



## A Phenomenological Study of Ginger Compress Therapy for People with Osteoarthritis

by Tessa Therkleson

### Abstract

*This paper claims rigour and sensitivity for a methodology used to explore multiple sources of data and expose the essential characteristics of a phenomenon in the human sciences. A descriptive phenomenological methodology was applied in a study of the experience of ten people with osteoarthritis receiving ginger compress therapy. The application of the phenomenological attitude, with reduction, bracketing and imaginative variation, allowed multiple sources of data – written, pictorial and oral – to be explicated. The applied methodology used is described in this paper, with its six clearly defined steps illustrated by examples from the study. The findings demonstrate that phenomenological reduction enabled an indication of the potential benefits of ginger compress treatment as a therapy for people with osteoarthritis.*

### Introduction

Osteoarthritis is claimed to be the most prevalent cause of musculoskeletal pain and disability in Western cultures (Rahman, Bhatia & Penm, (2005), and a wide range of options are recommended for its treatment, including both complementary and conventional approaches (Felson, Lawrence, Hochberg, Mc Alindon, Dieppe, Minor, et al., 2000). The present study explored the lived experience of ten people with osteoarthritis (OA) who received a series of ginger compresses to the kidney region (referred to as GKC). A phenomenological methodology as adapted by Schweitzer (1983, 1998) from Giorgi (1975, 1985, 1997) was used to explore and expose the pheno-menon of the GKC for people with OA. Multiple sources of data – written, pictorial and oral – were gleaned using a variety of techniques, with the intention to encompass as widely as possible the full depth of conscious experience. This paper details the applied methodology used to explicate meaning from the complex data sources.

Two previously published studies (Schurholz, Vogele, Heine, Muck, Sauer, Simon, et al., 1992/2002; Therkleson & Sherwood, 2004) found that the GKC was warming, stimulating and relaxing for people with a variety of health conditions. Schurholz et al. (1992/2002) reported that the GKC was helpful for people with arthritis. The present study focused on the experience of the GKC for people with OA specifically (Therkleson, 2010).

OA is the most common form of arthritis and has complex multifaceted causes (Rosemann, Joos, Koerner, Szecsenyi, & Laux, 2006). It results in a variety of symptoms, primarily pain on mobilising, that are often unpredictable (Felson et al., 2000). The GKC is a complementary treatment that is reputed to have a profound effect on people's thoughts, feelings, motivations and sensory perception (Schurholz et al., 1992/2002). This paper describes the methodology applied in a study of ginger compress therapy for people with OA, which found that the essential

characteristics of the GKC – inner warmth, relaxation and vitality – were typically lacking in people with OA, and that ginger's unique qualities helped to counteract both this insufficiency and the OA symptoms.

This paper introduces the phenomenological method and the basic study design; then it presents, step by step, a systematic procedure for phenomenological explication, with examples given from the profile of one participant in the study to illustrate the respective steps.

### Selection of Methodology

As mentioned above, the focal phenomenon of this study was the experience of persons with the health condition of OA in the course of receiving a series of GKCs. Hegel (1805/1977) and Husserl (1913/1983, 1917/1981) introduced phenomenology as a science of pure phenomena, pure consciousness of experience of every kind. The main objective of phenomenology is to enable the researcher to understand phenomena as human beings consciously experience them through descriptions from the experiencing subject. Phenomenology is a methodology for investigating that which is perceived, remembered, fantasised, pictorially represented or symbolised, and which encompasses all thoughts, feelings and motivations.

Husserl's (1913/1983) phenomenological approach included the concepts of phenomenological attitude and phenomenological reduction to enable the essence of a phenomenon to be accessed and ultimately revealed. The phenomenological attitude is a philosophical reflection of the world that requires one to become a spectator or detached observer, while phenomenological reduction requires both an attitude of mind and systematic explication that allows phenomena to manifest themselves. Phenomenological reduction includes bracketing, which is a procedure used to identify and put in parentheses researcher biases, assumptions and opinions – the application of which in this study is further clarified in the section titled 'Explication of Data'. Sokolowski (2000) considers that the phenomenological reduction arose out of adopting the phenomenological attitude.

