adjustments to the care based on progress or regression. This was the beginning of after-burn scar management using oil therapy massage.

In December 2015 the Plain Community Caregiver Board of eastern Pennsylvania was formed to be a liaison between the plain people and the medical profession. As more and more plain people learned about and implemented B&W and burdock leaf treatment, the need grew from local, to regional, to state, and then to a national board. There are currently burn care boards, consisting primarily of plain members, in multiple states and several Canadian provinces, advising various cases of acute burns and wounds, as well as providing long term care for burn complications and chronic wounds using oil therapy massage. The National Plain Burn Caregivers' Board is tasked with advisory and educational responsibilities. Plain caregivers and board members have spoken at local, regional, and national conventions hosted by healthcare professionals involved in burn care.[2]

Dr. Blome-Eberwein continues to advise and support teams involved in burn and after-burn care with oil therapy. She has signed a memorandum of understanding with a plain caregiver board in Pennsylvania. In it, she affirms the use of oil therapy massage on burn and traumatic scars but clearly states that she does not support "the extrapolation of this treatment program to other disease processes." Even though Dr. Blome-Eberwein limits her endorsement of oil therapy massage to "burn and traumatic scars", several OTTs have expanded the use of oil therapy massage to patients with leg ulcers, bedsores, and strokes. That will be obvious in cases described below.

OIL THERAPY MASSAGE PROCEDURE

This oil therapy procedure was pioneered by Dr. Blome-Eberwein. It is modified on a patient-by-patient basis. The goals of this complementary therapy include: keeping scars pliable and soft; helping joints attain full range of motion; reducing the need for future release surgeries; sustaining lymph and blood circulation; and providing mental and emotional support (After-Burn Care Guide 2023, 4).

Oil therapy massage is done with refined coconut oil on healed skin. The first phase is started soon after a patient is discharged from the hospital. A daily bath or shower is important, after which the skin is patted dry with a soft cloth. Then oil is gently applied three times a day. In the second phase, the patient soaks daily in a tub of tepid water. Three times a day the oil is rubbed on the scarred places using a gentle, full-handed, circular motion. Physical therapy to involved joints should also be done repeatedly. During the third phase, oil therapy massage is done with a gentle twisting and pulling motion especially around areas of skin that appear thickened or roping. For more detailed directives of oil therapy massage, refer to the *After-Burn Care Guide*[3] (2023).

All caregivers are volunteers. More experienced ones lead seminars, teaching others the rationale for after-burn care as well as proper techniques. Currently there is no credentialing for caregivers. The more experienced ones supervise newer ones.

VIGNETTES OF OIL THERAPY MASSAGE CASES

To present more information about oil therapy massage done by plain caregivers, the authors gleaned examples from several sources including letters written by caregivers or family members, and articles published in the *Compassionate Care Newsletter*.[4] Several other cases came from testimonies shared by caregivers at regional and national plain caregivers' meetings or cases done by the first authors. Two cases will be described at length on the following pages. Table 1 includes details of five other cases where oil therapy massage has been used.

The first recorded case of after-burn oil therapy massage was begun by plain caregivers in 2013, in Pennsylvania, as noted above. The details of this account were extracted, and used by permission, from a journal written by Melvin Petersheim.[5] In March of that year, a 12 year-old boy, BA, used a lighter for a flashlight to look into an old tank. It exploded and lit his pants and shirt on fire. He suffered third-degree burns on his hands, belly, and legs, and also a 2nd degree burn on his head. B&W and burdock dressings were started per standard protocols. Petersheim wrote, "I had not had any experience with burns but my heart went out to BA as I was hospitalized myself at his age and have had multiple surgeries.

Petersheim continued his journal entries with a day-by-day description of B&W burdock leaf burn care done by trained lay caregivers and other volunteers so BA's parents could get rest from time to time. Petersheim recorded, "Thanks to God and our forefathers to give us a chance [to pass on kindness]. Thanks for the tender loving care BA got from his family." About three weeks after his accident, BA had surgery to graft the large open wounds. Ten days later he was discharged and walked out of the hospital. B&W and burdock leaves were used on BA's donor site. BA had little pain but suffered greatly from itchiness. Bathing with oatmeal in the water helped but oatmeal paste on the skin did not.

Two months later, with the grafts looking good and the donor site still a bit red, BA went to the hospital for a follow up appointment. The caregivers thought their work was done. But Dr. Blome-Eberwein told them that BA would need after-burn care to improve his future quality of life. She explained stretching and compression therapies. She also said the graft areas would need more attention. Petersheim recorded in this journal that he was surprised because the grafts looked so nice. Dr. Blome-Eberwein explained oil therapy massage and underlined the fact that it was difficult, lengthy, might not be available, and expensive. The caregivers discussed it among themselves and told the doctor they were committed to doing the oil massage therapy on the young man. Petersheim wrote, "Dr. Blome-Eberwein said they would be fighting bad scar tissue [under the skin grafts] the first 3 to 5 months but to not give up; after that it would smooth out. She was right. They were the worst months."

