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**Reflexology and Reflex Sympathetic Dystrophy Syndrome**

**Intent:** To discover the effect/effects of foot Reflexology on pain levels, mobility, anxiety levels, and seizure activity with a person who has Reflex Sympathetic Dystrophy Syndrome (RSD), also known as Complex Regional Pain Syndrome (CRPS).

RSD occurs when the nervous system and the immune system malfunction as they respond to tissue damage from trauma. The nerves misfire sending constant pain signals to the brain. The level of pain is measured as one of the most severe on the McGill University Pain Scale.[i]

There have been no studies with Reflexology and RSD. There have been a few medical studies including one in the European Journal of Pain (EJP). EJP conducted a patient-centered study of patient-defined recovery from CRPS where the objective was to define recovery from the patient's perspective and better understand their practices for treatment approach. The conclusions included the patients' desires to address pain, movement restrictions and reliance on medication above all other factors.

**Subject:** A 41-year-old female whose symptoms started in August 2011. It started with excruciating pain in her left wrist, and then moved up the left arm, transferred to the right arm, right hand. Next it affected the left leg and then right leg. By March 2012 it affected Subject internally. It took 38 months to be diagnosed with RSD. She suffers from feeling overwhelmed by not being able to serve as her family's caretaker; instead she is being the one cared for. Her mobility is taxing, needing help ambulating and completing activities of daily living (ADL's). Other symptoms include seizures, severe pain, hurting to eat as it feels like she is "grinding rocks"; showering increases pain; vision becomes fuzzy, "like an old television", because RSD went into brain stem. She has poor short term memory, increased anxiety, urinary incontinence, and she often feels that her surroundings give her too much stimulation. 1% of people who have RSD get to stage 4. Subject has been at stage 4 since 2015.

Her past history includes six pregnancies, with four live births and two miscarriages, hemolysis, elevated liver enzymes, low platelet count (HELLP syndrome) 2007; hysterectomy 2015.

In the pre-session interview, Subject disclosed that because the pain was so severe she would bleed from the rectum “a lot”. She had three colonoscopies in five months, in 2012. She has been prescribed 78 different medications throughout this illness. She tried Ketamine infusions, an experimental treatment in 2017, hoping to rewire the nervous system. It worked well at first, but she only had three days pain free.

Her medication includes: gabapentin 800mg QID; fentanyl patches 15mcg Q 72 hours; Clonazepam .5mg TID; Zoloft 200mg daily; oxycodone 10mg QID.

**Treatment plan:** The protocol that was used to address this Subject’s concerns was one-hour sessions once a week for six weeks on Tuesdays at 2:00pm at the Subject’s home. (One of the sessions was moved to a Thursday, as both the therapist and Subject were sick on the scheduled Tuesday.)

The reflex points targeted were the adrenals, central nervous system (CNS) and lymphatic system. Sessions started with the left foot, with opening relaxation moves. Thirty minutes were spent on each foot. Techniques included alternating pulls, thumb/finger walking, spreading, rotating on a point, hook and press, milking, compression, and ending with relaxation moves at end of session. There were no other interventions used.

The subject agreed to keep a journal of her pain levels, mobility, anxiety levels, and seizure activity.

**Results:**

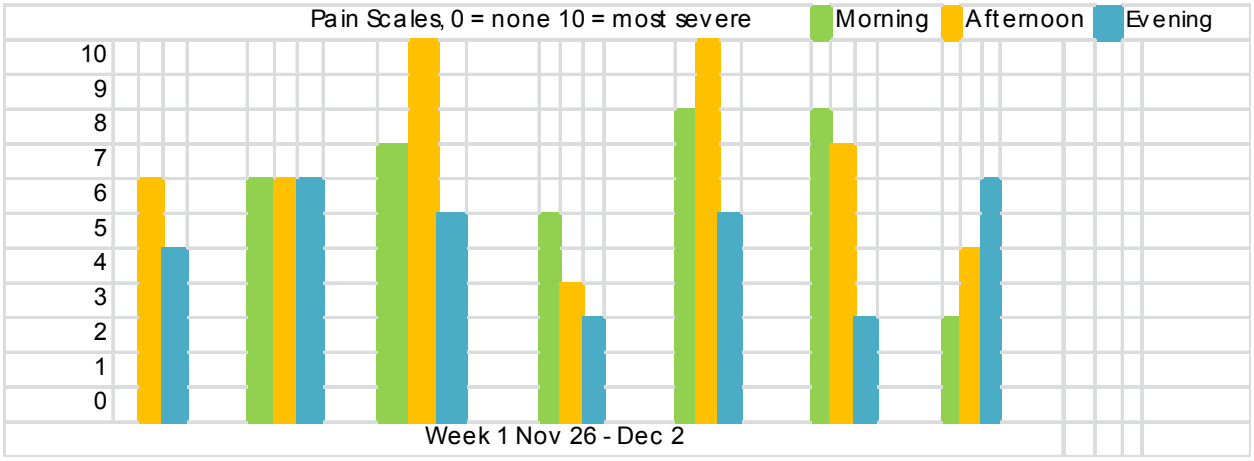
Week 1: Subject reported, “I feel my worst with anxiety and pain between 2 pm and 4 pm each day”.

Congestion noted on left foot; zone 1, plantar aspect, from just distal to the pelvic line all the way up through to the brain reflex, brain reflex zones 1-5, sciatic nerve reflex zone 5, and thoracic spine reflex.