Husserl's phenomenological approach, as adapted for social science research by Giorgi (1975, 1985, 1997) and further developed by inter alia Schweitzer (1983), was selected as the appropriate methodology for this study. Along with recognising that human consciousness finds meaning through relating to the world and others, the methodological focus of this approach is to discover the essential characteristics of the phenomenon being investigated. Giorgi (2008) emphasises the importance of phenomenological

reduction, which includes bracketing and imaginative variation in exploring phenomena. These factors, along with Giorgi's clearly defined technique for finding meaning in people's lived experiences, were adhered to in this study, which exposed the essential structure of the phenomenon of the GKC for people with OA. A brief synopsis of the study design follows, and then the reader is taken through the method of explication, which comprises the six clearly defined steps used.

### Study Design

The study was conducted in five separate primary healthcare clinics in New Zealand and Australia during 2007. Four of the clinics were busy medical practices, with doctors, nurses and therapists practising together, and one was an independent nursing practice. A sample of ten consenting adults over the age of 45 years who had had symptomatic OA for at least one year was purposively selected. Ten registered nurses each applied daily treatments at the respective clinics for seven consecutive days to one of the ten participants according to a defined procedure and protocol. The GKC treatment involved a cotton cloth, soaked in a hot ginger infusion, applied for thirty minutes over the kidney region on the back and followed by a twenty minute rest. The participant rested comfortably on top of the compress that was held in position on the back by a thick cotton binder encasing the back and front of the recipient. The researcher was present physically in each city centre during the entire period of the treatment for each of the ten participants.

Appropriate ethical approval was obtained in Australia and New Zealand, and, in order to protect the participants' privacy and ensure confidentiality, throughout the study all participants were identified only by fictitious names, with all audio-recordings deleted once transcribed.

Data was obtained from the participants by means of (1) the use of a daily diary, where they noted their experiences, (2) interviews within one week of completion of the full treatment, and (3) follow-up telephone conversations within 2 – 4 weeks of the interview. The daily diary included the question, "What was your experience of the ginger compress?" and a diagrammatic human figure-form, which the participant coloured to indicate warmth as red, cold as blue, and sensations as yellow. The diaries were completed in the clinic following each of the seven treatments. The interviews were semi-structured, between 1 – 2 hours in length, with one primary leading question asked and occasional prompts used to encourage full expression of the experience. The primary question was the same for all participants,

“What was your experience of the ginger compresses?” The telephone conversations asked the question, “How have you been since the treatment?” All the data was collected, transcribed and analysed by the researcher. The process of explication is now detailed.

### Explication of Data

Giorgi (1997) clarifies the criteria necessary for the phenomenological methodology to be recognised as a qualitative scientific method by emphasising the significance of description and good phenomenological reduction in order to expose the meaning of the phenomenon for the experiencing subject. Giorgi (2008) emphasises the importance of using phenomenological reduction, with bracketing and imaginative variation, to expose a phenomenon. In this descriptive phenomenological study, phenomenological reduction as explained by Giorgi (2008) was implicit in the explication of the data. Giorgi (1975, 1985) identifies an approach to explicating the meaning of phenomena for the experiencing subject by following four steps:

- (1) Gain a general, intuitive sense of all the raw data.
- (2) Discriminate distinct expressions of meaning using the subjects' descriptions that focus on the phenomenon being researched, keeping within the researcher's perspective.
- (3) Transform the subjects' expressions into the researcher's language using reflection and imaginative variation, and maintain emphasis on the essential meaning of the phenomenon being researched.
- (4) Synthesise the transformed meaning units into consistent statements and descriptions, which reveal the essential features of the phenomenon.

