Reflexology

1 Mollart L 2003Single-blind trial addressing the differential effects of two reflexology techniques versus rest, on ankle and foot oedema in late pregnancy Complement Ther Nurs Midwifery. 9(4):203-8

This single-blind randomised controlled trial explored the effects of 15 minutes of “relaxing” foot reflexology, 15 minutes of “lymphatic drainage” reflexology and 15 minutes of rest on reducing oedema and associated discomfort in fifty-five pregnant women in the third trimester who were randomly assigned to receive one of the three interventions. Pre- and post-intervention ankle and foot circumference measurements were recorded and participants were asked to complete a questionnaire. There was no statistically significant difference in the circumference measurements between the three groups but there was a reduction in the mean circumference measurements in the lymphatic technique reflexology group., whilst there was a statistically significant reduction in mean grading of discomfort in all 3 groups. The ‘perceived wellbeing’ score was shown to increase the most in the lymphatic drainage reflexology group, followed closely by the relaxing reflexology group. Lymphatic reflexology techniques, relaxing reflexology techniques and a period of rest were not shown to be statistically significant in reducing oedema effect, and lymphatic drainage reflexology was produced the most significant increase in symptom relief.

2 Mak HL, Cheon WC, Wong T, Liu YS, Tong WM 2007 Randomized controlled trial of foot reflexology for patients with symptomatic idiopathic detrusor overactivity Int Urogynecol J Pelvic Floor Dysfunct. 18(6):653-8.

This randomised controlled study aimed to examine if reflexology was beneficial for 109 women with idiopathic detrusor overactivity who received either specific reflexology treatment or nonspecific foot massage. The primary outcome measure was the change in the diurnal frequency of micturition. The daytime frequency of micturition was significantly improved in the reflexology group

compared with the massage group; there was a decrease in the 24-h micturition frequency in both groups, but the change was not statistically significant. In the reflexology group, more women believed they had received “true” reflexology which reflects the difficulty of blinding in reflexology studies. Further larger studies with a better-designed control group and an improved blinding are required to examine if reflexology is effective in improving the overall outcomes. Implications for maternity care: Reflexology may be helpful for women with postnatal frequency of micturition and other urinary symptoms caused by traumatic delivery such as forceps or ventouse NB reflexology would not be appropriate to “treat” physiological frequency in pregnancy

3 Williamson J, White A, Hart A, Ernst E 2002 Randomised controlled trial of reflexology for menopausal symptoms BJOG 109(9):1050-5

This randomized controlled study aimed to examine whether or not reflexology could be used to reduce menopausal symptoms in 76 women, aged between 45 and 60 years, who received nine sessions of either reflexology or nonspecific foot massage (control) performed by four qualified reflexologists over a 19 week period. The mean scores for anxiety and depression reduced more in the reflexology group than in the control group over the course of treatment. Similar changes were found for severity of hot flushes and night sweats. In the control group, 14/37 believed they had not received true reflexology. It was concluded that reflexology was no more effective than non-specific foot massage in the treatment of psychological symptoms occurring during the menopause.

4 Oleson T, Flocco W1993 Randomized controlled study of premenstrual symptoms treated with ear, hand, and foot reflexology Obstet Gynecol. 82(6):906-11

This randomised controlled study aimed to determine whether reflexology significantly reduces premenstrual symptoms in 35 women who received either ear, hand, and foot reflexology or placebo reflexology. All subjects completed a daily diary, which monitored 38 premenstrual symptoms on a four-point scale. Somatic and psychological indicators of premenstrual distress were recorded each day for 2 months before treatment, for 2 months during reflexology, and for 2 months afterward. The reflexology sessions for both groups were provided by a trained reflexology therapist once a week for 8 weeks, and lasted 30 minutes each. There was a significantly greater decrease in premenstrual symptoms for the women given true reflexology treatment than for the women in the placebo group which suggests that ear, hand, and foot reflexology may be an adjunctive treatment for women with premenstrual symtoms.

5 Tiran D 2009 Structural reflex zone therapy in pregnancy and childbirth: a new approach. Complement Ther Clin Pract 15(4):234-8

This paper introduces an innovative new reflexology approach which has been termed “structural reflex zone therapy”. From a reflexology perspective structural reflex zone therapy (RZT) draws on the Hanne Marquardt system, but is based also on the principles of osteopathy, in which the musculoskeletal system is seen as the main supporting framework of the body and the feet are used purely as a medium through which misalignments can be treated. Structural reflex zone therapy is based on the author’s clinical work and research over a 25-year period, and although specifically applied here to maternity care, could easily be adapted for other clinical specialities. In this paper, the way in which structural RZT can be helpful for two particular pregnancy conditions - stress and backache - is considered.