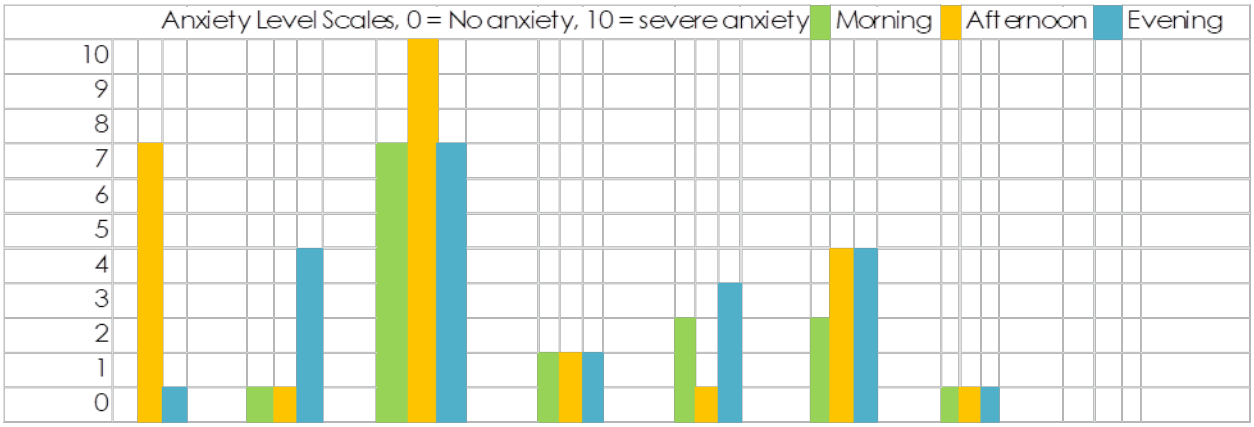
Therapist used very light touch due to Subject’s sensitivity. Subject fell asleep with audible breathing noted about 20 minutes into session. She was allowed to sleep. Subject texted later that evening and stated, “I haven’t slept that well in months!!! My anxiety is 0, my pain a 4, and my mobility… not sure. Too relaxed to move.”

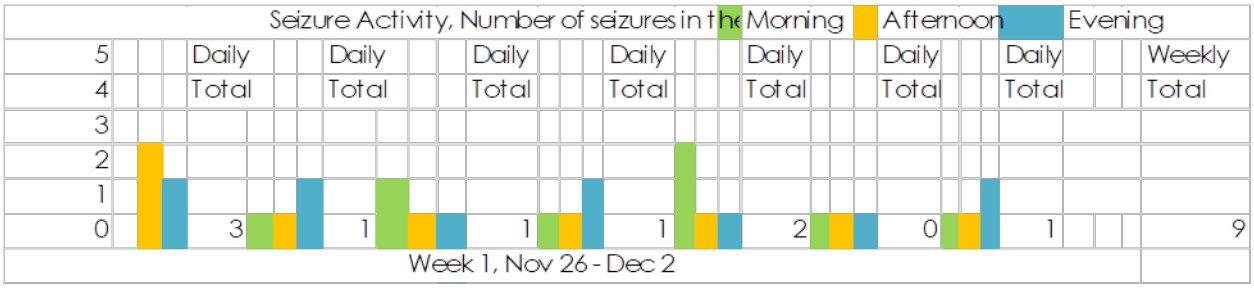
Week 2: Subject reported that she has slept so well. “Last night I got in my wheelchair and helped prepare dinner, something I’ve been unable to do in a few months. I overdid it and had a major seizure, ended up awake all night in terrible pain. I would say I saw a major shift in my sleeping patterns and anxiety. I also had a decrease in pain and seizures for sure. I’m so looking forward to my next session today.” See Week 1 graphs.

Congestion noted left foot; zone 1, plantar aspect, from pelvic line to brain reflex, pelvic line reflex zones 1-5, bilateral hip, thigh, knee reflex, right adrenal reflex. Subject fell asleep during last 20 minutes of session.