Schweitzer (1983, 1998) expands Giorgi's method to encompass six clearly defined and distinct steps:

- (1) Gain an intuitive, holistic grasp of the phenomenon from the raw data.
- (2) Summarise data into constituent profiles, which entails delineation into natural meaning units (NMUs) and further reduction to central themes (CTs). NMUs

are distinct segments of experience in the participants' words, whereas CTs convey the intention of NMUs using the researcher's language. NMUs and CTs that are repetitive and/or not related to the phenomenon are bracketed out. All data remains idiographic, meaning that each participant's NMUs and CTs are individually considered in relation to the world of each participant. In this phenomenological context, Giorgi (1994) uses the term idiographic to refer to unique segments of meaning of the phenomenon.

- (3) Construct a thematic index file from the constituent profiles, which requires amalgamation of all the data. Delineate the constituent profiles into NMUs again. Identify referents in the constituent profiles, and construct a thematic file using a sorter card index system. Referents are defined as key words, like themes, except that they consist of just a single word that retains the original mode of expression.
- (4) Search the thematic index file in four stages: a) combine all data and treat it nomothetically, b) consider all data in relation to all participants, c) use referents to interrogate the data, d) note clusters in the data and identify interpretive themes. Giorgi (1994) uses the term nomothetic to refer to the amalgamation of all the sources of data, which give meaning to the phenomenon.
- (5) Develop an extended description in two stages: (i) interrogate data using the interpretive themes; (ii) rigorously explore and discuss the interpretive themes (ITs).
- (6) Synthesise the extended description by succinctly summarising it and exposing the phenomenon being investigated in a clear and detailed manner.

This six-step method of phenomenological explication has been applied effectively by other phenomenologists (Devenish, 2002; Rodger, 2005; Sherwood, 2001). The following table summarises the application of the method as used in this study, with a software tool, *NVivo 7* (Richards, 2005, 2006), facilitating management and exploration of the data in steps 3 and 4.

**Table 1: Six Steps of Explication in Study**

Steps	Procedures	Process
1. Original data	Identify with phenomenon intuitively	Transcribe diaries, interviews & conversations Scan human figures on treatment forms
2. Constituent profiles	Construct natural meaning units (NMUs)	Delineate data into NMUs Eliminate redundant/repetitive NMUs
	Construct central themes (CTs)	Extract CTs from NMUs Summarise each participant's CTs
	Consider data for each participant	Consider all data and understanding related to each individual participant
3. Thematic index	Construct thematic index which combines all data of all participants	Combine all NMUs under research keys (code using NVivo 7) Amalgamate all CTs
4. Searching thematic index	Search data Identify interpretive themes (ITs)	Consider thematic index (using NVivo 7) Identify referents Interrogate coded data: Apply queries using coded data & text, then coded data & referents Apply queries using coded data and participant attributes (sex, age, OA) Consider emerging ITs alongside amalgamated CTs
5. Interpretive themes	Describe & discuss ITs	Interrogate data using ITs Discuss relevant literature and research in relation to ITs
6. Extended description	Engage in extended description	Summarise ITs succinctly Expose phenomenon

### Application of Explication

The phenomenological methodology applied in this study utilised phenomenological reduction to expose the meaning of a phenomenon. The approach used is discussed under the following headings: "Bracketing" and "Steps 1-6". An example is given from the study using one participant's coloured human forms and three italicised NMUs, with two CTs following the first ginger compress therapy (Steps 1-2). This same participant's NMUs and CTs are then taken into the thematic index showing them as coded data and their association with one amalgamated CT (Step 3); then, finally, the same NMUs and CT are associated with the relevant amalgamated CTs, referents and IT (Step 4). The final two steps (Steps 5-6) required explication of all the ITs. These steps involved detailed consideration, synthesis of the ITs and imaginative variation, which resulted in identification of three essential themes exposing the phenomenon.

To conclude this section, the phenomenon of the GKC for people with OA is briefly described.

