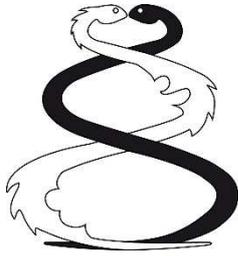


SUMMARY



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Relieving Premenstrual Syndrome Symptoms With Foot Reflexology as a Complementary Therapy

Summary

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Introduction

Premenstrual syndrome (PMS) is a well known condition to a large number of women in their childbearing age. It is estimated that four in ten women (40%) encounter some symptoms of premenstrual syndrome and 5 to 8% of these women suffer from severe PMS. It seems to be less common in women who take hormonal contraception, are of normal weight and are physically active. (Baker et al., 2015; BJOG, 2016; Pearlstein and Steiner, 2008) It is a widespread topic, but it's cause is still unclear, as is the treatment of the symptoms. There are some recommendations available to manage the symptoms, which can't be generalized, as they vary from woman to woman.

Health care professionals are prone to prescribing different treatments, which can have various side effects. Many women are concerned about these trends and are very likely to explore some alternative options. (Stevinson and Ernst, 2001)

In my healing practice I face many women, whom premenstrual tension is well known monthly bother. I've noticed how regular weekly treatments of reflexology can help them release tension, relax in their body, ground themselves and also help them take back control of their emotions. I was curious if that is the reason for symptom relief and decided to investigate further.

Research Question

Can foot reflexology as a complementary therapy help relieve premenstrual syndrome symptoms?

Method

Design

The Study was executed in a therapeutic studio of the author in Begunje na Gorenjskem in Slovenia. The research was conducted from 20.10.2016 to 06.02.2017.

The study consists of 4 design elements:

Element 1: PMS Symptom Tracker

Each Client began to fill in the symptom tracker the first day after the end of their period. Clients were tracking their symptoms all through the treatments duration of 45 days. The symptom tracker has 21 different symptoms. Clients had to check each day, which of those symptoms were present and mark it into the table.

Element 2: Premenstrual Syndrome Questionnaire

The Premenstrual Syndrome Questionnaire was given to the clients on the first and the last day of eight treatments. The questionnaire has 6 segments, each of them contains a certain number of premenstrual syndrome symptoms. Each symptom has a scale from one to three to describe the severity of symptoms. One for mild, two for moderate and three for severe (Clients didn't choose any of the three options if they hadn't experienced a particular symptom). They also had to indicate the time when they've experienced it: before the period, after the period or other.

Element 3: Execution of treatments

Each client received eight 50-minutes long foot reflexology treatments. In the first two weeks two treatments each week and in the four following weeks, one treatment per week.

Element 4: Analysis of the Data

The results of the first and the last questionnaire were compared and described, client by client. The data of the Symptom tracker were not used due to inadequate and short tracking.

Participants

Participants of this study were women in their childbearing age, who haven't been using any kind of hormonal contraception and were experiencing both psychological and physiological PMS symptoms.

Inclusion Criteria

Criteria 1: Women.

Criteria 2: Women with PMS symptoms.

Criteria 3: Women with more than three physiological and psychological PMS symptoms.

Exclusion Criteria

Criteria 1: Women with no PMS symptoms.

Criteria 2: Women with less than 3 physiological and psychological PMS symptoms.

Criteria 3: Women using hormonal contraception.

Criteria 4: Women with absolute contraindications for foot reflexology.

Execution

1. Selection of appropriate female clients according to the above described inclusion and exclusion criteria.
2. Clients receiving the PMS Symptom Tracker and starting to fill it in the first day after their upcoming period. (corresponds to Element 1)

3. Clients filling in the Premenstrual Questionnaire in the beginning of the first meeting-treatment. (corresponds to Element 2)
4. Execution of eight 50-60 minute long-specifically designed treatments-in 6 weeks. (corresponds to Element 3)
5. Clients filling in the Premenstrual Questionnaire at the end of the last meeting-treatment. (corresponds to Element 2)
6. Evaluation of data/results (corresponds to Element 4)

Analysis

The intensity of 28 PMS symptoms was recorded by the clients before and after the foot reflexology treatments. It was compared in the table to see which symptoms decreased and by what degree, which symptoms increased and by what degree, which symptoms disappeared and which new symptoms appeared. Every case was described and analysed separately. At the end, the attempt to summarize the results was demonstrated in a table, to show the degree of reduction of the symptoms.