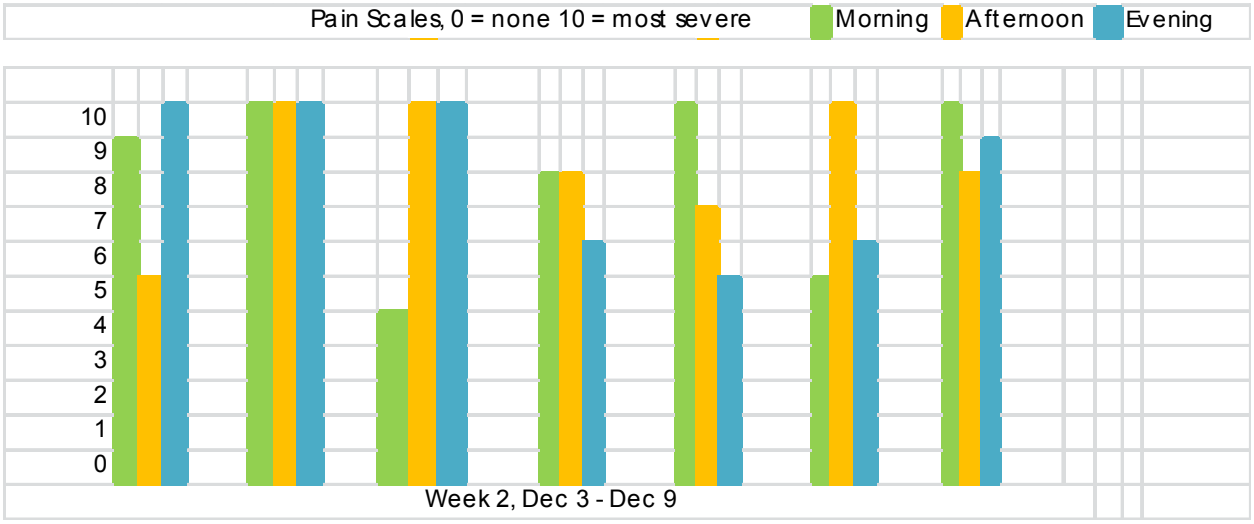


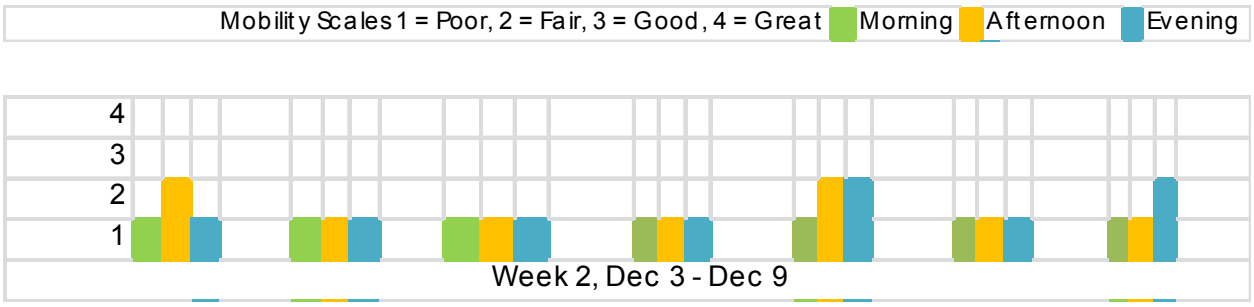


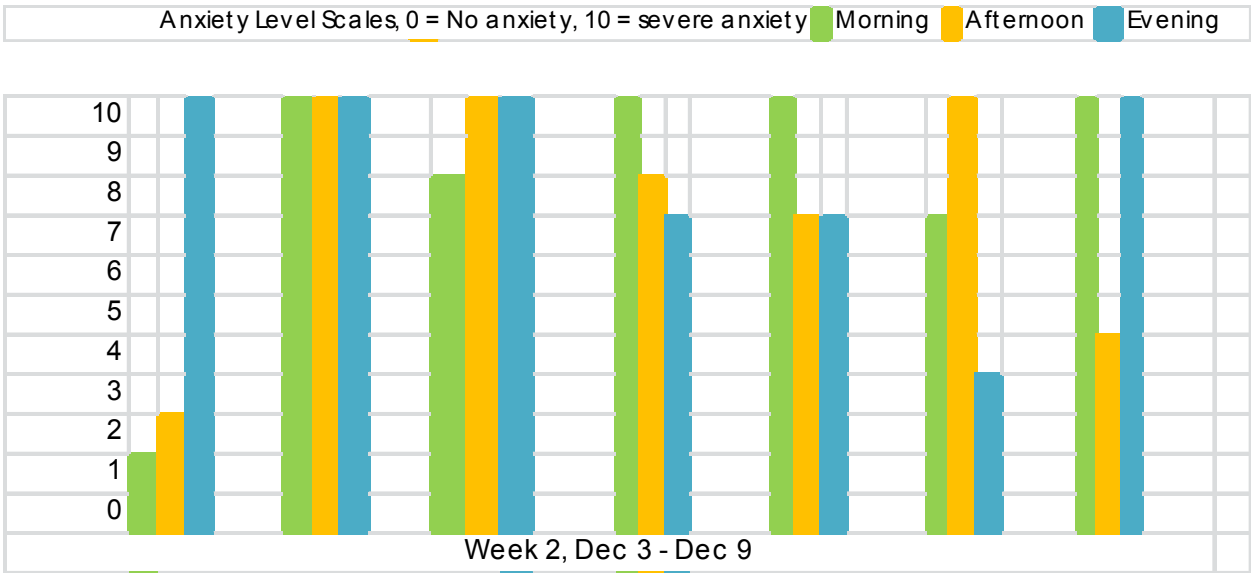


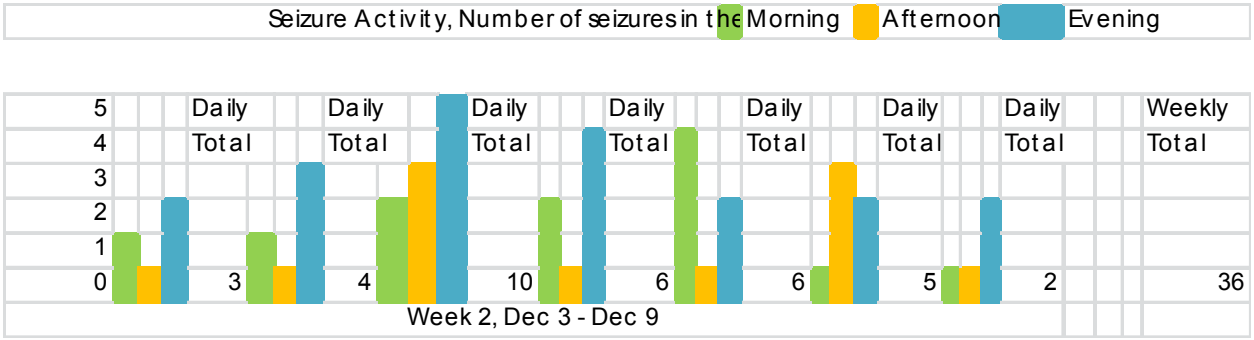

Week 3: Subject reported, “I had a terrible week, and I know a lot of it is tied to my emotions” Subject talked about family issues as to what emotions she had been feeling this week. See Week 2 graphs.

Congestion noted left foot; zone 1 from adrenal reflex to brain reflex, thoracic spine reflex.



