

REFLEXOLOGY – Back Pain

By MAGGIE BROOKS- CARTER DO, RGN, SMTD

Eleanor

Eleanor had agreed to act as a case study more out of interest than anything else. She really felt she was fine with no real problems; she could unwind as necessary and slept well. Her husband had given her a gift voucher and suggested that she try Reflexology as he felt she would benefit, having experienced it himself. Indeed, his chronic sinusitis had eased after one session and was no longer a problem after another two sessions.

Eleanor (47) is a Staff-nurse in the Intensive Care Unit which though stressful at times, she enjoyed. She also works three evenings a week at a private hospital for extra money. This she found less stressful but her workload was considerable.

Her husband only works part-time due to some health problems which had meant retraining. He hoped to return to full time work by the end of the year. It had been a difficult few years and this had taken its toll, but Eleanor felt she was coping fine and that the bad days were truly over.

Son, James (20) was studying medicine and lived in a flat while daughter Jan (18) was living at home and was a hairdresser. Eleanor's family live in the South of Scotland and both parents are well.

PRIMARY COMPLAINT

In the first instance, Eleanor felt she did not have any complaints - certainly not that anything could be done about. The first consultation includes detailed questioning, which is necessary if we are to really embark on true holistic care of a client.

Eleanor felt her only problem was constant back pain that she didn't feel there was anything that could be done about. She had real problems with her right hip but had seen no point in getting any kind of treatment as nothing would work.

It later came out that she also suffered from severe Irritable Bowel Syndrome.

She admitted her diet was not good - she had put on 2 stone over the last couple of years. The problem was carry-out fish suppers and ice cream on her late shifts. She smoked about 20-25 cigarettes a day.

There was no time for any social life. She preferred to go to bed early.

On her consultation, we recorded no past medical history apart from some reconstructive surgery to her nose 15 years ago. Eleanor is 47 and still menstruating normally.

GOALS OF TREATMENT

I felt I had to 'go extremely canny' with Eleanor - too many suggestions all at once would frighten her away. I hoped that we could improve her back - and at the same time her I.B.S.

As she had not had any other treatment, I was also very interested to see what Reflexology could do for back pain when used on its own without massage or osteopathy. She had resisted any suggestions in regard to those treatments.

She looked tired but was cheery and ready to be looked after.

First treatment

I always inspect the client's feet on the first appointment. Eleanor's feet were a little callused on the right but otherwise apart from being pale were OK

As usual we began by working on her toes (after the warm up of course.) She found this fascinating. The head areas on the right were more tender than on the left. Eleanor was quite surprised in how the different reflexes elicited different sensations. The lumbar areas were exquisitely tender on both feet. L5 more on the left, L4 more on the right. The knee area and the hip (even more so) on the right side were also tender. I could see that she had a pelvic tilt when she walked in and a lesion at L5.

Indeed, the whole spine was tender on both feet. C7/T1 was exquisite on the left; T8 - T10 very tender on the right. Her feet were very stiff and unyielding.

Pituitary and pineal were more tender on the left. Thyroid was more sensitive on the right. The adrenal glands were exquisitely tender. Uterus was more tender on the right and ovary on the left. The lung areas felt slightly congested - more so on the right and the liver reflex was tender.

The whole bowel area was tender - the ileum on the left was very tender and the colon on the right with the ileo-caecal valve exquisite.

The dorsal areas - right elbow, left shoulder were also very tender. She then told me she did often feel her shoulders as tired, tight and sore.

We discussed all this - I showed her the Reflexology chart which she found very interesting.

She talked about how busy she was with no time for herself. Her job in intensive care was very hectic. She felt in control and felt that she rarely got involved with or affected by patients. She felt she could relax easily - and particularly had no problem sleeping. She was however looking forward to a week's holiday.

Eleanor enjoyed her first treatment and was eager for the second. She drank a glass of water after treatment and I suggested she start a new habit. She thought this was strange but agreed she'd try it. We agreed to meet again in one week's time to allow her body to adjust to what we had done. I warned her that she might show signs and symptoms of toxicity - such as headache and/or fatigue and just to treat it with rest and drinking water.

Second treatment - one week later

Eleanor returned looking forward to her next treatment. She had felt well, been sleeping better and was impressed!

What had amazed Eleanor most, was that she felt that she was less stiff - though she would have expected to be more so, as she was on holiday and had been stripping paper off the bathroom walls!

We discussed diet - though Eleanor felt she did not have time to make a packed lunch or dinner. Already, she felt she had more than enough to do. Certainly, she felt that Rice Krispies were the one thing that eased her Irritable Bowel Syndrome. I never recommend bran as this can make matters far worse.

Eleanor did not want to discuss personal issues and I respected that. We used the session to relax.

The right hip area, was still exquisite, but the thoracic area was improved as was the cervical. The elbow and shoulder areas were improved. I too was surprised and delighted.

We discussed drinking less caffeine and more water. We then discussed taking a short walk every day. We agreed to meet in one week's time.

Third treatment - one week later

Eleanor was feeling that she was moving easier and was feeling better in herself - though she admitted that she hadn't realised how stressed she had got. Her husband had commented that she was looking younger. (Indeed he had told me how pleased he was that she was finally taking some time for herself.)