Results

Focusing on the PMS symptoms and the intensity of the symptoms (recorded by the clients before and after eight sessions of foot reflexology) we can see in the table below, how much the intensity of particular symptoms increased, decreased or disappeared.

We can see, that after eight foot reflexology sessions each client recorded an improvement or better said reduced intensity in at least half of the PMS symptoms observed. Most often, the intensity decreased by one point. Client 2 recorded reduced intensity of two symptoms by two points. Client 1 and Client 3 recorded total disappearance of two symptoms. Client 1 and Client 2 haven't reported any symptoms of increased intensity, but Client 3 reported one symptom of increased intensity by 2 points. All of the clients reported some symptoms which degrees of severity didn't change in eight therapy sessions.

	CLIENT 1	CLIENT 2	CLIENT 3
NUMBER OF SYMPTOMS RECORDED OUT OF 28 (before 8 sessions)	13	23	11
NUMBER OF SYMPTOMS RECORDED (after 8 sessions)	11	23	10
NUMBER OF SYMPTOMS WITH DECREASED INTENSITY (after 8 sessions)	6	16	7
reduced by 1 point	4	13	5
reduced by 2 points	0	2	0
reduced by 3 points (symptom totally disappeared in comparison to the recording before 8 sessions)	2	0	2
NUMBER OF SYMPTOMS WITH INCREASED INTENSITY (after 8 sessions)	0	0	1
increased by 1 point	0	0	0
increased by 2 points	0	0	1
increased by 3 points	0	0	0
NUMBER OF SYMPTOMS AT THE SAME LEVEL OF INTENSITY (after 8 sessions)	7	7	4

Table 1: Number of premenstrual symptoms recorded by the clients before and after eight therapy sessions.

Describing and reviewing the client's cases showed some features all three clients had in common after the first treatment:

- They recorded at least 10 PMS symptoms.
- Pain in the zones of the spine, which didn't completely disappear after eight sessions.
- Sensitivity and some (calcium crystals or stiffness or pain) abnormalities in the zones of the ovaries.
- Small calcium crystals in the zones of adrenal glands, that almost completely cleared in all of the cases.
- No abnormalities in the zones of fallopian tubes were detected.
- Poor circulation in the feet, which could be noticed in cold feet or cold heels.

After eight therapy sessions all three clients reported reduction in intensity for at least half of the PMS symptoms recorded. The clients had in common the reduction in degrees of severity of two symptoms:

- The degree of severity of the PMS symptom of abdominal bloating decreased for all of the three clients.
- The degree of severity of the PMS symptom of menstrual cramps decreased in all of three cases from three (severe) to two (moderate).

Discussion

In this case series study was explored, if foot reflexology as a complementary therapy can help to relieve premenstrual syndrome symptoms. According to the data of the filled in Premenstrual Questionnaires of the clients, which showed the decreased severity of PMS symptoms for at least half of the symptoms recorded, the research question can be confirmed to some degree. Therefore the answer of the research question is, that foot reflexology as a complementary therapy may help relieve premenstrual syndrome symptoms.

Self-Critical Remarks

The difficulty of conducting this study was the short time frame and the structure of the therapy sessions. At times it seemed clients needed treatment of other foot reflexology zones, to better support their current condition, than only focusing on the ones, chosen in the treatment plan.

Suggestions for Further Research

In further study the inclusion of the prospective recording is recommended, with a larger number of clients and a control group. It would be helpful to include a specialist (medical doctor), who would help diagnose the premenstrual syndrome in clients and exclude the possibility of other conditions. It would also be helpful to take a longer treatment period to achieve a greater and lasting effect of foot reflexology treatments. Tracking symptoms after the last foot reflexology therapy session would contribute to determine the lasting effect of the treatment.

Literature

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