### Bracketing

Bracketing is a term introduced into phenomenology by Husserl (1913/1983). It describes a technique of setting aside or putting in parentheses the researcher's personal beliefs and assumptions in order to avoid personal bias getting in the way of understanding the precise meaning of a particular experience for an individual. Thus bracketing has the potential to enable the researcher to focus exclusively on the experiences of participants, avoiding any personal clouding or distraction and allowing the data obtained to speak for itself in exposing the phenomenon (Crotty, 1996; Koch, 1995; Munhall, 1994; Sokolowski, 2000). To this end, in this study, the researcher used a diary and professional mentoring throughout the research process. The diary was a journal, which was reflective with regard to the researcher's own preconceptions, biases and experiences, and reflexive with regard to directing ideas back on the research process. Mantzoukas's (2005) reflective/reflexive journal process was adopted for this study. A professional mentor, a medical doctor with supervisory expertise, supported the researcher's personal process, and also

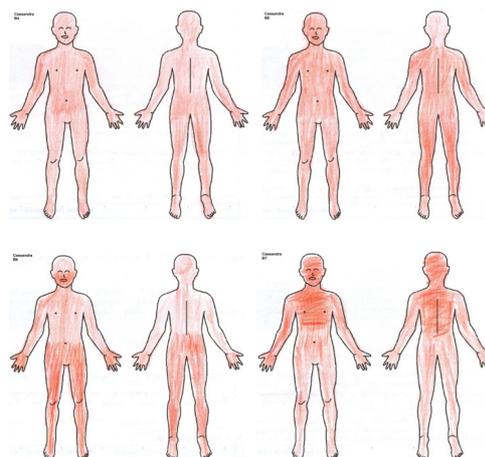
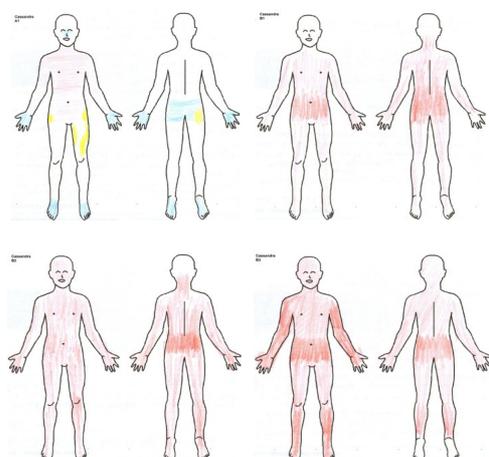
assisted with addressing issues that surfaced especially during steps 2 - 4. Application of good bracketing and data analysis in the phenomenological reduction increases the authenticity and credibility of the study's findings.

## Steps 1 – 6

### Step 1: Original Data

Participant diary notes, interviews, and telephone conversations were transcribed by the researcher into Word documents within 1 – 2 weeks of completion. Clarifying the meaning of participants' accounts in the diaries was addressed with the participants prior to the interviews. Interviews were recorded through a microphone on a digital voice recorder, with an additional second device as back-up. Telephone conversations were recorded in a private space, with the telephone in speaker mode. Transcriptions of the interviews and telephone conversations were achieved efficiently using player software with headphones and foot pedal. Recordings were clear and transcriptions were literal, including sighs, laughs, sniffs, cries and physical gestures. Pauses and further clarifying questions were noted, along with movements of the participant as relevant. Prior to deletion of the recordings, hard copies of all transcriptions were printed. The coloured human figures were scanned and recorded along with the transcriptions. Each participant's transcriptions and coloured human figures were examined multiple times and notes made indicating the overall sense of the experience alongside the key features. Table 2 indicates one participant's, Cassandra's, coloured human figures; the first pair of human figures was colour coded prior to the therapy, with the following seven pairs on the seven consecutive days of the therapy.

**Table 2: Cassandra's Coloured Human Figures**



The first coloured pair indicates minimal red for warmth on the chest, blue for cold on the extremities, and yellow for sensations described by Cassandra as painful on the hips; all later figures show varying shades of only red for warmth. The intensity of red colouring increased each day, spreading on the first day around the mid region of her abdomen and back, and progressively including more of the lower torso, as well as encompassing the hands and feet.

