



REFLEXOLOGY

Also Known As:

Bodywork Therapy, Ear Reflexology, Energy Health, Energy Medicine, Energy Work, Foot Reflexology, Foot Therapy, Hand Reflexology, Lymphatic Reflexology, Reflexologist, Reflexotherapy, Zone Therapy.

Scientific Name:

None.

People Use This For:

Reflexology is primarily used for chronic pain syndromes. It also used for asthma, angina, back pain, chronic obstructive pulmonary disease (COPD), constipation, encopresis, fibromyalgia, headache, menopausal symptoms, migraine, multiple sclerosis (MS), osteoarthritis, overactive bladder, premenstrual syndrome (PMS), and rheumatoid arthritis. Reflexology is also used for improving lactation, for stress reduction, and relaxation.

In additional to being used as a treatment, reflexology is sometimes used as a diagnostic tool.

Safety:

LIKELY SAFE ...when used appropriately. Reflexology has been safely used in several small trials. No significant adverse events have been identified (15828, 15829, 15830, 15831, 15832, 15833, 15834, 15836, 15838, 15840, 15841).

PREGNANCY: Insufficient reliable evidence available; however, preliminary research suggests that reflexology treatments during pregnancy are not associated with adverse outcomes (15835, 15839).

LACTATION: Insufficient reliable evidence available; however, anecdotal evidence suggests that reflexology might improve lactation in some patients or have no effect in others (15830). There is no reliable evidence from clinical trials regarding reflexology and lactation.

Effectiveness:

POSSIBLY EFFECTIVE

Cancer-related pain. Preliminary clinical research shows that a reflexology session can reduce subjective measures of pain and anxiety in cancer patients (15828, 15829, 15832, 15836); however, the pain reduction appears to last only a short time. Within 3 hours after the reflexology session there does not appear to be benefit (15829). Other preliminary research shows that reflexology has no beneficial effect on measures of physical and mental well-being in patients with advanced cancer (15841).

POSSIBLY INEFFECTIVE

Menopausal symptoms. Clinical research shows that reflexology over a period of 19 weeks does not significantly reduce psychological symptoms related to menopause compared to non-specific foot massage (15842); however, both reflexology and foot massage improved symptoms compared to baseline.

INSUFFICIENT RELIABLE EVIDENCE to RATE

Chemotherapy. Preliminary research suggests that reflexology treatments are associated with improvement in some measures of quality of life in cancer patients undergoing chemotherapy (15831).

Chronic obstructive pulmonary disease (COPD). Preliminary clinical research shows 50 minute reflexology sessions once weekly for 4 weeks does not significantly improve lung function or measures of quality of life in patients with COPD (15834).

Disease diagnosis. Preliminary research shows that practitioners of reflexology are unable to consistently detect symptoms or accurately diagnose medical conditions (15828, 15837).

Encopresis. Preliminary clinical research shows that receiving 30 minute reflexology sessions for six sessions increases bowel movements and decreases soiling episodes in children with encopresis and constipation (15840).

Irritable bowel syndrome (IBS). Preliminary clinical research shows that receiving 30 minute reflexology sessions for six sessions over a 2-month period does not reduce symptoms of IBS such as abdominal pain, distention, constipation, or diarrhea (15843).

Lactation. There are anecdotal reports of improved lactation in postnatal women with difficulty initiating or maintaining lactation. However, there are also anecdotal reports of no benefit on lactation (15830).

Migraine headache. Preliminary research suggests that reflexology might help improve feelings of well-being in people with migraine headaches (15828); however, poor study design limits the validity of these findings.

Multiple sclerosis (MS). Preliminary clinical research shows that reflexology treatment for 11 weeks reduces paresthesias, urinary symptoms, and spasticity in patients with MS; however it doesn't significantly improve muscle strength compared to sham treatment (15838).

Overactive bladder. Preliminary clinical research shows that reflexology might reduce daytime urinary frequency in women with idiopathic detrusor overactivity compared to sham foot massage (15833). However, incomplete blinding in this trial limits the validity of this finding.

Pregnancy-related edema. Preliminary clinical research shows that reflexology does not significantly reduce foot and ankle edema in pregnant women in the third trimester. However, reflexology sessions did improve feelings of well-being such as stress, tension, anxiety, discomfort, irritability, tiredness, and pain (15839).

Premenstrual syndrome (PMS). Preliminary clinical research shows that receiving 30 minute reflexology sessions once weekly for 8 weeks decreases PMS symptoms including bloating, cramps, breast tenderness, anxiety, depression, and irritability (15828).

Tension headache. Preliminary research suggests that reflexology might help improve feelings of well-being in people with tension-type headaches (15828); however, poor study design limits the validity of these findings.

Total knee replacement. Preliminary clinical research shows that reflexology sessions in the postoperative period following total knee replacement does not significantly reduce pain compared to placebo (15828).

More evidence is needed to rate reflexology for these uses.

Mechanism of Action:

Reflexology originated from ancient Chinese medical practice. It utilizes pressure points primarily on the soles of feet to change the flow of energy or "chi" in the body. The pressure or contact points used in foot reflexology share some similarities to the Meridians or energy channels used in acupuncture and shiatsu (15827, 15837). Although reflexology is primarily applied to the feet, it can also be applied to the hands and

ears.

It's believed that "reflex" areas on the feet and hands correspond to other parts of the body and specific glands and organs. Therefore, applying pressure to specific areas on the feet and hands is thought to affect those specific areas of the body (15827, 15828). There are many beliefs or theories about how reflexology might improve health.

Many practitioners of reflexology believe medical conditions and disease arises from imbalances in energy. By correcting the energy balance through reflexology, practitioners believe it will improve the innate healing ability of the body (15827).

Some practitioners also believe that reflexology stimulates blood flow resulting in improved tissue perfusion and an improved sense of well-being. Other practitioners believe that reflexology stimulates the lymphatic system to release "toxins" or that it stimulates the nervous system to improve energy (15827).

For pain, similar to other manual therapies, the tactile stimulus provided by reflexology is thought to result in decreased pain signal transmission through sensory neural fibers (15828).

Adverse Reactions:

Some practitioners of reflexology indicate that some patients, following a treatment session, can experience symptoms of malaise, fatigue, nausea, or flu-like symptoms. Reflexology is believed to stimulate the body to eliminate metabolic "toxins." These potential side effects are believed to be due to this process (15827); however, there is no reliable scientific evidence to support this belief.

Interactions with Herbs & Supplements:

None known.

Interactions with Drugs:

None known.

Interactions with Foods:

None known.

Interactions with Lab Tests:

None known.

Interactions with Diseases or Conditions:

None known.

Dosage/Administration:

None.

Editor's Comments:

Reflexology is thought to have first been practiced in China about 5000 years ago.

The first practitioner of reflexology in the United States was Dr. William Fitzgerald who called the practice "Zone therapy" in 1913. He believed that the body was made up of 10 longitudinal zones and that applying pressure to zones on the feet stimulated organs contained in the corresponding zone of the body (15827, 15828).

In the 1930s, a physical therapist named Eunice D. Ingham adapted Zone therapy, suggesting that pressure points on the feet are reflective of corresponding organs in the body. She then designed the foot reflexology chart which is the template used today for practitioners of foot reflexology (15827).

Practitioners of reflexology do not require any specific certification or licensure.

Education can include lecture, self-study, or advanced hands-on training (15827).

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