

111 - BENEFITS OF MASSAGE RELAXING IN SLEEP QUALITY

BEATRIZ LESSA;
 DANIELLA ÂNGELA ANDRIANI;
 JÉSSICA CARBONELLI;
 PATRICIA GOMES NASSER
 André Leonardo da Silva Nessi²
 University Anhembi Morumbi - São Paulo - SP

doi: 10.16887/86.a1.111

INTRODUCTION

According to Cassar (2001), the massage has been used since prehistoric times, with reports in India, Japan, Greece, Rome and China. The author describes that massage is described in the literature for a long time, and the earliest reference appears in the *Nei Ching*, a Chinese medical text that was written in a period prior to 1500 BC. The body relaxing massage is a technique that massoterápica brings physical and mental relaxation, with specific movements performed by a massage therapist. Hands are the only instruments that act directly on the skin tissues and also on the structures located below it, such as muscles, tendons, venous vessels, lymphatic and arterial. It also acts on other organs and over all the central and peripheral nervous system. (NESSI, 2010)

Cassar (2001) relates that the benefits of massage go beyond physical relaxation, its effects influence the body in the mechanical aspect, neurological, physiological and chemical, and these deeply interconnected and emotional factors. According to Cassar (2001) as early as 1800 BC, the Indians used the massage for inducing sleep, fight fatigue, weight reduction and relaxation. And over time the massage with a relaxation capability has been used to treat certain disorders such as hysteria and neurasthenia (a form of post-viral syndrome).

Usually those looking for massage are people who complain of muscle aches, physical exhaustion, worry, anxiety and especially stress, which is nothing more than an accumulation of all previous claims together. (CLAY, 2008). Many current studies show the increase in demand for alternative therapies focusing on the massages, acupuncture and holistic therapies. Not only the demand for these therapies has increased, as well as the interest of health professionals such as doctors, nurses, physiotherapists are more interested in expertise in alternative therapies and to refer their patients for such procedures. (THIAGO, 2010).

Geib et al. (2003) discloses that a person reaches spend on average about one third of the sleeping life. Nightly we turn off everything in around us to enter into a single state, alternating between the lack of logical reasoning and the flow of thoughts, contrary to what occurs when we are awake.

Normal sleep consists of alternation between REM stages (English, Rapid Eye Movement) or paradoxical sleep and NREM (English, Non-Rapid Eye Movement) sleep or synchronized. The attributes of NREM stages are synchronized waves on the EEG (electroencephalogram), and the division into four stages: Stage 1, 2, 3 and 4 (3 and 4 correspond to slow-wave sleep and delta sleep). In REM EEG sleep, are desynchronized wave and a small amplitude. (Aloe et al, 2005) Surveys say that a large part of the population does not sleep well because of external reasons. Not only by the lack of routine, as in the cases of people who work at night, but also when there is a difference in the biological rhythm of those who work day, due to the disturbances that society imposes, which become bigger and bigger especially in large cities. (Martinez et al., 2008) According Geib et al. (2003), the sleep state is a incontinuo organized in phases that are distinguished by unique EEG tracings. Defined as a complex physiological condition, which requires a full brain integration, where changes occur physiological and behavioral processes such as relative mobility and increased threshold of response to external stimuli.

OBJECTIVE

Check the benefits of relaxing massage on sleep quality.

METHODOLOGY

Search in the scientific literature and digitally printed on sleep quality of massage and effects on promoting restful sleep.

