

Reflexology and Panic Disorder

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Therapist's Credentials: certified reflexologist, licensed massage therapist

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Subject: 31 year old male

Subject's Occupation: Financial Analyst

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What is Panic Disorder:

(source: www.merksource.com, Dorland's Medical Dictionary)

Panic Disorder is an anxiety disorder characterized by recurrent attacks of panic, episodes of intense apprehension, fear, or terror associated with somatic symptoms such as dyspnea, palpitations, dizziness, vertigo, faintness, or shakiness and with psychological symptoms such as feelings of unreality, fear of dying, going crazy, or losing control; there is usually chronic nervousness between attacks.

This case study attempted to determine the possible effects of foot reflexology on someone suffering from Panic disorder. The study is presented from two different perspectives: Subjective: the observations of the subject, and Objective: the observations of the therapist.

The Subject:

The subject is a 31 year old Male that had been suffering from panic attacks regularly for approximately 8 months before this study took place. The subject had suffered two major panic attacks where he ended up in the hospital, and has been having them on and off since. Medical tests ruled out any physical condition, and a Psychiatrist then diagnosed him with Panic Disorder. In the initial intake form, he states that

Sometimes the attacks will occur as a response to some kind of stressful stimuli, but it will often appear out of the blue with no apparent warning. Even with the cognitive awareness of what is probably happening, symptoms can snowball and reinforce one another. For example, a numb and tingling sensation in the hands triggers a feeling that something is seriously wrong; conscious mind wonders if this is a stroke or something similar; body produces adrenaline, heart rate increases; mind notices increased heart rate now fears cardiac event; cycle continues, etc.

The subject cited the following life events that seem to correlate with the onset of the attacks: the death of a friend of a friend (coming to terms with his own

mortality) and a habit of looking up symptoms/diseases on the internet, which cause worry. The client is currently seeing a nurse practitioner every few months who specializes in anxiety disorders and is taking .25 mg of Xanax daily, which he says has lessened the severity and occurrences of attacks. He also takes Quinipril for mild hypertension, and has tried working through a workbook based on Cognitive Behavioral Therapy that he has since stopped.

Treatment Plan

The subject came to see me once a week for 6 weeks. The sessions were 1 hour in length and were all on Tuesdays at 5:30 pm. Each session consisted of the same foot reflexology techniques, with a focus on the reflexes of the nervous and endocrine systems, since these systems together control homeostasis and communication in the body. Special attention was paid to the adrenal reflex, which among other fight or flight hormones, controls the body's release of adrenaline. Adrenaline plays a major role in stress and panic attacks. The Client was also given a journal to write in every day where he reported the following:

Today's stress level (0-10):

Medications: times taken

Exercise:

Today I felt:

anxious happy peaceful indifferent
 scared worried stressful energized
 tired calm angry excited

Describe your day:

Results

Subjective Findings:

Week 1:

On the day of the first session, the subject recorded a stress level of **6.5**. After the treatment, he reported having a very stressful week in which, 2 days after the session, he had a panic attack after feeling a sharp pain in shoulder when running. In the journal, there were 2 positive adjectives describing how he felt, and on one occasion he took more than 1 Xanax. The **highest stress level was a 9**, and the **lowest was 5**.

Week 2:

On the day of the second session, the subject recorded a stress level of **6.5**. After this session, the client reported having another bad week. He had two doctor appointments, and they decided to put him on new medication (Lexapro), which the

subject says was okay for a couple of days, but after a huge panic attack where he almost went to the hospital, he stopped taking the new medication. He also stated that his blood pressure was very high, and the doctor switched his blood pressure medication (ToprolXL) In the journal this week, there were 4 positive adjectives describing how he felt, and there were no days where he took more than one Xanax, and one day where he took only ½ a Xanax. The **highest stress level was 9.25**, and the **lowest was 4**.

Week 3:

On the day of the third session, the subject recorded a stress level of **4**. He states that he had a very good week. In this journal this week, there were 5 positive adjectives describing how he felt, and he took less than 1 Xanax everyday. He starts to write less in his journal, and he says this is because he is feeling pretty good. The **highest stress level was 5.5**, and the **lowest was 2.5**.

Week 4:

On the day of the 4th session, the client reported a stress level of **3.5**. He says that he had another good week, with no panic attacks, and he has started running again. He stopped writing in his journal, and he says he forgets to write it in because he is feeling so good, and he tends to remember more when he is feeling bad.

Weeks 5-6:

The subject no longer wrote in the journal for the last two weeks. He stated that he hadn't been experiencing panic attacks, and that he kept forgetting to record his anxiety because it wasn't as present as before. He says that his average stress level now is **1.5**, and that he is not sure how the reflexology sessions helped or did not help in his recovery.

Objective Findings:

During the First treatment, there were 8 reflex points that the client indicated had increased sensation. This gradually decreased with each session (2nd session: **6**, 3rd session: **6**, 4th session: **5**, 5th session: **4**, 6th session: **2**) When pressure was applied to those points, along with the invitation to take some deep breaths, the sensation always decreased. Throughout the six sessions, I noticed that the subject's breathing got more and more relaxed, and interactions between therapist and subject were less and less. He seemed to come easier into a relaxed state during the treatment by the third session.

Conclusion

Both the therapist and subject noted a tremendous difference in the condition by the end of the 6 week study. The subject had not had a panic attack since the third week of treatment. The client reported after each session a feeling of relaxation, which the subject and therapist both agreed could not hurt in his path to a panic-attack-free

life. It is, however, impossible to tell exactly the role Reflexology played in this particular case study, especially because the subject changed medications in the middle of it. Approximately 6 million American adults 18 years or older suffer from Panic Disorder, or 2.7 % of this age group in a given year. Many of those people end up on medications and under psychiatric care. Reflexology could offer an alternative to a lifetime dependence on medication for some of this population. This fact along with the significant improvement presented in this study does suggest that further study is needed and would be beneficial.