

Reflexology - a therapy form in progress

By Leila Eriksen, Denmark



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Reflexology is today a widely known treatment form in many countries, and in Denmark it is definitely the most popular of the alternative treatment forms available. A recently published study showed that the number of Danes who have at some stage in their lives used reflexology has increased from 9.2% in 1987 to 22.7% in 2003. Almost one in four Danes has had experience with consulting a reflexologist (1). Reflexology is a therapy form which exists in a well supported association and educational structure, national as well as international (2,3,4).

There can be many reasons for the popularity of reflexology. There is no doubt that one of the reasons is that reflexology is seen as a treatment form which is easy to relate to. By massaging the feet, ankles and lower legs, the client can themselves feel the areas which are sensitive or sore and the images used to explain reflexology's philosophy is relatively easy for the public to understand. The aim to influence the body's own self healing resources is one of the reasons why reflexology is regarded as a therapy form which is, in practice, easily available.

What is reflexology?

Reflexology is a form of massage which has been around since pre-historic time. Although the first book on reflexology was published 1913 (Fitzgerald) and it was only in the early 1980's that the literature was translated from English into the Scandinavian languages. The hypothesis behind reflexology is that the body has reflex zones on the hands and feet which correspond with specific areas and organs in the body. By treating these reflex zones with massage and pressure the aim is a helping and balancing effect (4,5).

A reflexology treatment is regarded as being holistically orientated. Before the treatment start there is often an informative discussion between the client and the therapist. The aim is to discuss the

client's expectations to the treatment and to find out how these expectations can be met. The physical part of the treatment is placing the client sitting or lying on a treatment couch or chair. The feet, ankles and lower legs are given pressure and massaged to stimulate the flow of blood from the feet and legs back to the heart. This is done with the therapist's hands. After the warming up, the therapist carries out special forms of massage, pressure combinations and touching the reflex zones and ending the treatment with relaxation. In some countries reflex zones are worked on the hands and ears, and many reflexologists choose to supplement the treatment with other therapy forms such as body massage, acupressure etc.

Besides the physical treatment the client may ask for advice on life style changes, e.g. on diet, supplements and natural remedies, exercise, rest/sleep, living conditions, working conditions etc. In addition, advice can be given on psychosocial conditions, stress management and personal development.

The philosophy behind reflexology is that reflexology is believed to work by stimulating the body's energy, the nervous system, the lymph system, the hormone system and the circulation. The production of pain relief and calming substances in the body supposedly increases, the nervous system relaxes, pulse and blood pressure falls, and stress symptoms are curbed. The body's ability to heal its self and to eliminate possible accumulated waste products is presumably increased. (4,5,6,7,12,13).

The body can react to a reflexology treatment in several ways. The most common reactions clients report are an experience of a bodily connection and a process being started aimed at balance and wellbeing. Typical reactions can be e.g. a feeling of relaxation, tiredness and deep sleep. Urine and stools can change frequency, colour and smell, and there can be an increase in elimination of mucous from the nose and throat etc. (4,5).

A considerable reason for the success of reflexology is without a doubt the reactions from the body which is regarded as a positive expression that the treatment has an effect. The therapy form is considered to be free from side effects and there has to date not been any report of side effects to The Danish National Board of Health (8).

Who uses reflexology?

Reflexology is used today by a broad sector of the public. People consulting reflexologists are looking for physical and psychological wellbeing. A large part of the clients hope for help with e.g. pain in muscles and joints, stress symptoms, sleep problems, a weak immune system, problems with digestion, sports injuries, asthma/bronchitis, headaches/migraines etc. to name some of the health problems which the public go to a reflexologist for (1,4,9,10,11,12,13,14,15,16). The use of reflexology comes from a desire to experience oneself and one's body being a whole instead of what often happens in conventional treatment, treating an isolated part of the person, making a diagnose and not treating the person as a whole. The need for treatment can be manifold and can support the body/the person's own resources to heal itself – holistically. Reflexology is also used by companies who wish to focus on personnel care. Companies choose reflexology as personnel care to maintain good health and as preventative treatment to hold on to valuable employees (14,16).

The latest published public studies in Denmark show that 22% of those asked use primarily alternative treatment to prevent sickness and increase wellbeing (1).

Reflexology and cancer

Cancer is a widespread condition and approximately 32,000 Danes (out of 5 million) every year are diagnosed with cancer. This also results in other complications and situations where there can be limited treatment possibilities. A large part of cancer patients also go to different forms of alternative treatment because of a need for new thinking and *a wish for an open dialog between the established conventional and the alternative/complementary treatment regimes*. A Ph.D. thesis showed that Danish cancer patients use alternative treatment as a supplement to the conventional cancer treatment. 13.5% of the cancer patients had at some time used an alternative therapy form, mostly acupuncture and reflexology (17,18).

It is also common that a diagnosis of cancer gives rise to a search after possibilities. A curiosity not otherwise apparent is awoken and a feeling of creativity is created that reflects a need to try many different things in the hope of finding exactly the right treatment for oneself.

*“As a human being it is wonderful to know that we are not powerless,
but can improve our quantity and quality of life with the choices we make” –*

*“To live is to master ones life. To master ones life does not mean to avoid problems,
but to tackle them as they appear” (18).*

Clients that go to reflexologists report that reflexology treatment is relaxing, it increases a sense of wellbeing and it influences their quality of life (14,19).