Massage and Sleep

The word massage is derived from *masso* Greek, meaning "kneading". Cassar (2001) Hippocrates (480 BC) used the *anatripsis* term, denoting "rub pressing the tissue, and this was translated subsequently for the word *frictio* Latin, meaning "friction" or "rubbing". This term lasted for a long time and was still used in the United States until 1870. According to Andreoli (2009), massage is a word of Greek origin and its meaning is kneading the different parts of the body with his hands, in order to relax muscles, relieve pain, trigger blood circulation and cause physical and mental well-being. For Domenico authors and Wood (1998) the maneuvers used in the application of manual classical massage are the superficial slip, also called *effleuragem* is a maneuver that unites the therapist primary information on skin and superficial muscle groups of the massaged person. The deep Slip is a maneuver performed on large areas of slow, with the result function of the content of veins and lymphatic vessels in the direction of flow of the natural organism. The kneading, also known as *petrissage*, sensitivity gives the practitioner to identify the stiffness or local or general atrophy of muscles, including the isolation and mobilization of specific structures. The friction allows the therapist to have more specific information and more localized in certain connective tissue structures, being able to assess its compliance and adherence. The percussion is also known as *tapotement*, translates to leave your palms cupped and quickly strike a region with them in order to produce relaxation spot. According to Cassar (2001) massage aims relaxation, this is because it is able to act in the reduction of anxiety, stress relief, and influence in a positive way the sympathetic nervous system and promotes deep sleep. According to Davis (2006), when we perform smooth sliding during these massage can stimulate the parasympathetic nervous system and cause the body to a relaxing several structures at the same time, improve blood and lymph circulation and relax muscles. Montagu (1998) says that by touching individuals are approximate and the play becomes a major media as it is able to become an effective means to strengthen human relationships.

To Munford (2010), the massage is a sensitive experience, which is based on touch and how touch can unravel only touch the human body. It is a complex sensation and envolventemente nice, to stimulate the individual in full. Therefore, apply

subtle maneuvers, and the variety of techniques that many professionals has developed over time just improve the relationship of human beings with this skill in putting in contact with the body and the soul that wants to explore in therapy. The massage acts directly on the skin, stimulate the sebaceous and sweat glands, enhances the physiological response of the same, increasing the permeability of the ostia (pores), enhances microcirculation, moisturizes the skin, increases the production of elastin and consequently, the elasticity skin and adjacent structures. Also operates in sensory nerve endings, reducing hypersensitivity which relieves pain. (CASSAR, 2001).

The manipulation of tissue in addition to reducing the muscle tensions, also stimulates production of serotonin and histamine that have vasodilating action, increasing blood and lymph supply, thus activating the thermo-receptors and increasing the permeability of the cell membrane, that allows absorption nutrient, hydration and nutrition of cells, increasing the oxygen levels in the circulating blood. (CLAY, 2008)

Sleep is still a difficult bodily behavior of state to be studied by neuroscience. (ANTONELLI, 2004). Electric potentials of historical recorded in the history have been around the year 1929 by Hans Berger and were baptized electroencephalogram (EEG). In 1937, Hobart, Loomis and Harvey studied the stages that made up the sleep and observed the recurrence of these stages, which were called non-REM (NREM). In 1953 the Aserinsky and Kleitman scientists, have identified sleep that has rapid eye movement, thus dividing sleep into REM (Rapid Eye Movement) and NREM sleep (NonRapid Eye Movement). (YUKSEL 2007)

The sleep of a person is divided into NREM sleep consists of the phases 1, 2, 3 and 4 and REM sleep, which is observed patterns during EEG recording, the electromyogram (EMG) of the submental region and electro-oculogram (EOG). (MYSTAKIDOU 2007)

Depending on the total period of a young adult sleep, sleep is replaced by four to six cycles of REM-NREM sleep. The shortest cycle is usually the first and last less than the early morning, lasting approximately 90 minutes. The person passes the relaxed wakefulness to stage 1 followed by stage 2 sleep and gradually gets deeper emerging stages 3 and 4, called slow-wave sleep. About 90 minutes after sleep onset occurs the first REM period, which is typically short lasting about 2 to 10 minutes, indicating the end of the first sleep cycle. Then comes the second sleep cycle that characterizes the return of the stage 2 and later recurrence of the other stages. Overnight sleep cycles show specific characteristics. Stages 3 and 4 for example, last longer in the first cycle, while it is observed that increasing REM sleep during the night, reaching 30 to 45 minutes duration in later cycles. (HAMILTON; MYSTAKIDOU, 2007)