After the skin grafts were healed, caregivers did oil therapy massage three times a day for 90

minutes each time with refined coconut oil. They also did underwater therapy three times a week for 30 to 40 minutes each time with the same massage motions. They added coconut oil body wash to the warm bath water. They did leg lifts and leg stretches. BA did squats three times a day after each oil therapy session. He also wore snug fitting pressure pants and a right hand glove for at least a year. Toward the end of 2013, Dr. Blome-Eberwein canceled previously planned release surgery because it was no longer necessary.

The caregivers continued oil therapy massage for a year, gradually decreasing it to twice a day. This lengthy commitment was possible because of the kindness of friends and willingness of neighbors to help. Petersheim wrote,

> No act of kindness, however small, is ever wasted. Without faith, nothing is possible. With [faith] nothing is impossible. The most important medicine is tender love and care. It was surprising how fast each therapy session went. Sometimes we had visitors to tell stories or play the mouth organ. We looked forward to these visits, thanks to them.

Petersheim saw BA again when the boy was 15 years old and noted that BA was "a hard working farmer. Nothing of his burns is holding him from doing anything whatsoever. We all need to remember from time to time to praise God for his wonderful power of healing."

The second example of the use of oil therapy massage was documented by a Mennonite caregiver.[6] She wrote about ML, an 80 year old woman with a history of diabetes, strokes, and a heart condition. In the spring of 2021, ML was diagnosed with stage four arterial ulcers after dark spots appeared on the heels of both feet. Treatments prescribed and done at a nearby wound center made matters worse, so the family cared for ML by doing dressing changes twice a day, at home, switching between burdock leaves and a charcoal flax seed poultice. ML's pain was eased somewhat by prescription and over-the-counter pain relievers. Comfrey compresses and warm rice bags were also used.

In mid-June, the condition of ML's right foot deteriorated dramatically. Lay caregivers added oil therapy, doing it two times a day, by carefully rubbing both legs between her knees and ankles with refined coconut oil. Soon, strong pain relievers were no longer necessary. By the beginning of August, the sore on the left heel exhibited a beautiful pink color as the hole filled in with new flesh. Before the end of that month, ML's caregivers were able to trim away soft, decayed tissue on the right foot. They soaked her foot in comfrey/burdock tea to flush out the festering flesh and dressed it twice a day with medicinal clay and burdock leaves. Around this time, they decreased the oil therapy massage to once a day. By early October it was no longer necessary to debride the left heel. The right one took longer to close. By Thanksgiving, the left heel no longer needed a dressing, and ML was able to walk with weight on her heels.

Vital to caring for chronic sores—such as those ML had on her feet—are dedication, time, and keen observations. It is crucial that caregivers consult healthcare professionals before starting oil therapy massage on leg and feet ulcers, to rule out the presence of blood clots and to document blood glucose level. The refined coconut oil should not be massaged into ulcers if it causes pain or stinging. God receives the glory and honor for the healing. Caregivers are His servants.

Table 1 provides details on three burn cases, one traumatic hand injury, and one diabetic foot ulcer. Oil therapy massage was used on each of these patients in different stages of recovery.

CONCLUSION

The use of oil therapy massage, as a part of after-burn care, continues to expand among plain peoples and gain acceptance by a segment of healthcare professionals, particularly those working with plain patients. Key to this growth are the sociocultural values of plain people including mutual social support, religious faith, and preferences for natural remedies and home-based care.

The authors of this article make no claims to the healing success of oil therapy massage but testify to the fact that long term commitments to care for the suffering are sustainable when caregivers work together. Plain caregivers are also motivated when professional healthcare providers acknowledge and show respect for their culture.

ENDNOTES

[1] The term "B&W movement" was widely used by members of the National Burn Caregivers Board when speaking at the 2022 National Caregivers' meeting in Filmore, NY.

Table 1: Details of Cases of Oil Therapy Massage Done on Burns, Wounds, and Ulcers by Amish and Mennonite Plain Caregivers

Patient / Type of Wound: 15 year old boy[a] / Burns from fuel tank explosion (21%); no grafting.
Complications: 1 month – itching on healing skin; weight loss; 6 weeks, webbing on hands & thumb; tight skin scarring pulls lower eyelids down; 2 months, itchier; 6 months, webbing under right arm; 12 months, thumb and armpit webs accepted by patient.
Oil Therapy Massage: Month 1, high caloric intake; routine dressing changes with variety of salves; 6th week, began oil therapy on left shoulder; 7th week, "Oil therapy is becoming routine," focus on jaw and hands; 4th month, first compression garments on hands and face, stretching exercises with rope pull-ups, increased oil therapy (delicately); 6th month, switched to coconut oil; 9th month, compression garment for chest and arms; one year post explosion, 99% full skin coverage, throat and jaw skin relaxed.