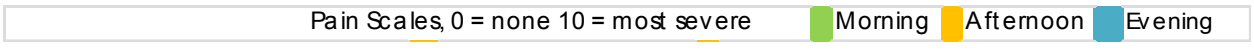



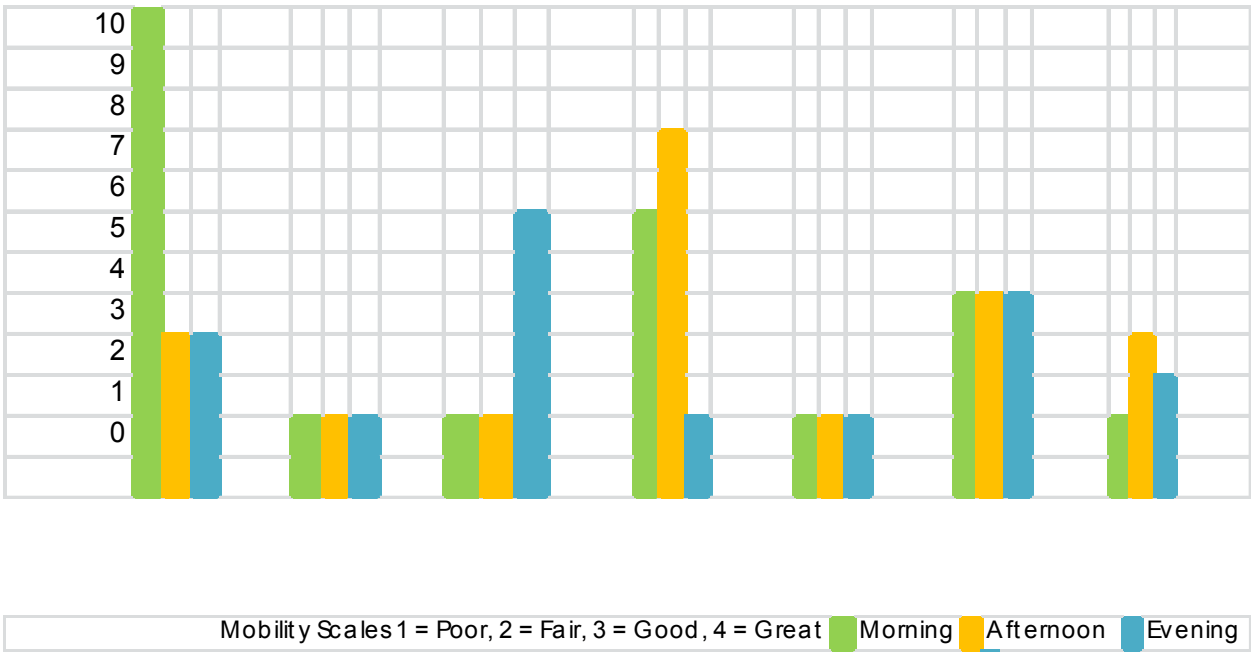



Week 4: Subject reported that she got to go out, eat, shop and see the parade which was an all-day event, and that she was able to think so clearly it was amazing to her. “My seizures have gone down to more like jerks. I’m completely aware during them”. Therapist noted that client had a huge smile on her face and was quite animated when speaking. See Week 3 graphs.

Congestion noted left foot; zone 1, plantar aspect, from waist line to diaphragm line, hypothalamus reflex, cisterna chyli reflex, spinal reflexes from thoracic to sacrum reflex. The adrenal reflex was less congested than previous sessions. Subject fell asleep during session.




10
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8
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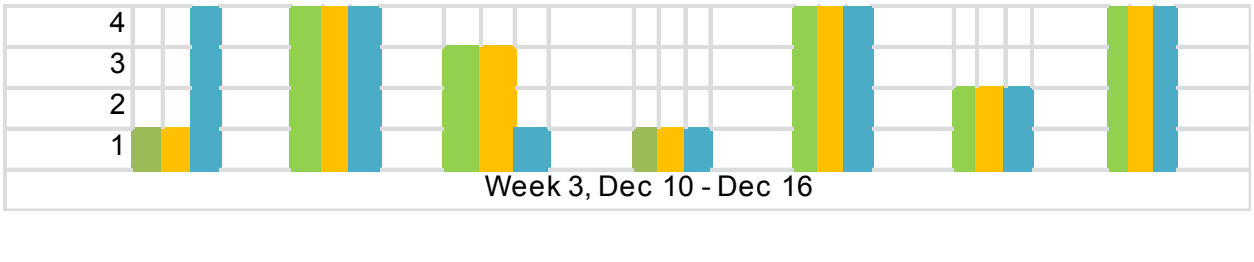
0
Mobility Scales 1 = Poor, 2 = Fair, 3 = Good, 4 = Great
Morning
Afternoon
Evening


4
3
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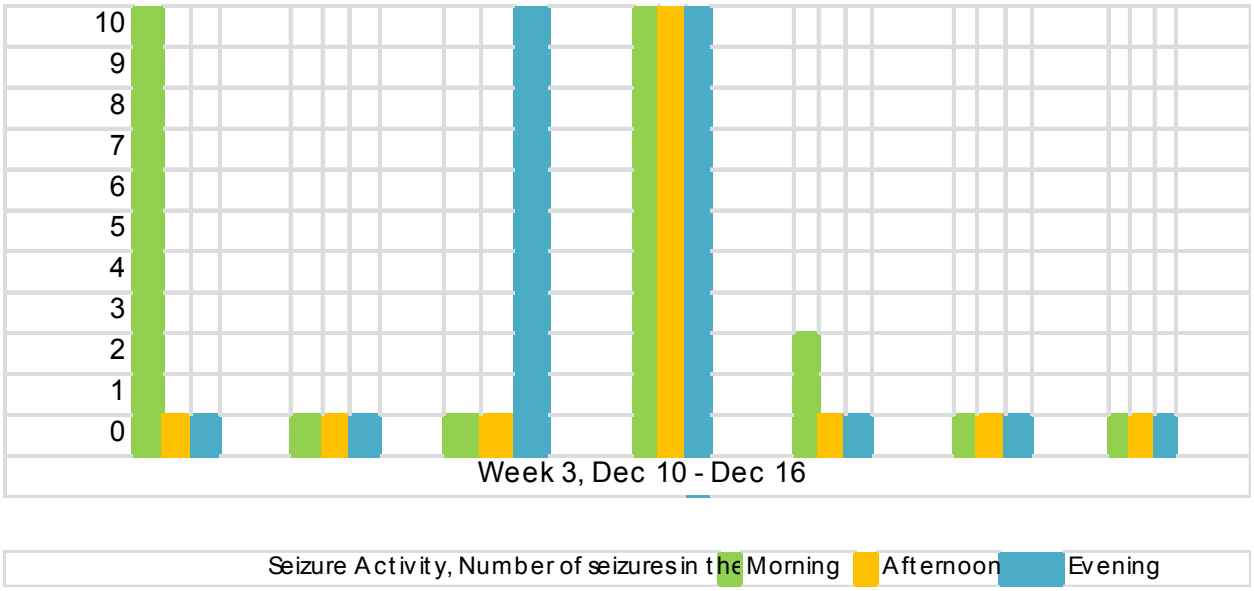
Week 3, Dec 10 - Dec 16
Anxiety Level Scales, 0 = No anxiety, 10 = severe anxiety
Morning
Afternoon
Evening