The homeostatic control and circadian rhythms are the ones that determine the sleep-wake cycle. The most obvious circadian rhythm in humans is the sleep-wake cycle, but other physiological and behavioral adjustments as secrete hormones, body temperature change, logical reasoning, humor, cardiopulmonary function, also show circadian rhythmic fashion. Different times in the hour of sleep can greatly compromise the psychological and physical balance of the individual. Consequently, the effect of the disruption of circadian rhythms, who works at night for example, include severe damage during wakefulness. (DUFFY; WRIGHT JR., 2005)

Several important physiological functions are interconnected to sleep. The secretion of growth hormone and prolactin are visibly increased during sleep, while the release of cortisol and thyrotropin (TSH) will be inhibited. Thus, the wake up interrupt sleep to nighttime inhibits release of growth hormone and prolactin that are related to increased cortisol and TSH. The gonadal axis is also affected by sleep and also the gonadal steroids affect the quality of sleep. The effects that control sleep are not limited to hormones hypothalamic-pituitary axis. We observe these effects also to the hormones that control metabolism of carbohydrates, fluid and electrolyte balance and appetite. (HAMILTON; the Sleep Disorders Centers Association, 1979) The variation of the quantity and quality of sleep can interfere with daily activities. Throughout history sleep deprivation was used as an instrument method of torture. From this angle, we can quantify how much are compromising and damaging diseases that deprive human beings of sleep. (Reimão, 1997)

Some studies show that the quality of daytime sleep is worse when compared to nighttime sleep. The main cause of all is the lack of synchronization between the daytime sleep and biological rhythms. (FRESE and Harwich, 1984; SON REGIS, 1998; AKERSTEDT, 1998; Gillberg, 1998; Smith et al, 1998.; Fischer et al., 2002)

Insomnia is a manifestation of various causes and can divide sleep in hours or even lead to deprivation of it (Ohayon, 2005). The most common causes of chronic insomnia are: depression, anxiety state, neurological problems - such as nocturnal myoclonus, the restless legs syndrome and excess intake of stimulants before bed. (Ohayon and LEMOINE, 2004) According Morawetz (2003), most psychiatric disorders also harm sleep, reaching 30-80% of complaint among patients at different stages of their disorder.

The relationship between sleep and temperature equilibrium has many implications in numerous clinical problems, since the sudden death syndrome to sleep disorders related to circadian rhythm. (Association of Sleep Disorders Centers, 1979)

DISCUSSION

As previously mentioned the sleep / wake cycle is controlled by the circadian rhythm, this naturally means that this rate varies with a period of 24 hours. The change between day - night (light - dark), exogenous factors that influence and synchronize this sleep cycle are: the study of schedules, work, leisure, family activities, etc. (Rajaratnam et al., 2004). This cycle of sleep / wake regulated and is also controlled by endogenous factors, more specifically a neural structure located in the hypothalamus known as the suprachiasmatic nucleus, taking into account the biological circadian clock in humans. (SAPER et al., 2002)

Andreoli (2009) describes that massage can relax muscles, relieve pain, trigger blood circulation and cause physical and mental well-being. Endogenous and exogenous factors must be in balance for good biological functioning, and this can be affected by changes in the environment and therefore trigger different disorders and sleep disorders, since feeling of malaise, gastrointestinal disorders, constant mood swings, irritability, tension, confusion, anxiety and impaired performance in tasks that require attention and concentration. (Carskadon et al., 1997; Fallone et al., 2001; IGLOWSTEIN et al. 2003; FREDRIKSEN et al., 2004; MILLMAN, 2005; Duffy; Wright JR., 2005).

The massage acts directly on the skin, stimulate the sebaceous and sweat glands, enhances the physiological response of the same, increasing the permeability of the ostia (pores), enhances microcirculation, moisturizes the skin, increases the production of elastin and consequently, the elasticity skin and adjacent structures. Also operates in sensory nerve endings, reducing hypersensitivity which relieves pain. (CASSAR, 2001).

