

Reflexology in Europe and worldwide – Research and Clinical Practice

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Introduction

Reflexology is the second most used CAM* therapy in Denmark. It is practiced both in private clinics and in health communities. Since 2004 it has been possible to be a RAB registered practitioner, by law. The National Board of Health oversees the RAB organization where the reflexologist is registered. In Denmark a number of private insurance companies fund reflexology treatments. Danish reflexologists have 300 hours education in anatomy, physiology and anatomy, beside the theoretic and practical education. Elsewhere in the World, there is statutory regulation of reflexology in South Africa and voluntary regulation in the UK. Most countries have no regulations.

The Danish National Board of Health has a Council Concerning Alternative Treatment, called SRAB. SRAB.dk has received 5 Mill. kr. from the Danish government in 2016 for activities regarding research and public information within CAM*

In **Europe**, 10.000 reflexologists, from 20 countries are brought together in RiEN, the Reflexology in Europe Network, consisting of 32 European reflexology associations. RiEN has existed in 20 years, and have annual general meetings and a conferences every second year. This year it was in Brussels.

Worldwide, reflexologists are organizing themselves nationally but may also become individual members of ICR, The International Council of Reflexologists. ICR has existed for 25 years and held world conferences again every second year, 2017 will be in Taiwan. RiEN arranges a European Reflexology Day every last Saturday in April. ICR arranges a world reflexology week, the last whole week in September.

Research and clinical practice

Despite the wide use, and the absence of concerns about side effect from The Danish National Board of Health, reflexology is almost invisible in the international CAM* research conferences.

A survey has shown that 26 out of 58 Danish **cancer children** have used Reflexology (Eriksen).

Lymph drainage; use of reflexology in managing secondary lymphedema for patients affected by treatments for breast cancer show that the volume of the swollen arm significantly reduced following four reflexology treatment and that the effect size is large (Whatley, Kally).

The effect of Foot Reflexology in patients with metastatic **cancer** has shown a significant decrease in pain with reflexology than usual care, including a significant decrease in anxiety (Stephenson, et al).

A Danish study has shown that 81 percent consulting a reflexologist for **headache** has effect of the treatments (Launsø, Brendstrup, Eriksen).

The effect of reflexology on **pain** and tolerance in an ice-pain experiment in healthy human subjects show that reflexology increases both pain threshold and tolerance in volunteers to acute pain (Samuel).

A Danish reflexology study has shown positive effect on **kidney stone pain** (Bækgaard, Vibe-Hansen), and a study on kidney blood flow during foot reflexology measured by color Doppler sonography of arcuate artery, show that the result have a significant decrease in the resistance index during the treatment. Evidence for hypothesis that foot reflexology exerts term effect influence on **kidney blood flow** (Sudmeir).

Regarding to **infantile colic**, a Danish study has shown that there is a significant cure rate at pediatric consultation. Children who do not benefit from this intervention has significant better outcome by reflexology treatments than the observation group (Benedbæk et al).

These research projects show that there is a place for reflexology in general **healthcare** but that much more research needs to be done. There may well be areas of health with clinical effectiveness gaps that could benefit from Reflexology. A holistic complementary therapy, that can stand alongside standard healthcare in promoting wellbeing.

Conclusion

Studies and surveys like the mentioned above, provide incentive for increasing interest to develop research designs and methods that can show what goes on in daily practice. Those studies need to include **cost benefit and cost utility**, regarding integration in to the future healthcare system and quality of life. This is especially important as the population of the world is ageing and living longer.

Both RiEN and ICR hope that researchers around the world might become more interested in Reflexology. Hope that the CAM* therapist of the future will continue to developing the quality of treatment interventions and that therapist will gain a bigger knowledge of research to provide serious and objective consumer information. Reflexology is a safe, low cost intervention, a therapy for everyone from birth to end of life.

Discussion

The bio-psychosocial understanding of and approach to disease in CAM* goes along with a long among of complexity that has to be considering when designing future trials. More method development is needed, including patient centered outcome research. How does reflexology work? Does it work?

Developments in study design and statistical approaches are needed as well as methods for stakeholder involvement, and mechanisms to bring the results into practice. Reflexology is a low cost health care therapy without side effects. Worth looking at how potentially reflexology can help fill clinical effectiveness gaps including cost effectiveness and cost utility.

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CAM* Complementary and Alternative Medicine.