10
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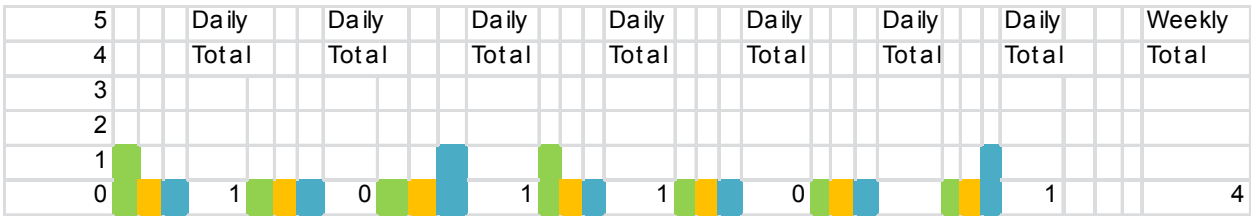
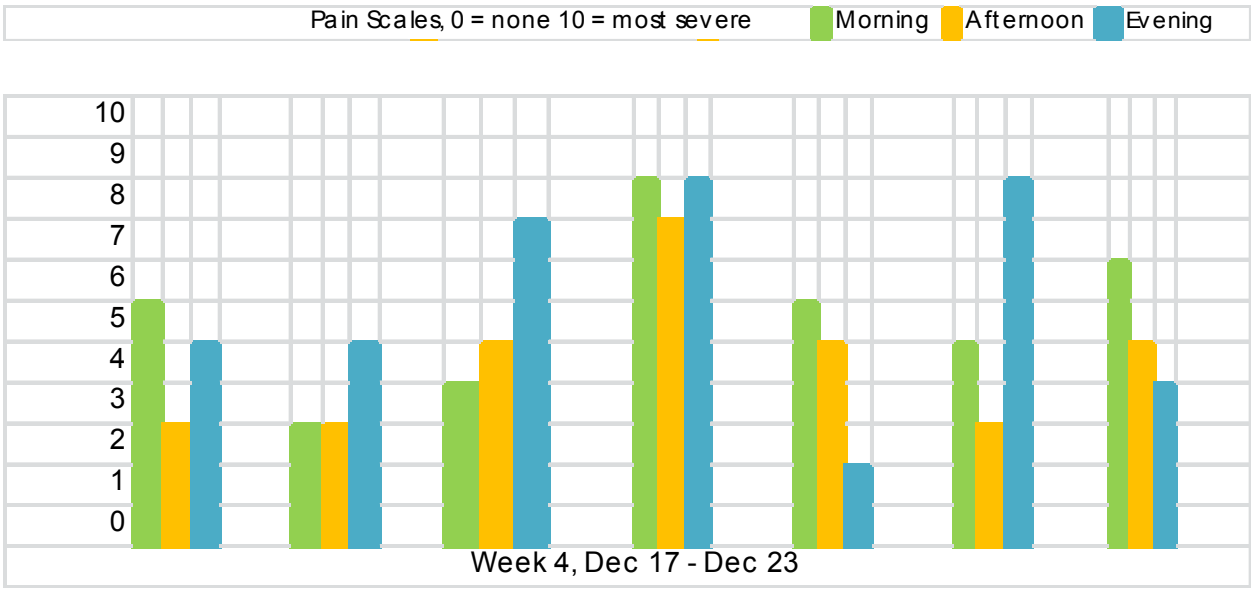
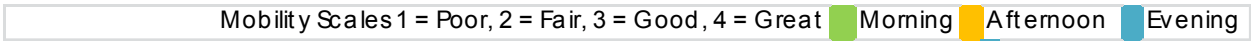
Week 3, Dec 10 - Dec 16
Seizure Activity, Number of seizures in the
Morning
Afternoon
Evening

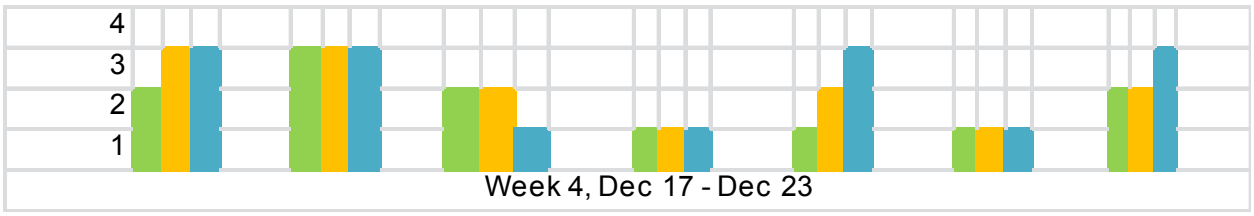


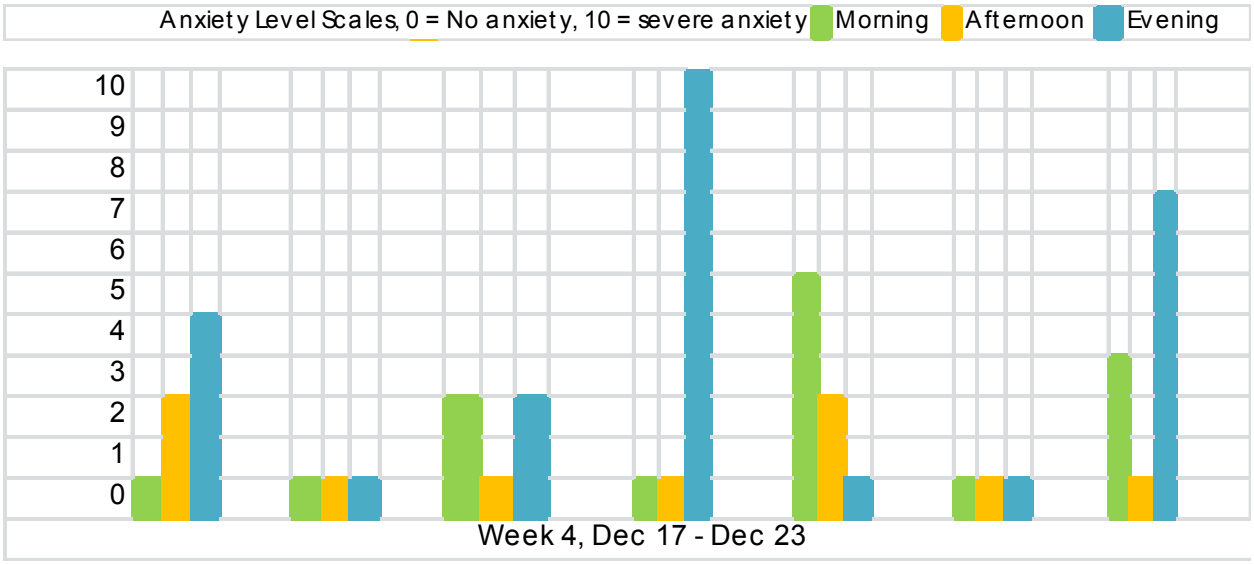

Week 5: Subject reported, “I’ve been able to go out three times this week! I’ve gone Christmas shopping for the first time in years.” When asked how many years, she replied, “since 2013”. See Week 4 graphs.