According to Rogers (2001), stress can turn out to be an aggravating factor for the quality of sleep, so when dealing in the quality of sleep, we tried to also assess the extent to which stress is a factor aggression in sleep quality. According Fontaine et al. (2001), sleep is very important for the human being, it influences the physical, psychological and social conditions. Sleep is necessary and vital to humans as well as food, because when we sleep we replenish our energy and

influence the system as a whole, since the metabolism, mental and physical development. According to Cassar (2001) massage aims relaxation, this is because it is able to act in the reduction of anxiety, stress relief, and influence in a positive way the sympathetic nervous system and promotes deep sleep.

The manipulation of massage on the tissues besides reducing the muscle tensions, also stimulates production of serotonin and histamine that have vasodilating action, increasing blood and lymph supply, thus activating the thermo-receptors and increasing the permeability of the cell membrane, that allows nutrient absorption, hydration and nutrition of cells, increasing the oxygen levels in the circulating blood. (CLAY, 2008)

Usually people need 12 hours of sleep, but may be satiated with only 5 hours, all via the large Most people need between 7-8 hours of sleep, which is the average pattern to feel good throughout their activities. Noting that this variation of each individual begins to be seen from the eighth month of the baby's life inside the mother's womb. (Kerkhof, 1985; Hilliker et al., 1992) When a person sleeps your brain still works, but in a way unlike when awake. There are areas of the brain, for example, that more work during sleep than during wakefulness. (Aserinsky; Kleitman, 2003)

Sleep is synchronized with internal and external factors (according to the environment). In humans, sleep is regulated by clear factor / dark, day and night. (MENNA Barreto, 1995). This set of regulators that utilize circadian rhythms is called a biological clock, and it has the function of maintaining the homeostatic balance, control much of the physiological and behavioral the body and also in the brain, acting on the endocrine system, regulating body temperature, activity of neurons, kidney, heart activity / vascular, digestive and sleep / wake cycle. (GUYTON, 1997)

The human body is very adaptable, and this adaptation is the balance of the phases of the rhythms of the species to environmental cycles. In the wake occurs the release of hormones such as cortisol, and in the last stages of sleep have an internal temperature increase. Cortisol is produced by the adrenals it prepares the body to resist physical stress. (GUYTON, 1997) Because of the biological rhythm is very important to maintain a routine during the hours of sleep, study, work, leisure and also meals because when we change many routine biological rhythm is also changed and the individual loses track of time. Bridges (1992) reports that when we invert it and slept by day and worked at night, there is a change in the internal structure of sleep. Who sleeps by day and sleep less there is a modification of the different stages of sleep on the issue of duration, usually of REM sleep, which bothered by the noise and lighting. (Sallinen et al., 2003). Therefore, people who change the sleep cycles have a great chronic sleep deprivation; thus appear the sleep-wake pattern disorders. (AKERSTEDT, 1998; Gillberg, 1998) People living with routine inverted sleep, may show changes in their endogenous biological rhythm by temporal conflict between biological clocks. (Dijk and Schantz., 2005; Duffy and WRIGHT JR, 2005) These disorders mainly affect the populations of large cities, where there is a large portion of people who exchange their daily sleep cycles at night, and that these people undergo changes sudden and constant in their biological clocks that are very deregulated on the nervous system, which is not compatible with very rapid change. (Reimão, 1997)

According to Davis (2006), when we perform smooth sliding during these massage can stimulate the parasympathetic nervous system and cause the body to a relaxing several structures at the same time, improve blood and lymph circulation and relax muscles.

