

Research:

Reflexology Reduces Symptoms of Low-Back Pain

Reflexology was found to reduce the physical and mental symptoms of low-back pain, according to a recent study.

In the pilot study "Reflexology in the management of low back pain: A pilot randomized controlled trial," a group of 15 participants were randomly assigned to a reflexology-treatment group or a sham-treatment group to determine the effectiveness of reflexology in the management of low-back pain (LBP).

Participants were selected from a pool of staff members with LBP at the University of Ulster in Newtownabbey, United Kingdom. Potential participants were first diagnosed with nonspecific LBP by an experienced physiotherapist, and they were included in the study if they met other inclusion criteria: any physiotherapy, medication or other treatment for LBP had been stabilized for at least three months; no involvement in other research projects within the past three months; no detailed knowledge of reflexology; and not pregnant. Of the 15 participants selected, 10 were female and five were male.

Participants were placed into the two groups using a computer-generated random number table. The median age of those in the reflexology group was 42, and in the sham group it was 45. Participants were not aware of their group allocation.

Participants in the reflexology group received reflexology treatments that focused on key points of the feet representative of the spine and its surrounding musculature. Those in the sham group received a gentle foot massage that followed the sequence of a standard reflexology treatment, but used less pressure and avoided points affecting the spine and surrounding musculature.

Participants in both groups received 40-minute treatments once a week for six consecutive weeks. Both groups received treatments by experienced reflexologists. Three therapists provided the treatments, with a single therapist completing the treatments for an individual participant. Validity of the treatments was tested throughout the study by one of the study's authors, who is also an experienced reflexologist.

The primary method used to measure the effectiveness of the treatments was a visual analogue scale (VAS). The VAS measured pain based on the participants placing a mark along a 10-centimeter line, which represented "no pain" at one end and "worst pain ever" at the other. Participants were asked to mark where they felt their average level of pain was during the last week.

Secondary outcome measures used in the study included the McGill pain questionnaire, which measures pain on multiple levels, including both intensity and pain

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characteristics; the Roland-Morris disability questionnaire, which measures how much LBP affects one's life; and the SF-36 health survey, which measures general quality of life using both physical and mental aspects.

Data was collected four times: prior to treatment in week one, after the last treatment in week six, following the treatment in week 12 and following the treatment in week 18.

The levels of LBP and disability between the groups were comparable at the start of the study. After completion of the study, data collected showed the reflexology group's VAS scores for pain decreased steadily from the start of the study to the 18-week follow-up. VAS scores for pain in the sham group showed no clinically significant changes over the same time period.

Data from the McGill pain questionnaire and the Roland-Morris disability questionnaire showed a decrease in scores for both groups. Data from the SF-36 showed improvements in mental aspects for both groups, but only the reflexology treatment group showed improvements in physical aspects.

The authors noted that because the three secondary outcome measures included factors other than just pain intensity and because the sham treatments followed the sequence of a standard reflexology treatment, it's possible other benefits associated with reflexology may have contributed to the improvements in the sham group. However, further study using a larger sample size would be required before any definite conclusions could be drawn, according to the study's authors.

"These results suggest that reflexology may be of benefit in the treatment of LBP, and may also have some wider benefits in terms of quality of life," say the study's authors.

Sources: Health and Rehabilitation Sciences Institute, University of Ulster, Newtownabbey, United Kingdom; School of Life and Health Sciences, University of Ulster, Newtownabbey, Co. Antrim,

United Kingdom; and Centre for Physiotherapy Research, School of Physiotherapy, University of Otago, Dunedin, New Zealand.

Authors: F. Quinn, C.M. Hughes and G.D. Baxter. Originally published in Complementary Therapies in Medicine (2008) 16, 3-8.

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