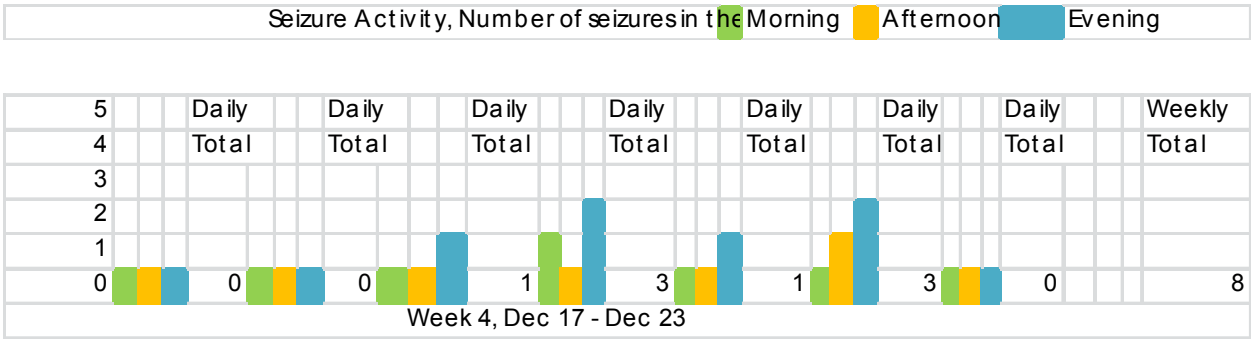
Congestion noted left foot; zone 1, plantar aspect, between diaphragm line and shoulder line, zone 1 pituitary reflex, lumbar spine reflex. Decreased congestion noted by Subject and therapist. Subject fell asleep during session.





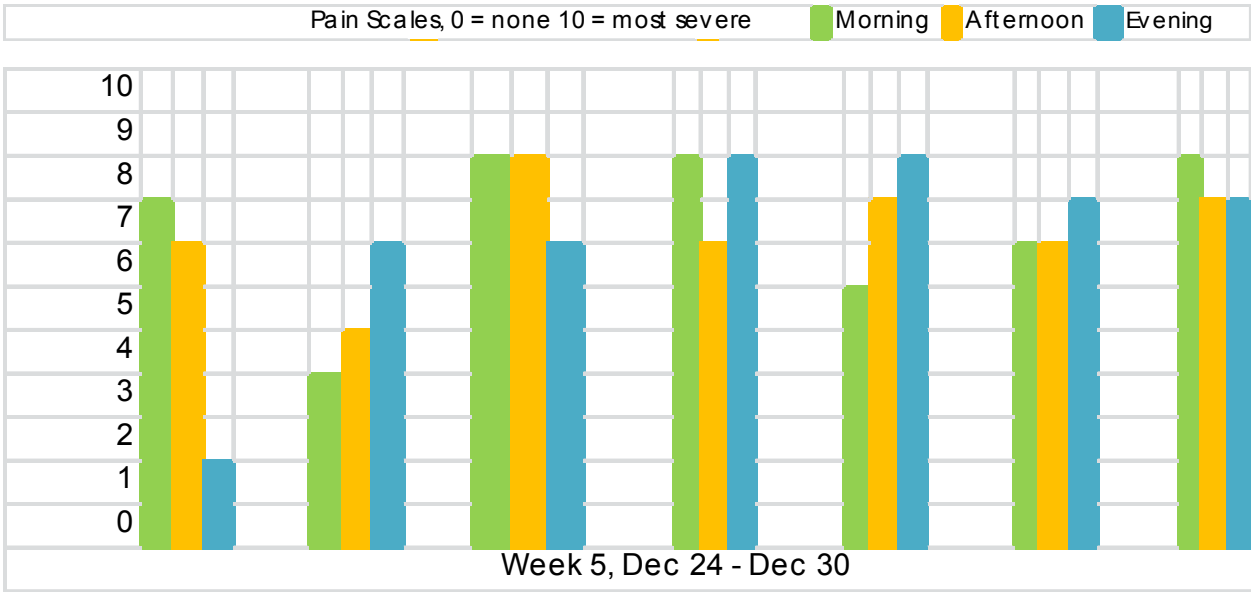



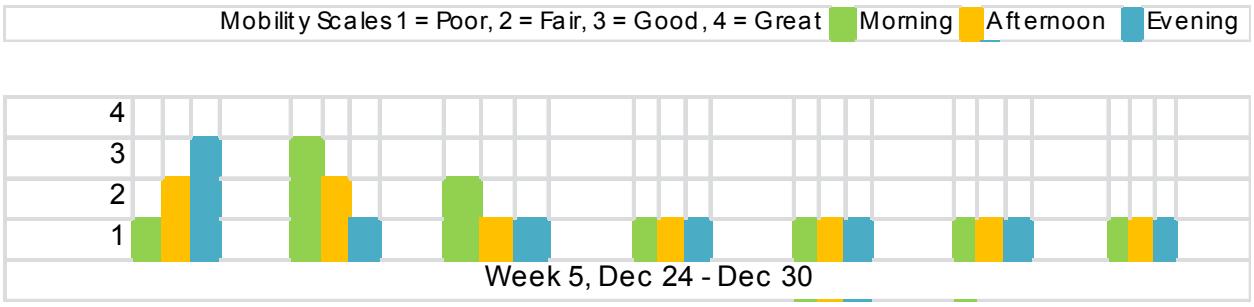



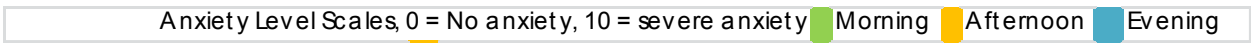

Week 6: Subject reported, “I’ve been able to sleep well even with a fever this week. I know that’s the reflexology working as I would usually toss and turn when I have a fever.” See week 5 graphs.