After a long period in this routine the individual can no longer sleep and staying asleep at the times stipulated to sleep, and start to feel tired and sleepy during the day, they lose their circadian rhythm own levels of cortisol, growth hormone and also the body temperature. (Bridges, 1992; Fischer et al., 2002)

The lymphatic system massage works by stimulating the immune system making a renewal of defense cells of the body, speeding up lymph circulation and the ability to capture, filtration and absorption of blood capillaries, indirectly causing increased catabolites excretion, decongestion of interstitial returning -the movement and eliminating excess, including lactic acid and uric acid. (Borges, 2006)

CONCLUSION

Through this research we concluded that the relaxing massage is able to provide muscle and mental relaxation, causing a state conducive to sleep. The massage stimulates endorphin and serotonin which are the hormones responsible for feelings of pleasure, relaxation and also responsible for the deep sleep which we call REM sleep. The massage decreases cortisol one responsible for insomnia / stress, so a person receiving the massage will have less cortisol in the bloodstream that will result in an improvement in their quality of sleep. The literature with regard to the area of sleep related to massage is still very scarce, and therefore, we suggest more scientific study in the area to prove the amount of sessions, frequency of massages achievements and other systemic benefits it may result in body.

REFERENCES

- ALOE, F. ; Azevedo, A.P. ; Hasan, R. cycle mechanisms sleep-wake. *Brazilian Journal of Psychiatry*, 2005.
- AMERICAN SLEEP DISORDERS ASSOCIATION. *The International Classification of Sleep Disorders, Revised. Diagnostic and coding manual*. Rochester: Davies printing Co. in 1997.
- ANDREOLI, CPP *Lymphatic Drainage: anatomical and physiological Restructuring step by step*. 1st. ed. Nova Odessa, SP: Napoleon, 2009.
- ANTONELLI, IR et al. Does cognitive dysfunction conform to the distinctive pattern in ocstructive sleep apnea syndrome?. *J. Sleep Res*, 2004.
- ASERINSKY, E. ; KLEITMAN, N. Regularly periods of eye motility, and concomitant phenomena, During sleep, *Science* 1953; 118: 273-74.
- BACKHAUS J., K. Junghanns, Broocks A., D. RIEMANN, Hohagen F. Test-Retes reliability and validity of the Pittsburgh sleep quality index in primary insomnia. *J Psychosom Res* 2002; 53 (3): 737-40.
- BORGES, F. S. et al. (Org.). *Dermato-functional: therapeutic modalities in aesthetic dysfunction*. 2nd. ed. São Paulo, SP: Phorte, 2006.
- CASSAR, P. *Manual massage therapy*. 1st. ed. Barueri, SP: Manole, 2001.
- CLAY, JH; POUNDS, MD *Massage Therapy Clinic: integrating anatomy and treatment*. 1st. ed. Barueri, SP: Manole, 2008.
- DE DOMENICO, G. ; WOOD, E. *Beard techniques of massage*. 4th. ed. São Paulo, SP: Manole, 1998.
- DAVIS, CM *physiotherapy and rehabilitation: complementary theories*. 2nd. ed. Rio de Janeiro, RJ: Guanabara Koogan, 2006.
- GEIB, L. T. C. et al. Sleep and aging. *Rio Grande do Sul: Journal of Psychiatry*, 2003.
- GUYTON, M.D. *Treaty of Medical Physiology*. 9th. ed. Rio de Janeiro: Guanabara Koogan, 1997; p.675-84. Hamilton
- M. A rating scale for depression. *Journal of Neurol Neurosurg and Psychiatric* 1960; 23: 56-62.
- KERKHOF, G. A. Inter-individual differences in the human circadian system: a review. *Biol Psychol* 1985; 20 (2): 83-112.

NESSI, A. *Massage anti-stress: theory and practice for Wellness*. 5th ed. São Paulo, SP: Phorte, 2010.
MARTINEZ, D. ; LENZ, M. C. S. ; MENNA-BARRETO, L. *Diagnosis of sleep disorders related to circadian rhythm*. Brazilian newspaper Pulmonology, 2008.

MONTAGU, A. *Play: the Human Significance of the Skin*. 9th ed. São Paulo, SP: Summus, 1988. 427
MUNFORD S. *The Bible massage*. 1st ed. São Paulo, SP: Publisher Thought, 2010. MYSTAKIDOU K., E. PARPA, TSILIKA E.,
PATHIAKI M., K. GENNATAS, SMYRNIOTIS V., VASSILIOU I. *The relationship of Subjective sleep quality, pain, and quality of life
Patients in advanced cancer*. *Sleep* 2007; 30 (6): 737-42.

