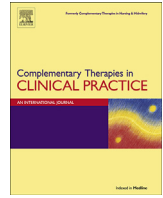




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The effect of foot reflexology applied to women aged between 40 and 60 on vasomotor complaints and quality of life

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ABSTRACT

Purpose: This study aims to identify the effects of foot reflexology applied to women on their vasomotor complaints and quality of life.

Methods: A randomised controlled study was conducted with 120 women. The experimental group received foot reflexology treatment, while the control group received nonspecific foot massage.

Results: The mean scores for hot flashes, sweats, and night sweats, were lower in the reflexology group than the control group after the practice; and the difference between the groups was statistically significant ($p < 0.001$). The mean scores for the sub-groups of the MENQOL demonstrated improvements in both groups after the application ($p < 0.001$). As for the sexual domain, there was a significant improvement in the reflexology group ($p < 0.05$), but no improvements were found in the control group ($p > 0.05$).

Conclusion: Results showed that reflexology might be effective in decreasing vasomotor problems and increasing quality of life in women in the menopausal period.

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1. Introduction

The World Health Organization (WHO) defines menopause as “the permanent cessation of menstruation resulting from the loss of ovarian follicular activity” [1]. The average onset age of menopause is 51, but it generally happens between the ages of 45 and 54. The average menopause age of Turkish women is reported to be between 46 and 48 [2–4]. It is very important for women to have a healthy menopausal period. Many women who do not receive sufficient health care develop chronic diseases and their quality of life is affected negatively due to their inability to cope with the menopausal complaints. Hot flashes in particular, which is one of the most common menopausal complaints, is known to negatively affect many women's quality of life [5,6].

While hormone treatments decrease hot flashes, they are not popular among women because of the risks they contain [7] so women and doctors tend to use non-hormonal treatment options

with a view to decreasing vasomotor symptoms. As a result, many women in the postmenopausal period search for alternative natural treatment options in order to manage menopause symptoms [8].

Some methods that are used in coping with vasomotor complaints include complementary or alternative medicine (CAM) such as relaxation techniques (deep breathing, guided imagery, etc.), acupuncture, yoga, and reflexology; some other methods that can be effective include regular exercise, balanced nutrition, nutrition with phytoestrogen rich food, omega 3 oil acids intake, vitamin E preparations intake, herbal supplements, appropriate clothing, and frequent showers [9,10].

Reflexology is a reflex therapy method that has been applied in various cultures for thousands of years. It is defined as a treatment that is based on the stimulation of the nerves and blood circulation of the body, using the reflex points that correspond to all body parts, organs and systems [11–15].

Eunice Ingham, the founder of the reflexology known as Zone Therapy, claims that massage applied to certain points using touch techniques is unique to this therapy. Despite the fact that nonspecific massage components may evoke systemic haemodynamic responses in their own right, in her teachings, Ingham suggests that with reflexology the haemodynamic treatment-related effect is considered to be very different from that of nonspecific massage, including components such as simple touch, therapeutic exchange

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and placebo effect [16].

Reflexology, which is one of the CAM therapies, is among the non-pharmacological methods used in the treatment of illnesses. Reflexology is a pressure technique applied with the hands and fingers. There are reflex points in the hands and feet that correspond to all areas, organs, and systems in the body. Using this method, the self-treatment mechanism of the body is activated, and physiological relief is enhanced [13,17,18].

In this manner, reflexology is beneficial in decreasing stress and tension [19], increasing blood circulation, decreasing fatigue, and enhancing haemostasis [17,19–22]. The effectiveness of reflexology has been clinically reported in premenstrual symptoms [23,24] increasing quality of life [25,26], increasing sleep quality in the postpartum and menopausal period [27,28], decreasing labour pain, shortening the duration of the first, second, and third phases of labour [29,30], and treating constipation in women [31].

There is still ambiguity regarding the mechanism behind the action of reflexology, but it has certainly been shown to have profound physiological effects, which may be partly attributed to the relaxation derived from the placebo effect, the therapeutic interaction, and the impact of touch. The explanation for the effect mechanisms of reflexology is based on various theories. These theories include the gate control theory, the neural impulse theory, the lactic acid theory and the endorphins theory [29,32]. The purpose of all of these theories is to balance the energy in the body. Reflexology helps to maintain the balance of the body by stimulating the inactive parts or soothing those that are overactive [33].

