

somatotopically correspond to specific areas of the body--can significantly reduce premenstrual symptoms compared to placebo treatment. METHODS: Thirty-five women who complained of previous distress with premenstrual syndrome (PMS) were randomly assigned to be treated by ear, hand, and foot reflexology or to receive placebo reflexology. All subjects completed a daily diary, which monitored 38 premenstrual symptoms on a four-point scale. Somatic and psychological indicators of premenstrual distress were recorded each day for 2 months before treatment, for 2 months during reflexology, and for 2 months afterward. The reflexology sessions for both groups were provided by a trained reflexology therapist once a week for 8 weeks, and lasted 30 minutes each. RESULTS: Analysis of variance for repeated measures demonstrated a significantly greater decrease in premenstrual symptoms for the women given true reflexology treatment than for the women in the placebo group. CONCLUSION: These clinical findings support the use of ear, hand, and foot reflexology for the treatment of PMS."

Oleson, T. and Flocco, W., "Randomized Controlled Study of Premenstrual Symptoms Treated with Ear, Hand, and Foot Reflexology," *Obstetrics and Gynecology*, 1993;82(6): 906-11

* (Hyperplasia of) Prostate Gland

90 cases of hyperplasia of the prostate were divided into 3 groups: in 30 cases foot reflex

area was used, in 30 cases drug therapy was used, in 30 cases massage foot massage was combined with drug. "Ultrasonographic examinations were performed pre and post first course of treatment. Comparison is summation of sizes in three dimensions pre and after treatment. Criteria for effectiveness: significant effect - the differences >1.5cm., effective -difference=1-1.4cm. It is indicated that foot reflex area health promoting method may be used as a useful method in treatment for hyperplasia especially when combined with drug therapy."

Xiao-li, Chen, "Hyperplasia of Prostate Gland Treated by Foot Reflex Area Health Promoting Method (with a group of 90 study participants)," *1996 China Reflexology Symposium Report*, China Reflexology Association, Beijing, October 1996, pp. 32 - 33

* Sexual dysfunction (Male)

Thirty-seven patients with sexual dysfunction (15: impotence, 9: premature ejaculation, 6: emission, and 7: ejaculation deficiencies) were randomly assigned to two groups: 19 individuals were treated with foot reflexology and 18 with traditional Chinese medicine. No statistical difference was found between the two groups on age, occupation, education, degree of disease, spirit status, affection between the couple, sexual desire, and sexual intercourse for marital cases. In addition to foot reflex areas, massage was applied to specific acupuncture points of the body in the foot reflexology group. The effective

rate of the foot reflexology treatment group was found to be 87.5% for impotence and 100% for the others. The effective rate of the traditional Chinese medicine group was found to be 85.7% for impotence and 100% for the others.

Jianhua, Sun, "The Comparison of Curative Effects Between Foot Reflexology and Chinese Traditional Medicine in Treating 37 Cases with Male's Sexual Dysfunction," *1996 China Reflexology Symposium Report*, China Reflexology Association, Beijing, p. 75

Respiratory System

* Asthma

"Ten weeks of either active or simulated (placebo) reflexology were compared in an otherwise blind, controlled trial of 40 patients with asthma. Results: Objective lung function tests did not change. Subjective scores and bronchial sensitivity to histamine improved on both regimens but no differences were found in the groups receiving active or placebo reflexology. However, a trend in favour of reflexology became significant when a supplementary analysis of symptom diaries was carried out. At the same time a significant pattern compatible with subconscious un-blinding was found. Discussion: We found no evidence that reflexology has a specific effect on asthma beyond a placebo influence."

Brygge T, Heinig JH, Collins P, Ronborg SM, Gehrchen PM, Hilden J, Heegaard S, Poulsen LK "Zone Therapy and Asthma,"