RAJARATNAM, SMW *Melatonin advances the circadian timing of sleep EEG and directly Facilitates sleep without
altering its duration extended in sleep opportunities in humans*. *The Journal of Physiology* 2004; 561 (1): 339-51.
REIMÃO, R. *Sleep Well Sao Paulo*: Atheneu, 1997.

SOUZA MM et al. *Neurophysiology of sleep*. In: Reimão R. *Advances in sleep and its disorders*. São Paulo: Paulista
Medical Association, 2005.

THIAGO, SCS *perception of doctors and nurses of the Family Health Strategy on complementary therapies*. *Rev.
Public Health* 2011.

VERRI, FR et al. *Sleep quality assessment in groups with different levels of temporomandibular disorder*. *Joao
Pessoa: Pesq Bras Odontoped Clin Integr*, 2008.

YUKSEL H., SOGUT A., O. YILMAZ, M. Demet, ERGIN D., KIRMAZ C. *Evaluation of sleep quality and anxiety-
depression parameters in asthmatic children and Their mothers*. *Respir Med* 2007; 101 (12): 2550-4.

NDREOLI, CPP *Lymphatic Drainage: anatomical and physiological Restructuring step by step*. 1st. ed. Nova Odessa,
SP: Napoleon, 2009.

ANTONELLI, IR et al. *Does cognitive dysfunction conform to the distinctive pattern in ocstructive sleep apnea
syndrome?*. *J. Sleep Res*, 2004.

ASERINSKY, E. ; KLEITMAN, N. *Regularly periods of eye motility, and concomitant phenomena, During sleep*,
Science 1953; 118: 273-74.

BACKHAUS J., K. Junghanns, Broocks A., D. RIEMANN, Hohagen F. *Test-Retes reliability and validity of the
Pittsburgh sleep quality index in primary insomnia*. *J Psychosom Res* 2002; 53 (3): 737-40.

BORGES, F. S. et al. (Org.). *Dermato-functional: therapeutic modalities in aesthetic dysfunction*. 2nd. ed. São Paulo, SP: Phorte,
2006.

CASSAR, P. *Manual massage therapy*. 1st. ed. Barueri, SP: Manole, 2001.

CLAY, JH; POUNDS, MD *Massage Therapy Clinic: integrating anatomy and treatment*. 1st. ed. Barueri, SP: Manole, 2008.

DE DOMENICO, G. ; WOOD, E. *Beard techniques of massage*. 4th. ed. São Paulo, SP: Manole, 1998.

DAVIS, CM *physiotherapy and rehabilitation: complementary theories*. 2nd. ed. Rio de Janeiro, RJ: Guanabara Koogan, 2006.

GEIB, L. T. C. et al. *Sleep and aging*. Rio Grande do Sul: Journal of Psychiatry, 2003.

GUYTON, M.D. *Treaty of Medical Physiology*. 9th. ed. Rio de Janeiro: Guanabara Koogan, 1997; p.675-84. Hamilton

M. *A rating scale for depression*. *Journal of Neurol Neurosurg and Psychiatric* 1960; 23: 56-62.

KERKHOF, G. A. *Inter-individual differences in the human circadian system: a review*. *Biol Psychol* 1985; 20 (2): 83-112.

NESSI, A. *Massage anti-stress: theory and practice for Wellness*. 5th ed. São Paulo, SP: Phorte, 2010.

MARTINEZ, D. ; LENZ, M. C. S. ; MENNA-BARRETO, L. *Diagnosis of sleep disorders related to circadian rhythm*. Brazilian
newspaper Pulmonology, 2008.