Patient / Type of Wound: 68 year old woman[b] / Lower leg ulcers for 10 months.
Complications: Black skin on legs; right leg wound around entire calf; too painful to lie down.
Oil Therapy Massage: B&W ointment caused burning sensation, not tolerated on open wounds; used Silvadene ointment instead for several months; added coconut oil therapy massage; after four weeks, blackened skin started to slough off, all off in about four months; able to sleep in bed with less pain.

Patient / Type of Wound: Two "English" boys burned from explosion[c] / One boy 30-45% body surface burned; other boy 65% body surface burned.
Complications: two months in hospital, had skin grafts; boys discharged in leg braces with wheelchairs; severe scars, contractures, keloids, roping; no feeling in scars; elbows also contracted.
Oil Therapy Massage: 4th month, Amish & Mennonite neighbors offered oil therapy; many plain community volunteers committed to do massage, three people three times a day for ¾ of an hour, six days a week; after 6th month, boys had increased mobility, more areas softened; 9th month, re-evaluated by burn doctor who was pleased with progress using oil therapy massage, no release surgeries; at 12 months, had full range of motion in arms and legs.

Patient / Type of Wound: 16 year old girl[d] / 20% of body with 3rd degree burns after house explosion.
Complications: Severe head injury; 3rd degree burns on both legs, right hand, and left hip.
Oil Therapy Massage: Started in-hospital B&W burdock three days after accident; massaged swollen right leg with olive oil, applied burdock leaves for several days, surgery not needed; skin grafting not needed; 50 days of B&W burdock in hospital; after-burn care, massaged with coconut butter and vitamin E ointment twice a day; physical therapy two days a week at 11 months after accident.

Patient / Type of Wound: 16 year old boy[e] / Traumatic crushing injury.
Complications: Right hand crushed between fingers & wrist.
Oil Therapy Massage: Emergency surgery to pin fingers; burdock leaves plus hot and cold therapy for first month; B&W ointment made wound soggy, stopped it; 2 months after accident, oil therapy massage was started on hand & arm, continued burdock, hot and cold therapy, and Tea Pro on wound, packed hole with B&W ointment; did oil therapy for 6 months, decreased to twice a week at 15th month; bone transplanted from toes to fingers; B&W burdock was used on foot wound; oil massage on foot; 80% use of hand after 18 months.

[a] This story is recorded in the June 2020 *Compassionate Care Newsletter*. The person who documented the story ended it by writing, "We are quite thankful for all the local help we received for [the oil therapy]; and how his throat and jaw skin relaxed and stretched enough that it hardly has affected his eyes anymore. This experience has helped us realize how small and dependent we are on our heavenly Father __ all honor and glory to him!"

[b] This example was documented by this article's second author (Hess) during a home visit of the Tristate Oil Therapy Team with the patient, in June 2022, in Millersburg, Ohio.

[c] This case was shared with the audience by a caregiver from Iowa at the 2022 National [Plain] Burn Caregivers Meeting, in Filmore, NY, and transcribed by the second author.

[d] Details were used by permission of the family from a letter written by the late C. King in January 2020.

[e] This case, of a teenager named Robbie, is described in detail and with color photos, in the *Compassionate Care Newsletter*, July/September 2022, 7-14. The unnamed author wrote, "The doctor was absolutely amazed [at how well the oil therapy had worked on Robbie's hand]! We explained the oil therapy to him and he loves the idea. He's all for it and by no means should we stop. He never expected that Robbie would come this far." (p.11)

[2] As early as 2012, plain caregivers spoke at nursing research conferences in Ohio and Indiana. Burn care board advisors have co-presented to physicians and surgeons at the University of Wisconsin Medical Center. In 2021, plain caregivers from PA and NY spoke at the North East Regional Conference of the American Burn Association (ABA); and one from the Plain Community Caregiver Board (PA) spoke at the National ABA conference in New Orleans. In 2023 a board member presented at the national conference of the ABA, held in Dallas, TX.

[3] Available from the Plain Community Caregiver Board, P.O. Box 2330, Martindale, PA 17549

[4] The *Compassionate Care Newsletter* is compiled by leaders in the plain burn caregivers' movement and distributed quarterly with an annual subscription fee. If interested, contact Abe Raber, CR 48, Waterloo, OH 45688. Each issue contains documentation of various cases using B&W and burdock as well as after-burn care articles. The authors of this paper have no involvement in the distribution of this *Newsletter* and therefore have no conflict of interest.

[5] This case is found in more detail and with photos in a booklet entitled, *A Healing Journey: The Beginning of After Burn Oil Therapy*, compiled by the late Melvin Petersheim, Jr. 2013-14 "That night I went home and told my wife, 'Our neighbors need help, love, and prayers.' This was the start of our caregiving experience."

[6] This case was documented by a Mennonite caregiver in Pennsylvania, shared with members of the Tristate Burn Care Team, authors of this article, and used here by her permission.

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