### Step 2: Constituent Profile

Each individual participant's data was delineated into NMUs and CTs. NMUs are distinct expressions of the experience in the words of the experiencing person. Examples of three NMUs written on the first day by Cassandra were:

- *wonderful experience of warmth and rest*
- *warming my feet was lovely and relaxing*
- *the compress at first felt hot, ten minutes into the treatment it got warmer and warmer and became lovely and hot sending warmth through my body*

CTs summarise the NMUs in the researcher's language. The following are the two central themes for Cassandra's three NMUs as given above: (1) the experience was very warm and relaxing; (2) the heat began warming the back and feet and then spread throughout the body with a surprising intensity around the abdomen.

From the first day, Cassandra experienced the GKC as penetratingly warm. Normally her body felt the cold keenly; now warmth encompassed her entire body, activating a sense of inner relaxation and deep comfort.

When each participant's data had been delineated into NMUs and CTs, it was considered along with the coloured human forms. In-depth profiles were

developed for each participant that included an amalgam of all that was known, such as physical appearance, health picture, relationship to the world and others, and the experience of the GKC. These individual profiles suggested factors to be considered in the further explication, such as: (1) participants strove to maintain an active interest in their family, the outdoors and/or artistic interest, (2) female participants described experiencing anxiety and/or depression at the time of the study, with all identifying a recent significant personal loss, (3) males had the attitude of needing to get on with life and do what was possible within the limitations of the OA symptoms. Potential research keys were identified for future coding, such as thoughts, feelings and actions in a time sequence of before, during and after the therapy. Each participant offered her/his own dative of manifestation, as expressed in the individual profiles, which enabled progression towards the identity of the GKC phenomenon for people with OA.

### Step 3: Thematic Index

The thematic index was a synthesis of all the data for all the participants; it was like the whole GKC experience encompassed in an upturned umbrella, which was held above the researcher's head awaiting reflection. It encompassed all the subjective experiences coming together to form the universal group experience. The individual CTs were creatively combined into meaningful statements expressing the overall experience of the GKC; these were further written in phenomenological terms to encapsulate a holistic picture of the group experience.

An example of an amalgamated central theme in phenomenological terms was:

*warmth was experienced as progressively increasing and radiating out from the compress throughout the body, becoming focused in the areas of the body that either felt cold or had OA symptoms.*

All participant NMUs were coded with research keys, which were numbered for ease of sorting. The numbering became redundant once the NMUs were sorted. The research keys were arranged under three major headings: before, during and after, which allowed a sequential sorting of the experience. The combined NMUs were then sorted under thoughts, feelings and actions experienced before, during and after the treatment. For example, Cassandra's three NMUs (see Step 2), were sorted under the feelings of warmth and relaxation experienced during the treatment. During the GKC, Cassandra was aware of a changing connection between warmth, cold and relaxation. She described a sense of inner cold as

being a major contributor to the bodily tension experienced, and this gradually eased during the GKC therapy as the inner warmth penetrated and relaxed the entire body.

Isolating and sorting the NMUs under the research keys, such as warmth and relaxation, helped to identify the referents, which were uncovered in searching the thematic index.

### Step 4: Searching Thematic Index

Three levels of coded data were used in the study, comprising (1) idiographic coding into NMUs (step 2), (2) nomothetic coding of NMUs under two categories - sequential and thoughts, feelings and actions (step 3), and (3) identification of referents (step 4). Bereska (2003) indicates the importance of a clear process for coding and exploring qualitative data that acknowledges the complexity of the data, while unravelling the answer to the research question. Searching the thematic index involved detailed analysis using *NVivo 7* software to manage, access and assess the data, and enable isolation of emerging interpretive themes. The process followed a defined format that was circular rather than linear, creative rather than routine, and mobile rather than fixed. Throughout the exploratory process all coded data linked back to the original transcription text. Coded and transcription text data were explored simultaneously to expose clusters, patterns, connections and notable features. The referents became evident during the second level of coding.