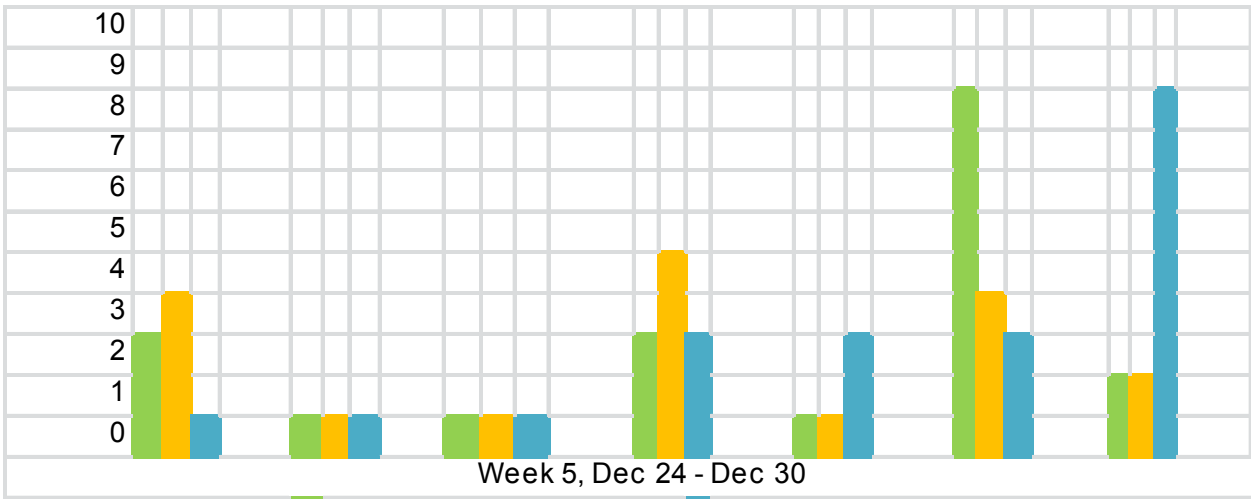
Congestion noted: left adrenal reflex, bilateral thoracic spinal reflexes. Client reported dreaming during her session and felt herself hit her head with her hand. Therapist saw Subject had jerking motions and talking in her sleep twice. Once she did hit her head.

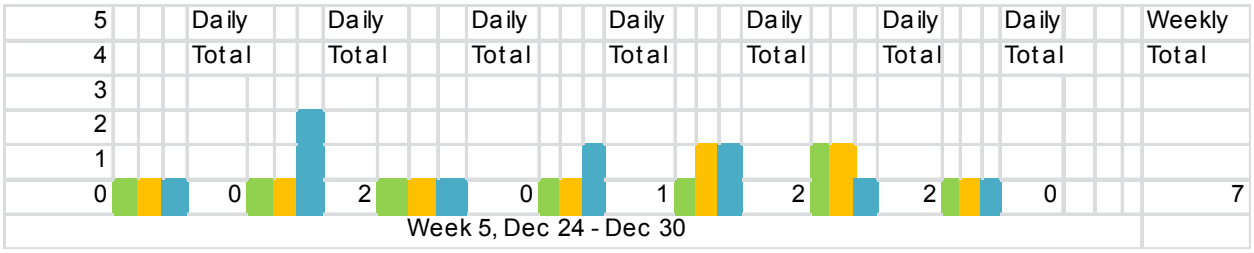
Therapist immediately went back to working CNS-spinal reflexes and jerking subsided. Client voiced she was afraid that the therapist would think reflexology was not working because of her “seizure” or bad dream movements. Therapist assured Subject that she was believed when she states that reflexology works for her and encouraged her not to be embarrassed from motions her body made.



