

General information for administering compresses

Compress materials

Cloth sizes that are used for all large body parts that have proven themselves:

- **Inner cloth = substance cloth** (smooth cotton, double layered) width approx. 28 cm
- **Middle cloth** (rough cotton, double layered, or terry cloth) width approx. 32 cm
- **Outer cloth** (wool or molleton fabric, or terry cloth towel) width approx. 36 cm
- A **length** of 140 cm is the same for all cloths.

Children's compresses have a length of one and a half times their upper body circumference.

The **width** is measured from the waist to the armpit.

For **oil compresses** and **poultices** you can use old cotton cloths (old handkerchiefs, tea towels, sheets torn to size).

Preparing the patient, room and materials

Patient

- At least half an hour after the last meal
- Empty the bladder before the treatment
- The feet must be warm! If necessary, warm them up with a hot water bottle or foot bath (otherwise there is a danger that the warmth coming from the compress will rise towards the head and the feet will become even colder).
- Remove all confining clothing parts, including watches, jewelry, etc.

Room Good ventilation, pleasantly warm, no draughts; no background noise; no direct incidence of light on the patient's eyes, this also applies to the post-treatment rest (see below).

Materials Everything that is needed for the application must be prepared beforehand and placed on the bed ready to use: knee roll, small pillow for the neck, compress utensils.

Hot-water bottle: filled (not bulging) with hot water, vented (= place the hot-water bottle flat on the table, hold the filler neck upright so that all the air can escape).

Positioning the patient and applying the compress

If possible, have the patient lie on their back. If necessary, elevate their upper body and support their arms. Lay out the outer and middle cloths on the bed at the height of the corresponding part of the body, have the patient lie on them, mold the cloths one after the other over the substance cloth.

Place the knee roll or similar, cover the patient, including their shoulders. Avoid constriction in the neck area. If the person feels constricted in the heart area and/or breathless, leave their hands uncovered.

Place a small pillow under their neck so that they do not have to hold their head themselves. Remove the hot-water bottle from their feet! Cover their feet, even from the sides, without putting pressure on their toes. Do not pull the blanket under their heels.

Temperature Hot moist compresses: fan the body part with the hot cloth, then apply as hot as possible.

Fevers from approx. 39°C: Choose a compress solution 2°C cooler than the body temperature; this has a cooling effect.

Preparing tea Pour 1 liter boiling water over 1 tablespoon of dried leaves, let steep for 3–5 minutes and strain into a thermos flask.

Essential oils 1 teaspoon in a cup of water or 1 tablespoon in approx. ½ liter of water

Post-treatment rest Every compress needs a rest afterwards. This is an essential part of the application and starts with the removal of the compress materials. As a rule, it is 30 minutes.

Follow-up After removing the cloths, rinse the inner cloth in clear water and hang them all up to dry. They can be reused several times. Poultice packs are only used once.

Instructions: Rosemary Copper Diaphragm Compress

Particularities

- The selection of the cloths differs from the standard, as there is no woolen outer cloth
- This compress should be applied around midday, but at least 45 minutes before or after food. If possible, avoid applying after 6:00 pm.

Materials

Cloth length:

The length of both cloths should be adapted to the patient's upper abdominal girth: they should overlap a maximum of 10 cm directly above the solar plexus (not more – so as not to hinder respiration).

- Intermediate cloth (= outer cloth for this compress): length to fit the patient, width (folded double) approx. 25 cm
- Inner cloth: length also to fit the patient, plus 10 cm overlap. Width: fold into 2–3 layers to make a compress about 12 cm wide (hand width)
- Rosemary 10% oil
- Cuprum met. praep. 0.4% oil

Instructions

Warm the cuprum oil bottle in your hand and shake well until the sedimented copper is evenly distributed in the oil

- Drizzle oil onto the prepared inner cloth as follows:
- Spread 15–20 drops of rosemary oil and 10–15 drops of cuprum oil over the entire surface of the inner cloth, but leave out the overlap
- Fold the oily side of the cloth inwards, so that the substances can spread well
- Briefly warm up the cloth to body temperature, preferably on the patient's body (if necessary, use a freezer bag to protect textiles).
- Have patient sit up, unbuckle his or her belt, women should open their brassiere
- Place the intermediate cloth on the bed at the level of the upper abdomen
- Place the unfolded substance cloth on the intermediate cloth
- Have the patient lie down, with both cloths under the lower rib arches
- Bring the ends of the substance cloth to the front and lay them on top of each other
- Immediately mold the intermediate cloth over it to hold it in place
- Settle the patient (see "General Instructions")
- Duration: 30 minutes, then remove everything, even if the patient is asleep, working particularly quietly but quickly to disturb the patient's sleep as little as possible
- Post-treatment rest: 30 minutes (up to 1 hour and longer, as long as the sleep is deep and beneficial)

Follow-up

- The substance cloth can be stored in a freezer bag and used several times or over a longer period of time.
- When it no longer has an aroma or feels oily, dribble on approx. 5 more drops of each oil.

Evidence

Well-proven in many patients – both in inpatient and outpatient settings

Dosage

1 x daily until improvement occurs, then less often, usually 3x/week, later 2x/week

Onset of effect

Possible after the first application

Length of therapy

In accord with the doctor, until the patient's condition stabilizes

Warning

Too much rosemary and/or copper oil on the cloths can lead to an unpleasant oppressive experience of heat. Patients who are particularly exhausted or sensitive may experience the compress as strenuous and therefore distressing. You can then switch to circular application at diaphragm height (from both sides of the spine forward) or pause the compress until the patient has developed a stronger vegetative (etheric) basis; such as through liver compresses or other measures.