The related literature includes studies on reflexology practices to decrease menopausal period problems and increase the quality of life in women [17,28,34–38]. However, there are insufficient numbers of evidence-based studies that investigate the effects of reflexology on reducing menopausal period problems or improving the quality of life during the menopausal period. The present study is the first in our country to investigate the effects of reflexology on vasomotor complaints.

Parallel to the technological and scientific developments in the health field, nurses are expected to improve their nursing practices in relation to the use of CAM therapy and guide healthy individuals on how to use CAM therapies properly and effectively. In this regard, CAM therapies can be considered within the scope of the independent roles of nurses who have theoretical knowledge and scientific problem solving skills [39,40].

Considering the many positive effects of reflexology on the body, it is thought that its use can be investigated as a method in nursing care practices for managing vasomotor symptoms during the menopausal period. As a consequence, the present study was conducted as a randomised controlled trial to identify the effects of foot reflexology applied to women aged between 40 and 60 on vasomotor complaints and quality of life.

2. Methods

2.1. Design

This study, which is a randomised controlled trial, aims to identify the effects of foot reflexology applied to women aged between 40 and 60 on their vasomotor complaints and quality of life.

2.2. Study subjects

2.2.1. Research hypotheses

H1. Foot reflexology affects vasomotor complaints.

H2. Foot reflexology affects quality of life.

The target population of the study was women who had consulted the Menopause Polyclinic of Çukurova University Balcalı Hospital in Adana, a city in the south of Turkey. Meeting the research criteria and consulting the menopause polyclinic were sufficient reasons for the women to be included in the study.

The sample of the study was 120 women, who consulted the Menopause Polyclinic between 22nd February 2013 and 22nd February 2014. The study was conducted with one experimental and one control group. Randomisation of the women was performed by computer (Fig. 1). The women were included in the study according to the order in the randomisation list. Power of the study was found to be 89%.

Inclusion criteria: Residing in the city centre, being aged between 40 and 60, being at least literate, being in the natural premenopause, perimenopause or postmenopause period, having untreated hot flashes for at least two months, experiencing medium or severe hot flashes at least three times a day, not taking food that contains natural oestrogen, looking for relieving solutions for hot flashes, having an active sexual life, having no ulcers, surgical operations or infections in either foot and volunteering to participate in the study.

Exclusion Criteria: Women who were being treated with HRT; who had diseases with symptoms similar to hot flashes, who were treated with non-hormonal climacteric medicine within the past two weeks before the study was conducted or had fewer hot flashes complaints without having any treatments, who had a hysterectomy or bilateral oophorectomy, and who had diabetes mellitus were excluded from the study.

2.3. Ethical considerations

Ethics committee approval was received from Çukurova University Medicine Faculty Ethics Committee before the study was conducted. The purpose of the study was explained to the women participating in the study and their written Informed Consent Form (ICF) was obtained.

2.4. Intervention

The experimental group in this study received precision reflexology treatment, known as the Ingham method, while the control group received nonspecific foot massage for the purpose of identifying whether or not pressure applied to specific points or nonspecific foot massage had an effect on vasomotor complaints. The participants discovered whether they would receive pressure or massage on their feet through the ICF.

In order to minimize the environmental and other possible factors (like the relaxation effect), which could affect the study results, we applied a standard therapy for both groups of women. For standardisation purposes, the researchers formed a reflexology protocol (14 items) and a foot massage protocol (11 items) before treatment and the therapies were performed in line with these protocols. The reflexology was applied with pressure on the specific points indicated in the Ingham method. Unscented organic olive oil was used during the treatment in both groups. We used only one drop of olive oil to make the application straightforward. None of the participants were given any other treatments apart from either foot reflexology or foot massage. The practitioners maintained a standard and limited relationship with the patients. They did not talk about reflexology or foot massage; the conversations were mainly about daily life in both group. The participants were not informed about the randomisation process of the groups.

In the present study, foot reflexology was performed by the researcher. As training is needed before performing reflexology, the researcher participated in a five-day applied training course on

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