Referents were constructed by applying a formula to each research key: frequency plus emphasis equals referent. The numerical quantity of coded data under each research key was scrutinised and compared with the original text to expose the referents. The referents - identified as warmth, relaxation, pain and discomfort, and mobility - were used to make complex queries. For example, all four referents were juxtaposed with all references to the OA limb, while at the same time the context in the text was considered. Reflecting on the responses to the coding involved attaching memos to the relevant referents and text, accompanied by deep imaginative contemplation, which further indicated connections and developing themes.

*NVivo* enabled the researcher to query the participant attributes along with the coded data. A table of participant attributes was prepared and each attribute was used to identify associations with the data under the referents, which were then reflected alongside the text. For example, questions were asked about the emerging masculine and feminine differences, such as "How often did males and females respectively refer

to each of the referents?” and “What were the phrases used by males and females respectively to describe the referents?”

**Table 3: Participant Attributes**

Name	Age Group	Gender	Mental Health	Osteoarthritis
Bob	55–65	male	normal	hip
Cassandra	55–65	female	anxiety	hip
Cleo	45–55	male	normal	ankle
Jenni	65–75	female	anxiety/ depression	hip, hands & neck
Jo	45–55	female	anxiety/ depression	big toe
Kate	75–85	female	anxiety	hip, hands, neck, knees & feet
Mary	65–75	female	anxiety/ depression	hip
Nina	65–75	female	anxiety/ depression	hip
Paul	65–75	male	normal	hip
Red	75–85	male	normal	hip

The following are examples of: (a) associated amalgamated CTs, (b) memos attached to referents warmth and relaxation, (c) relevant coded NMUs used by Cassandra on the first day, and (d) the subsequent IT isolated after consideration of all ten participants' data. Gradually, by using focused clear thinking and imaginative thought processes the researcher was able to identify this IT.

(a) Associated amalgamated central themes:

- Warmth was experienced as progressively increasing and radiating out from the compress through the body.
- The warmth was experienced as comfortable and relaxing.
- The warmth was experienced as spreading through the body, leading to a sense of total relaxation.

(b) Associated memos attached to referent warmth:

- All participants referred to warmth during and after the treatment; after pain and mobility, this was the most important referent.
- All participants described warmth as gradually spreading from the mid back and penetrating the body to reach the extremities.
- Two females expressed the most references to warmth.

(c) Associated memos attached to referent relaxation:

- During the treatment all participants made references to the pleasant, relaxing experience.
- There were no references to relaxation prior to the GKC.
- Overall males made more references to relaxation than females.
- Relaxation was associated with warmth for all participants; when the body was warm it was relaxed.

(d) Associated natural meaning units coded under warmth and relaxation for Cassandra:

- Wonderful experience of warmth and rest.
- Warming my feet was lovely and relaxing.
- The compress at first felt hot, ten minutes into the treatment it got warmer and warmer and became lovely and hot sending warmth through my body.

(e) Associated interpretive theme:

- Participants experienced constant penetrating warmth, which gradually increased in intensity and radiated throughout the body, from the mid back to the head, and then extended to the feet, hands and inner body, activating an overall physical warmth and relaxation.

This one interpretive theme was an amalgamation of the primary features of warmth and relaxation, which were experienced as intimately connected and very important. The warmth was active and directive, like a summer heat captured and released throughout the body, deeply penetrating and all-encompassing as it permeated the skin, heating the inner tissues and spreading out towards the periphery. Inner bodily warmth and comfort replaced the sense of inner cold and tension.

### Steps 5 & 6: Interpretive & Essential Themes

In this study there were a total of seven ITs

expressing the shared thoughts, feelings and actions experienced before, during and after the GKC in relation to the self, world and others; one IT is given as an example under Step 4 (d). These seven ITs were reflective descriptions of the participants' lived points of view, which identified the meaning of the experience of the GKC for people with OA. Initially, each of these ITs was reflected on in detail by using idiographic examples from the participants. They were further reflected on alongside the research and theories of others documented in the field literature, as well as being discussed with academic colleagues and associates.

