

Study Review

EFFECTIVENESS OF REFLEXOLOGY IN TREATING IDIOPATHIC CONSTIPATION IN WOMEN

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Woodward S, Norton C, Barriball KL. A pilot study of the effectiveness of reflexology in treating idiopathic constipation in women. *Complementary Therapies in Clinical Practice* 2010;16:41–46.

Aim Of This Study

This pilot study was conducted to investigate how effective reflexology is in treating women who suffer with chronic idiopathic constipation.

Method

Nineteen female participants, aged between 22 and 75 years, who had been diagnosed with chronic idiopathic constipation, took part in this study. At the commencement of the study, none of the participants were pregnant or seeing other complementary therapists, and nor did they suffer from any urgent medical conditions. All participants agreed not to change their health regimes for the period covered by the study.

Participants received weekly reflexology treatments for six weeks. Each treatment lasted for 35–40 minutes and the therapist gave tailored treatments on bare feet with the participant sitting comfortably in a recliner chair. Treatments began with a massage to the right foot before reflex areas were stimulated using a ‘hooking’ technique with the thumb and fingers. The same procedure was applied to the left foot according to the participant’s needs. To emulate what would usually happen under normal clinical conditions, soft music played in the background.

Prior to the reflexology interventions, participants ingested three distinctive sets of 20 radio-opaque markers on three consecutive days. Approximately 120 hours after the first markers were ingested, an abdominal x-ray was taken and the number of markers still present were compared with the normal range—excessive retention indicated slow gut transit. Patients were asked not to take any laxatives from the first day of ingesting the markers until the x-ray was taken.

Measurements

An initial client history was recorded and participants were asked to complete a bowel diary for the week prior to intervention. All other measurements, including gut transits, were taken both before intervention and again after six weeks of treatments (post intervention).

To gauge the impact of participants’ attitudes about the outcome of the intervention, they completed the Holistic Complementary and Alternative Medicine Questionnaire

(HCAMQ). Furthermore, the Hospital Anxiety and Depression Scale (HAD) was used to assess the psychological effect of treatments and the Short-Form 36 (SF36) evaluated quality of life.

Results

Initial gut transit studies revealed 13 participants with slow colonic transits and 6 with normal transits. Post-intervention, 10 participants who had slow transits improved their transit times, and out of those 10, 2 managed to achieve normal transit times.

Twelve participants had a lower overall score on their HCAMQ after intervention, demonstrating a more positive attitude towards complementary therapies. HAD scores revealed that 10 participants showed improvements in anxiety scores, and 11 were less depressed. The general health, mental health, bodily pain and physical function categories of SF36 showed improvements but only the vitality sub-scale showed significant improvements.

Five bowel diaries were incomplete at follow-up. However, generally the diaries revealed a high degree of correlation with other results. Moreover, 15 out of 19 participants had been taking laxatives before intervention. Afterwards, 80% of participants taking laxatives had reduced their consumption.

Conclusion

The researchers concluded that:

This study has shown the potential benefit for treating idiopathic constipation with reflexology... [it] helps to inform and develop research work and such exploratory, feasibility studies are a necessary preliminary step, but further randomised controlled trials are required to determine whether reflexology is as effective for improving constipation symptoms and quality of life as biofeedback.

Limitations Of This Study

The researchers suggested that this study was limited by the fact that it did not take into account some of the individual symptoms experienced by participants as their most bothersome. A participant-generated outcome measurement could be used in further studies to counter this problem. ❖