

The effect of Reflexology on Menopausal symptoms

Introduction

The menopause is a stage, process or journey in a woman's life when her body will begin to change and progress beyond her child bearing years.

This begins gradually; however, as the menopause climaxes (peri-menopause), many more changes are evident; erratic mood swings, hot flushes, sleep problems. The post-menopause symptoms, beginning after a woman's last period, are with her for the remainder of her life. Each woman experiences this journey differently, which can lead to diverse symptoms being experienced.

Method

Seven participants were recruited through an online advert. Three questionnaires were completed by all participants; the first on general health and to check for contraindications, the second, to ascertain the menopausal symptoms of each woman and her ability to participate in the study, the third, an exit questionnaire with a Likert scale to ascertain each participant's experience.

Information taken from the symptoms questionnaire formulated the target reflexology treatment for each woman. Treatments lasted for 30 minutes weekly, for 6 weeks.

The outcome measurements were self-reported measures;

- **Visual analogue scales (VAS)** which is a straight line with "best ever" on one end and "worst ever" on the other. The client marks anywhere on that line. This was completed by the participants at bi-weekly intervals and was used as a tool to monitor the progression of the study.
- **Weekly diaries** that were not standardised in any way. This was to enable the participant to report any reactions, changes in severity or regularity of symptoms in a way they

felt most comfortable. This then formed the basis of the consultation before the subsequent treatment

- **Likert scales;** these are scales that give the client a response choice for any specific question, usually 'strongly agree', 'agree', 'neither agree nor disagree', 'disagree' or 'strongly disagree'.

Results

Six participants all received weekly treatments. One participant received 5 out of the 6 weekly treatments.

Participant responses from a Likert scale exit questionnaire.

Each client was asked if they felt that the frequency and severity of their symptoms had reduced. Responses were categorised as: 'strongly agree', 'agree', 'undecided', 'disagree' or 'strongly disagree'.

The VAS as an outcome measure was not very productive.

While this is a small uncontrolled study, it does suggest that both the severity and frequency

of a range of symptoms associated with the menopause may benefit from a course of reflexology treatments.

Participant comments

"I felt really good and very at peace"

"Hot flushes reduced in severity and frequency, thereby reduced feelings of being overwhelmed by the changes in my body! I therefore felt in control again, able to cope and enjoy my life."

"I am coping without the use of HRT and other drugs"

"I believe that the treatment has 'toned down' the general range of symptoms and made them more manageable... it felt very beneficial."

Conclusion

The findings of this data collection project suggest that reflexology could play an important role in reducing the symptoms of the menopause for women. In fact, all of the participants said that they would have

reflexology again (4 of the participants continued with treatments) and would also recommend reflexology to other women with menopausal symptoms. Taking this forward it would be important to streamline the project and also to include a collection of outcome measures at some time after the cessation of treatments as this would assess if reflexology has a longer term effect on menopausal symptoms.

Symptom reduction	Number treated	Strongly agree/agree positive change
Menstrual problems	3	66%
Hot flushes	7	57%
Mood swings frequency	7	57%
Mood swings severity	7	71%
Insomnia	6	50%
Headaches	3	66%
Vaginal/bladder	3	66%
Fatigue frequency	5	40%
Fatigue severity	5	80%
Forgetfulness	6	66%

Where not stated, the same results were obtained for both frequency and severity of symptoms.

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