The final stage of the explication was the identification of essential themes, which were expressed in the nomothetic mode to present the universal experience of the GKC for people with OA. Having ten participants ensured that an in-depth profile of the experience was gained to represent three core essential themes, which were creative and imaginative expressions of the phenomenon of the GKC for people with OA. The three essential themes that emerged were: (1) warmth penetrated through the entire self, activating deep relaxation; (2) total relaxation of the entire self enabled release of tensions and improved receptivity towards others; and (3) interest in the outer world increased as the self felt more mobile and energised. A brief picture of the GKC phenomenon follows:

The GKC provides a space, out of this world, in which prolonged, concentrated, inner warmth accompanied by the opportunity to rest in a warm, quiet, comfortable place allows the self to be totally present, while releasing all bodily tensions. The agitated self rests, becoming increasingly still and receptive, as if lying alone on warm sand before running off to re-join the group. In a space of inner peace the self detaches from the osteoarthritis symptoms to consider other ways of being in the world, which include choosing to embrace the world and others with fresh interest and enthusiasm.

In phenomenological research, Giorgi (1971) defines phenomenological validity as being that essential description of the experience that is captured to

convey the intuited essence of a phenomenon, and phenomenological reliability as when one uses the essential description consistently. In this study, the essential phenomenon of the GKC for people with OA was captured through meticulous attention to phenomenological reduction. This study found that the essential structure of the phenomenon of the GKC was inner warmth, relaxation and vitality, which were typically lacking in people with OA; thus ginger's combined qualities of heat, stimulation, anti-inflammation and analgesia helped to counteract both this insufficiency and the OA symptoms.

### Conclusion

Giorgi's phenomenological approach, further extended by Schweitzer, was selected for this study because of its potential to be both rigorous and systematic in offering a clearly defined process of explication. The process, including the use of *NVivo 7* software, provided the audit trail for the interpretive themes to be verified by another researcher with the same or a similar frame of reference (Giorgi, 2002). Throughout the explication, the phenomenological reduction applied bracketing and accepted the participant experiences as they were given without making any prior claims or interpretations. The evidence for successful bracketing lies in the effectiveness of the phenomenological reduction, which in this study embraced the explication (steps 1-6 as described). The phenomenon under study was explored and identified from multiple sources of data, whilst the researcher used an explicit, detailed explication process with both focused and creative thought processes. Phenomenological reduction, with comprehensive bracketing, rigorous data analysis and imaginative variation, has the potential to reveal the nature of phenomena, which in this study was the phenomenon of the experience of the GKC for people with OA. Imaginative variation was the key to discovering the essential characteristics of the phenomenon, and this was important throughout all steps of the explication. This paper thus presents an applied descriptive phenomenological methodology, with examples from a nursing study, which with creative skill has the potential to be utilised in other scientific research.

## About the Author



Dr Tessa Therkleson is Director of RATO Natural Health Clinic in Lower Hutt, New Zealand. A registered anthroposophical nurse and reflexologist, she completed her PhD in 2009 at Edith Cowan University in Bunbury, Western Australia, with her research focused on the treatment of osteoarthritis through non-conventional management – for which she was awarded the Faculty Research Medal for outstanding research achievement in a research higher degree programme. Dr Therkleson has a broad interest in research and education in relation to the therapeutic effect of external applications such as oils and plant substances, and has published a number of papers on the therapeutic effect of external ginger applications based on her ongoing research into the use of ginger for people with osteoarthritis.

[Editor's note: Originally the name of a caregiver's homestead that Tessa Therkleson once managed, RATO is a Maori word which, roughly translated, means 'sun' ('RA') 'setting' or 'going down' ('TO'); the homestead received the last rays of sun in the city, and reportedly was an exceptional place to be.]

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