MONTAGU, A. *Play: the Human Significance of the Skin*. 9th ed. São Paulo, SP: Summus, 1988. 427
MUNFORD S. *The Bible massage*. 1st ed. São Paulo, SP: Publisher Thought, 2010. MYSTAKIDOU K., E. PARPA, TSILIKA E.,
PATHIAKI M., K. GENNATAS, SMYRNIOTIS V., VASSILIOU I. *The relationship of Subjective sleep quality, pain, and quality of life
Patients in advanced cancer*. *Sleep* 2007; 30 (6): 737-42.

RAJARATNAM, SMW *Melatonin advances the circadian timing of sleep EEG and directly Facilitates sleep without
altering its duration extended in sleep opportunities in humans*. *The Journal of Physiology* 2004; 561 (1): 339-51.
REIMÃO, R. *Sleep Well Sao Paulo*: Atheneu, 1997.

SOUZA MM et al. *Neurophysiology of sleep*. In: Reimão R. *Advances in sleep and its disorders*. São Paulo: Paulista
Medical Association, 2005.

THIAGO, SCS *perception of doctors and nurses of the Family Health Strategy on complementary therapies*. *Rev.
Public Health* 2011.

VERRI, FR et al. *Sleep quality assessment in groups with different levels of temporomandibular disorder*. *Joao
Pessoa: Pesq Bras Odontoped Clin Integr*, 2008.

YUKSEL H., SOGUT A., O. YILMAZ, M. Demet, ERGIN D., KIRMAZ C. *Evaluation of sleep quality and anxiety-
depression parameters in asthmatic children and Their mothers*. *Respir Med* 2007; 101 (12): 2550-4.

Prof. André Leonardo da Silva Nessi

Rua Dr. Almeida Lima, 1134 – Mooca – São Paulo – SP – Cep. 03164-000

BENEFITS OF MASSAGE RELAXING IN SLEEP QUALITY

ABSTRACT

Currently there are few studies in the field regarding the quality of sleep of individuals and massage, much of the
population possess a sleep disorder are bruxism, insomnia, stress and many others that plague the restful sleep. This study aims
to investigate the relationship between sleep and massage on the effects on sleep quality, we know that massage can promote
deep relaxation of body structures such as muscles, arteries, tendons, so we can get to sleep deep REN6 also need a deep
relaxation and added to a state of tranquility. Through this study, we understand that the relaxing massage is able to provide
muscle and mental relaxation, causing a state conducive to sleep. The massage stimulates endorphin and serotonin which are
the hormones responsible for feelings of pleasure, relaxation and also responsible for the deep sleep which we call REM sleep.
The massage decreases cortisol one responsible for insomnia / stress, so a person receiving the massage will have less cortisol
in the bloodstream that will result in an improvement in their quality of sleep. The literature with regard to the area of sleep related
to massage is still very scarce, and therefore, we suggest more scientific study in the area to prove the amount of sessions,
frequency of massages achievements and other systemic benefits it may result in body. We indicated practical research to raise
more data on these benefits cited for this search.

KEYWORDS: Massage, Relaxation, Sleep

AVANTAGES DU MASSAGE RELAXANT POUR LA QUALITÉ DU SOMMEIL.**RÉSUMÉ**

Actuellement, il existe peu d'études sur le terrain concernant la qualité du sommeil des individus et des massages, une grande partie de la population possède un trouble du sommeil sont le bruxisme, l'insomnie, le stress et beaucoup d'autres qui affligent le sommeil réparateur. Cette étude vise à étudier la relation entre le sommeil et le massage sur les effets sur la qualité du sommeil, nous savons que le massage peut favoriser la relaxation profonde des structures du corps telles que les muscles, les tendons, artères, afin que nous puissions trouver le sommeil REN6 profonde aussi besoin d'une relaxation profonde et ajouté à un état de tranquillité. Grâce à cette étude, nous comprenons que le massage relaxant est en mesure de fournir musculaire et la relaxation mentale, provoquant un état propice au sommeil. Le massage stimule endorphine et la sérotonine qui sont les hormones responsables de la sensation de plaisir, de détente et également responsable de la sommeil profond que nous appelons le sommeil paradoxal. Le massage diminue cortisol responsable de l'insomnie / stress, de sorte qu'une personne qui reçoit le massage aura moins de cortisol dans le sang qui se traduira par une amélioration de leur qualité de sommeil. La littérature à l'égard de la zone de sommeil liés au massage est encore très rare, et donc, nous suggérons étude plus scientifique dans le domaine de prouver la quantité de séances, la fréquence des massages réalisations et d'autres avantages systémiques il peut en résulter corps. Nous avons indiqué recherche pratique pour élever davantage de données sur ces avantages cités pour cette recherche.