Many researchers also agree that alternative treatment increases positive possibilities in relation to the patients' psychosocial level. This is confirmed in a study carried out at an Italian hospital in 2002 where 10 female cancer patients received reflexology as an integral part of the treatment. Seven of the women had breast cancer, two had endometrial cancer and one had colon cancer. All ten women received chemotherapy where five are described as palliative and five therapeutic. Eight out of the ten women went through therapy sessions of 16 treatments (two stopped respectively after 13 and 14 treatments). The hospital staff and the researchers were very surprised by the commitment which the ten women showed and they attributed the success and the positive results partly by the unique relationship between patient and therapist (20). Whether the alternative treatment had an affect on a biological level is not known at present. This is something that a group of research at the Copenhagen University would like to study. A study is also being planned to evaluate, among other therapies, reflexology as a treatment in relation to breast cancer and cervical cancer (21).

Reflexology research and development

Two large interdisciplinary scientific research groups at respectively Copenhagen University (21) and the University of Southern Denmark (22) will in the next years look at the alternative/complementary treatment fields. With an additional 10 million Danish Kroner financial support from the Danish State supplementing other funding it is now possible to establish a research environment where collaboration between the researchers, alternative therapists and treatment centres which ensures that the research projects are carried out by the collaborative partners from the Health sector and the alternative therapy sector. The two research groups include several professions, research groups, research projects and scientific and research methodology. These initiatives are in agreement with the needs expressed by the Danish Medical Research Council's

debate on alternative treatment and specifically reflexology research highlighted in the article “When Healthy Bridges are Built” (15).

We can look forward to in the coming years that a number of projects will be carried out to further develop the relationships between alternative thinking and traditional empiric testing. By further developing the existing research designs and methods it will be more possible to carry out controlled studies according to the request that the alternative treatment forms are tested in a holistic way that reflects the reality of a treatment situation.

Reflexology as a supplement to the established health system

The reasons for the increase in alternative treatments and not least reflexology is not necessarily the public’s criticism of the existing Health system but rather a reflection that many have a strong desire to be able to supplement the established services.

A study carried out in collaboration between ViFAB and the National Institute for Public Health also confirms this. The data was collected in 2003 from interviews with 2,593 Danes over the age of 18. The most common reason given for using alternative treatment is that alternative treatment is a supplement to the treatment offered by the established health services (39%), that family and friends have recommended using alternative therapy (32%), and lastly but not least that those in question had their own good experiences with alternative treatment (29%) (1).

The Danish National Board of Health has since the summer of 2002 worked with documentation on prevention and health promotion and the aim is to build a bridge between research and practice. Work is being done on collecting and systemising documentation on effective methods and communicating this knowledge to practitioners and planners (25). In municipal and county regime there are many exciting initiatives. Vejle County in Denmark has a strategy for alternative treatments where reflexology research, amongst others, is one of the areas they are working on, and Vallensbaek Municipality has during 2004-2006 carried out a project in the Home Care Services where the personnel have been offered reflexology, massage and exercise (14,26).

At Aarhus Hospital doctors, reflexologists and classical homoeopaths are working together on an interdisciplinary scientific research project looking closer at what reflexology and homoeopathy treatment can offer asthmatics when these treatments are given as a supplement to the family doctor’s treatment. 150 asthmatic patients are planned to be randomised, divided into three treatment groups. They either received reflexology, homoeopathy or only conventional treatment (27). There are large expectations to this project because it has been possible to establish an extremely positive interdisciplinary collaboration between conventional and complementary therapists.

Registration scheme for alternative therapists (RAB)

The alternative associations have for many years wanted the possibility to register well qualified therapists and this has now become a reality in Denmark. The registration scheme for alternative therapists, the RAB scheme (adopted by law in 2004), gives the public using alternative treatments now the possibility to identify reflexologists who meet the registration requirements. A registered alternative therapist, commonly known as a RAB therapist, has through the membership of a recognised association been approved on requirements on education, supplementary training, ethics, good clinical practise of journal recording etc. Out of the four reflexology organisations in Denmark, three are now approved and the fourth is in the process (4,8).

In Norway a registration scheme for alternative therapists is also being worked on (28), and at a meeting of the Nordic Cooperation Committee in October 2005, it was stated that Iceland had also established a RAB scheme. The law states “Promote self healing processes of the patient” (29).

Reflexology and the aware consumer of the future

Health and illness is no longer as earlier only the responsibility of the doctor. In recent years there has been a change of attitude of the public where many, especially the younger sector, have become less accepting of authority. They search for knowledge on the internet and are open towards trying their own ideas and advice from friends and family. The aware consumer does not tolerate being ill or unwell and as a busy work day has to be combined with a busy and active family and social life, new creative methods are tried aiming at wellbeing and health, and staying healthy.

Reflexology as a preventive and health promoting treatment form has become more and more popular with the individual and also with the business world. Reflexology has, from clinical experiences, found a place in the health system which cannot be ignored. With the initiatives going on in the research field, one can expect acceptance and understanding for the alternative regime to a larger extent than earlier and this will benefit the public.

Researchers and alternative therapists, including reflexologists, are now working closely together in Denmark on a interdisciplinary project where the effects of a broad spectrum treatment offered to sclerosis patients where there is a possibility for the patient to choose from several treatment forms. The aim of the project is to examine the possibilities to improve the treatment results and at the same time to develop a model for cooperation between the established and the alternative therapists can, depending on the results, be transferred to e.g. palliative departments, hospices etc. (21).

This new thinking regarding reflexology treatments in Denmark and the Scandinavian countries is still primarily in private clinics and companies, whereas in England it is not unusual for reflexologists to be connected to e.g. a hospice (19). Hopefully this will also soon happen here in the North.

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