

AT Reflexology in the management of encopresis and chronic constipation.  
(Research).

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#### ABSTRACT

Encopresis or faecal incontinence in children is an extremely distressing condition that is usually secondary to chronic constipation/stool withholding. Traditional management with enemas may add to the child's distress. This study investigated the efficacy of treating patients with encopresis and chronic constipation with reflexology. An observational study was carried out of 50 children between three and 14 years of age who had a diagnosis of encopresis/chronic constipation. The children received six sessions of 30-minutes of reflexology to their feet. With the help of their parents they completed questionnaires on bowel motions and soiling patterns before, during and after the treatment. A further questionnaire was completed by parents pre and post treatment on their attitude towards reflexology. Forty-eight of the

children completed the sessions. The number of bowel motions increased and the incidence of soiling decreased. Parents were keen to try the reflexology and were satisfied with the effect of reflexology on their child's condition. It appears that reflexology has been an effective method of treating encopresis and constipation over a six-week period in this cohort of patients.

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Encopresis or faecal incontinence is an extremely distressing condition that is usually secondary to chronic constipation/stool withholding. The burden of these conditions in physical and psychological terms is well documented (Children's Hospital Boston 2001, Landman et al 1986). The associated symptoms cause untold misery to the child and the whole family. The school or nursery is the equivalent of the workplace for the child and therefore, like the home, an important environment for development.

Children who soil are likely to be the subject of name calling and ridicule at school or nursery (Price and Elliott 2002) with the ongoing effect this has on teacher and peer relationships. Faecal soiling is not socially acceptable and may result in altered family dynamics with the parents feeling anger, guilt and frustration. The child may be frightened and try to conceal soiled underwear.

[Graphic omitted]Chronic constipation and encopresis were traditionally managed in our paediatric department by attempting to clear the bowel of impacted faeces with a phosphate enema. Laxatives were prescribed to keep the motions soft and the family was advised by the dietician on diet. In some cases, hospital admission for bowel training may also have been thought necessary. The treatment may have to be repeated when symptoms recur. In more extreme cases surgical evacuation may be required. The use of physical restraint in order to administer an enema when the child is uncooperative raises legal issues regarding the rights of the child and informed consent (Scottish Executive 1995).

What is reflexology?

Reflexology is specialised pressure massage of reflex zones on the feet. Every part of the human body has a corresponding reflex zone which, when treated, balances the various body systems. In medical terms reflexology facilitates homeostasis (Norman 1988).

As an alternative to administration of an enema to a child, reflexology had been piloted in a small study of 16 children in Cheshire. The results, which showed 81 per cent improvement, were presented by at a Royal College of Nursing Paediatric Nursing conference in Newcastle in 1995. The success of that study prompted three children's nurses who are involved in treating encopretic children to complete a diploma course with The Scottish School of Reflexology. A literature search revealed many studies in the use of reflexology in various adult conditions but was unable to detect any studies conducted on children with constipation or encopresis.

Method

On completion of the reflexology course, and after consultation with the paediatricians, protocols were developed and questionnaires designed. Fifty children between the ages of three and 14 years old attending the outpatient clinic with a diagnosis of encopresis/chronic constipation were identified for the study. These children reflected approximately 83 per cent of the normal annual referrals to the paediatric outpatient department for these conditions and would have previously been treated with enemas. Parental consent was obtained in each case.

The study took place between June 1998 to July 1999 and was observational, using categorical data obtained from the study group. The faeces were not weighed or measured. Each child received six 30-minute sessions of reflexology at weekly intervals. Detailed histories of frequency of bowel motions and soiling were obtained from each participant on entering the study to establish a baseline. Existing medications were unaltered.

The questionnaires were designed to record the number of bowel motions and incidence(s) of soiling in each seven-day period before, during and after the six-week period of treatment sessions. Parents were surveyed regarding their attitude towards the use of reflexology before and after the course of treatment.

## Results

Sixty-four per cent of the sample were boys and 36 per cent girls; 60 per cent were over six years old. Two of the study group attended only the first session. Figure 1 illustrates the soiling pattern before and after six sessions of reflexology. The group reported 78 per cent soiling at least daily before commencing reflexology, 16 per cent once to three times a week and the remaining 6 per cent having no soiling in a period of seven days. After receiving the treatment the group reported 20 per cent soiling at least once daily, 30 per cent with soiling once to three times a week and 48 per cent with no soiling over a period of seven days (two per cent missing data).

[FIGURE 1 OMITTED]

Figure 2 illustrates the frequency of bowel motions before and after six sessions of reflexology. At the initial assessment the group reported 36 per cent with no bowel motion in a period of seven days, 46 per cent reported one to four bowel motions per week and 18 per cent reported having daily bowel motions. After treatment, only 2 per cent had no bowel motion in one week, 72 per cent had more than one to four times per week and 24 per cent now having daily bowel motions

[FIGURE 2 OMITTED]

## Discussion

[Graphic omitted]The results show that soiling episodes reduced significantly (Wilcoxon Matched Pairs test  $p < 0.5$ ). This may result in more socially acceptable behaviour. The frequency of bowel motions has also significantly ( $p < 0.5$ ) increased, with 72 per cent now passing motions regularly. The percentage (18 per cent) of the group reporting bowel motions daily before treatment may be attributed to the difficulty in distinguishing between substantial soiling in underwear or a motion.

### Observed results

After their first reflexology session, the children seemed to look forward to attending, often removing their socks on the way to the treatment area. The nurses, who have experience of treating these patients for many years both with enemas and now with reflexology, generally found the parents to be less anxious and parent/child relationships less strained. They also felt that it was less traumatic both for the patient and themselves compared to administering an enema. It was noted that none of the children required an enema during the study. Anecdotally, many parents remarked on their child's increased appetite and improved sleep pattern.

### Parents' questionnaire

The parents were also asked to complete a questionnaire designed to establish their attitude towards reflexology pre and post treatment. The results showed that 70 per cent were keen to try the treatment and 72 per cent were satisfied with the outcome.

#### Conclusion

The six sessions of reflexology showed a reduction in the incidence of soiling and increased frequency of bowel motions for this small cohort. Administering reflexology to the children has been achieved with ease and there have been no adverse reactions observed or reported.

[Graphic omitted] These results indicate that further research is required to establish long-term outcomes and possibly treatment by parents. In the last two years the community nurses have ceased giving enemas to children at home. Reflexology for childhood encopresis and chronic constipation is now an established service with five paediatricians and two staff grade doctors referring children of all ages for treatment

#### KEY WORDS

Children: disorders

Alternative therapies

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