MOTS-CLÉS: massage, relaxation, le sommeil

BENEFICIOS DE MASAJE RELAJANTE EN LA CALIDAD DEL SUEÑO**RESUMEN**

Actualmente existen pocos estudios sobre el terreno en cuanto a la calidad del sueño de los individuos y de masaje, gran parte de la población poseen un trastorno del sueño se bruxismo, el insomnio, el estrés y muchos otros que plagan el sueño reparador. Este estudio tiene como objetivo investigar la relación entre el sueño y el masaje sobre los efectos en la calidad del sueño, sabemos que el masaje puede promover la relajación profunda de las estructuras del cuerpo, como los músculos, arterias, tendones, por lo que puede llegar a dormir Ren6 profunda también necesitan una relajación profunda y se añade a un estado de tranquilidad. A través de este estudio, entendemos que el masaje relajante, capaces de proporcionar muscular y la relajación mental, causando un estado propicio para dormir. El masaje estimula las endorfinas y la serotonina, que son las hormonas responsables de los sentimientos de placer, relajación y también responsables de la profundidad del sueño que llamamos sueño REM. El masaje disminuye el cortisol responsable de insomnio / estrés, por lo que una persona que recibe el masaje tendrá menos cortisol en el torrente sanguíneo que se traducirá en una mejora de su calidad del sueño. La literatura en relación con el área de sueño relacionados con el masaje es todavía muy escasa, y por lo tanto, se sugiere un estudio más científico en el área de demostrar la cantidad de sesiones, la frecuencia de masajes logros y otros beneficios sistémicos que puede resultar en cuerpo. Indicamos investigación práctica para recaudar más datos sobre estos beneficios citados para esta búsqueda.

PALABRAS CLAVE: Masajes, Relajación, sueño

BENEFÍCOS DA MASSAGEM RELAXANTE NA QUALIDADE DO SONO**RESUMO**

Atualmente existem poucos estudos na área em relação à qualidade de sono de indivíduos e massagem, grande parte da população possui algum distúrbio do sono, seja bruxismo, insônia, estresse entre muitos outros que atormentam o sono reparador. O presente estudo tem como objetivo pesquisar a relação entre sono e massagem, sobre os efeitos na qualidade do sono, sabemos que a massagem é capaz de promover um relaxamento profundo das estruturas corporais, como os músculos, artérias, tendões, para conseguirmos chegar ao sono profundo REN6 também necessitamos de um relaxamento profundo e somado a um estado de tranquilidade. Através deste estudo foi possível compreender que a massagem relaxante é capaz de proporcionar relaxamento muscular e mental, ocasionando um estado propício para o sono. A massagem estimula a endorfina e a serotonina que são os hormônios responsáveis pela sensação do prazer, relaxamento e também o responsável pelo sono profundo o qual denominamos de sono REM. A massagem diminui o cortisol um dos responsáveis pela insônia/estresse, assim um indivíduo que recebe a massagem terá menos cortisol na corrente sanguínea o que provocará uma melhora na sua qualidade do sono. A literatura no que diz respeito à área de sono relacionada à massagem ainda é muito escassa, e por isso, sugerimos mais estudos científicos na área para comprovar a quantidade de sessões, a periodicidade das realizações das massagens e outros benefícios sistêmicos que ela possa ocasionar no organismo. Indicamos a pesquisa prática para levantar mais dados sobre estes benefícios citados nesta pesquisa.

PALAVRAS-CHAVE: Massagem, Relaxamento, Sono.