We continued the session, working the spinal areas, musculo-skeletal areas as before. I increased the mobilisations of her feet as she could now tolerate more. The bowel area had improved quite dramatically from the first visit. She reported that her colic had eased so much, she was able to forget about it at times. Eleanor's feet were now more flexible and looked better in regard to texture and colour.

We discussed home treatment but she felt she wouldn't have time and preferred to come to see me. Some clients like to work on hand reflexes to complement what is happening at the treatment.

We agreed to meet in two weeks time.

Fourth treatment - two weeks later

Eleanor was continuing to feel that she had more energy and her mobility was improving. She felt that the pain in her hip was lessening and her lower back was moving much more easily. She agreed that as her pain decreased, she would be more likely to consider going for a walk.

The nervous and endocrine points were tender as follows: cervical on the right particularly C6 and 7; T1 on the right, T4 on the left, T8 on the right, T12 on the right; L3, L5 and sacrum on the right; pituitary on the right, thymus on the left, adrenal on the right, ovary on the right.

The lung areas seemed more congested this time and when I mentioned it she said she had found that after the previous treatments, she had been smoking less but that it had been on the increase again over the previous three days. Her smoking had reduced overall.

The stomach was more tender than the previous visit before - I felt this was related to the lung congestion.

The bowel areas were again, very tender particularly on the left over the hepatic flexure and transverse colon.

We included some breathing techniques, which she enjoyed. The session was mainly relaxation - as Eleanor obviously enjoyed just being herself and not 'on call' for this hour.

She volunteered that she planned on cutting down on smoking and told me that her overall diet had improved slightly.

We agreed to meet again in three weeks time.

Fifth treatment - three weeks later

Eleanor felt there was a definite improvement in her hip and lower back - so much so that she was enjoying going for a short walk each day. I felt that this was a dramatic change particularly as Eleanor did feel constantly under time constraints. She had cut down on smoking, which she was proud and delighted about.

She was feeling a bit tired and was looking forward to being re-energised again.

The right hip and spinal areas were the most tender - more the lumbar and lower thoracics. C7/T1 was still also about a four out of five on the right. This junction is a vulnerable area for everyone.

Eleanor's feet relaxed more easily than at her previous treatments suggesting an overall improvement in her ability to relax.

She felt her bowel was fine now and that she really had no other problems.
We agreed to meet in six weeks

Sixth treatment - six weeks later

Eleanor walked in well - the pelvic tilt I spotted on the first visit was still apparent - but not as much. She remained delighted with her improved musculo-skeletal system. She had also surprised herself with her continued progress and now looked forward to another session.

We worked as before and I noted the overall improvement in all the points. Hip and lumbar spine were still tender about a 3-4 out of 5, now.

She opened up for a little while about the hard times and then said she felt she had handled all she needed to handle. I absolutely respect the client's right to privacy. I was aware too, that starting to talk might well open up a lot of issues that would require specialised counselling but at the same time might also prevent her from working. As the major breadwinner, this was something that she could choose to do in her own time.

I mentioned how I'd found that past events and issues can affect health quite dramatically and she agreed.

We concluded the Reflexology treatment with some breathing and lymphatic pump techniques. Eleanor stated how glad she was that she had come for treatment as she had benefited so much. She also had decided to continue with Reflexology on a regular basis for as long as she needed it.

Seventh treatment - eight weeks later

Eight weeks had passed since her last treatment, and Eleanor had found that her hip was at last easing a bit to the point where it was not painful all the time. She was smoking less, still drinking more water and had lost 4lbs in weight. She was also feeling more like her 'old self' and she and her husband had gone out several times, once with friends.

The treatment went well - Eleanor was tired and happy to relax. Work had been very busy.

The adrenal areas were more sensitive than they had been on the last visit. The spinal areas were still tender but now she felt scored a 2 out of 5 and occasionally a three. The hip still scored more than the rest.

She promised to attend in a couple of months for another treatment. She hoped she would be able to tell me that she had lost more weight!

CONCLUSION

Eleanor had really only come for Reflexology to please her husband. She had expected it to be a nice experience and was astounded at the effects. Her back pain along with her hip pain had gone. Her Irritable Bowel Syndrome was no longer a problem. She did not feel as stressed and lacking in energy. Indeed, the increased awareness she had developed in response to her Reflexology treatments had let her realise how low she had got. Eleanor continues with a very busy schedule and manages to come for Reflexology about once or twice a year.

As an osteopath, I was amazed at the effects that Reflexology could have on back pain – remembering that I had advised osteopathy but Eleanor had refused.

About the Author

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Maggie is an Osteopath registered with the General Osteopathic Council and Member of the British Osteopathy Association. She is also a Remedial Massage Therapist, Reflexologist and Clinical Aromatherapist and full Member of the Scottish Massage Therapists' Organisation.

Maggie is in practice at the Brooks-Carter Clinic, Suite 5 Braehead Way Shopping Centre, Aberdeen AB2 8RR 01224 822956 which offers Osteopathy, Manipulative Therapy, Advanced Remedial Massage, Sports Massage, Reflexology, Clinical Aromatherapy and On-Site Massage. Maggie is also a Registered General nurse registered with UKCC.

Maggie is also Chairman of the Scottish Massage Therapists' Organisation and Secretary for General Council for Massage Therapy, which is in the process of establishing standards and code of practice nationally. She is also a Member of the recently formed working group for Sports Massage under the auspices of the National Sports Medicine Institute.

Maggie can put you in touch with your nearest therapist or osteopath.

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