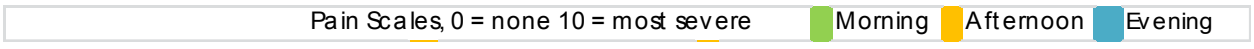



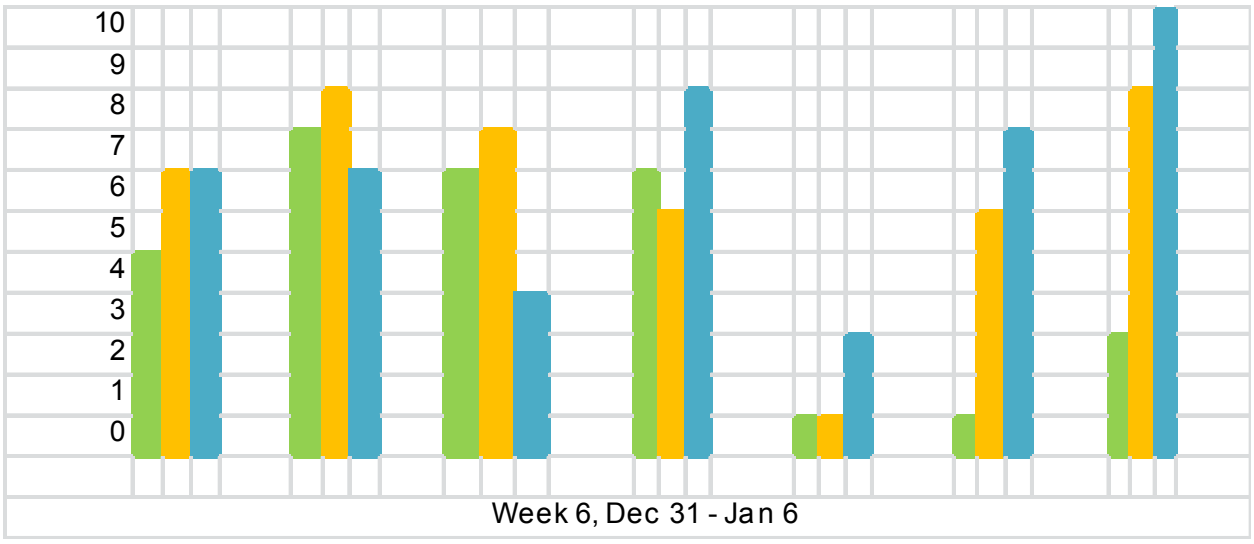





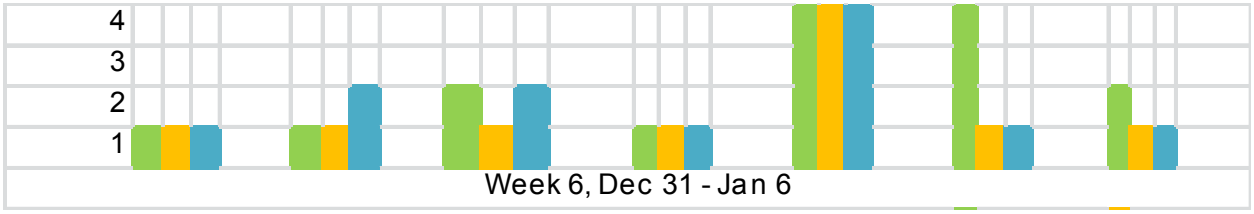




The following week when I went to collect the Subject's journal, she reported being able to go to church. She stated that approximately 15 minutes prior to the end of the second hour of service she had a seizure, but she found it amazing to be able to be there. She also reported she didn't get any sleep the night before I picked up her journal "due to this bug I keep getting". See Week 6 graphs.

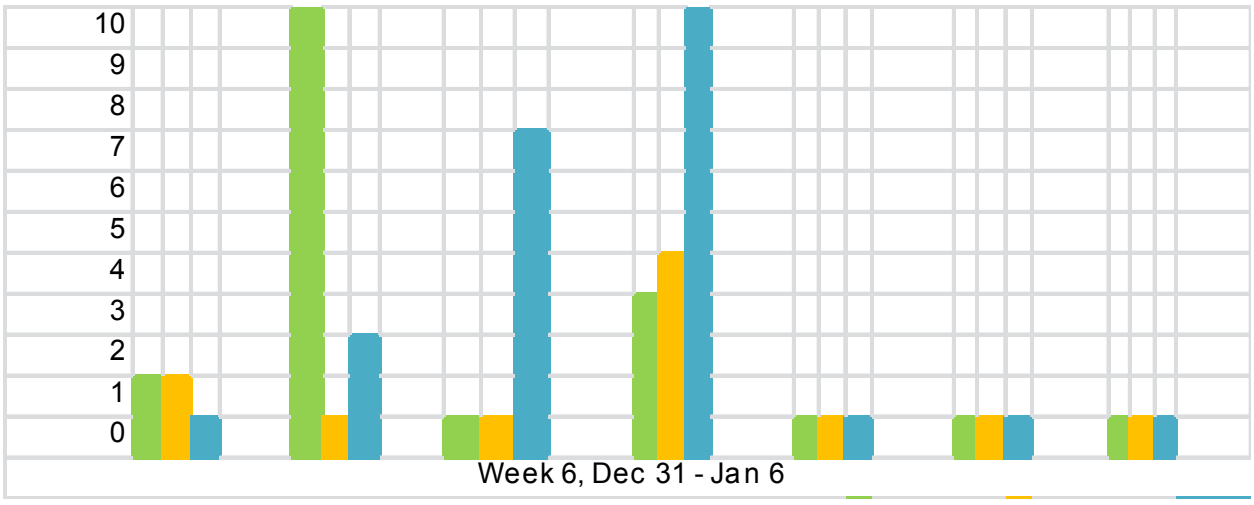


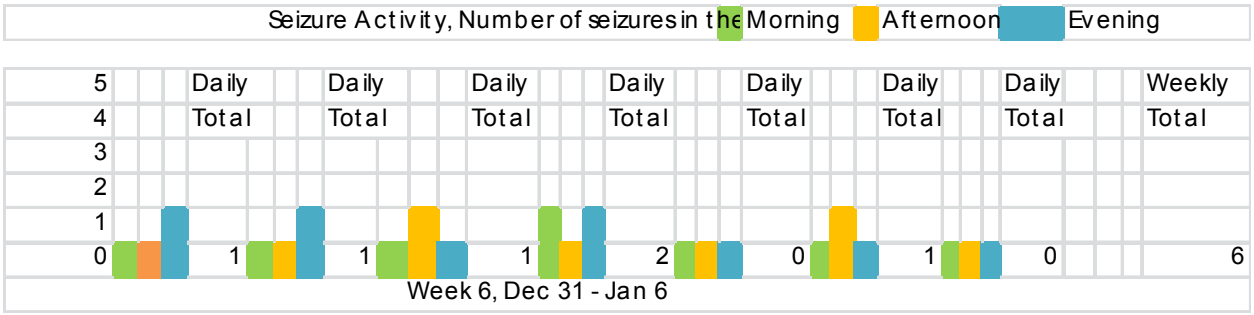



Mobility Scales 1 = Poor, 2 = Fair, 3 = Good, 4 = Great Morning Afternoon Evening




Anxiety Level Scales, 0 = No anxiety, 10 = severe anxiety Morning Afternoon Evening






During the post-interview the Subject told me she is no longer afraid to eat, as it is not painful anymore and no longer feels like she is trying to "digest rocks". She could not tell me exactly when during her sessions, but her vision hasn't turned off like a fuzzy television in a while. She stated she is more "present" in her life and is able to participate more in her role as a parent in a two- parent household. She wishes to continue her sessions as she has been so excited with the results of reflexology.

**Recommendation:** To further support the body, my recommendation for this Subject is to continue sessions once a week, then bi-weekly, then monthly as it is tolerated and agreed to by the Subject. The focus would continue on the reflexes to the adrenals, CNS, and lymphatic system.

**Conclusion:** For this study, both the therapist and Subject noticed marked improvements in the ease of mobility, a decrease in the number and intensity of seizures, decrease in pain, and a decrease in anxiety levels. Although not a focus of this study, the Subjected reported better sleep patterns; the effect of which was greatly noted and welcomed. While it would be remiss of this therapist to declare that all people that suffer with RSD would benefit from reflexology on the basis of one case study, this case study does support the exploration of reflexology use in others that have RSD.

According to a survey[ii], there are many people who suffer with RSD/CRPS who have attempted suicide, thought about suicide or knew someone with the disease who had committed suicide. It was noted that the person who did the survey had "got the feeling that none of them wanted to die, they just wanted their situations to change. It was not just the pain that was the trigger, but the feeling of being useless – or even worse, they were a burden to others." This Subject had stated as much during her pre-session interview. If this were the only positive outcome in this study - and it is not - it would be reason enough to explore the use of reflexology with others that have RSD.