The History & Development of Reflexology

1. Write a detailed account of the history of Reflexology, and explain Zone therapy and its development.

Throughout the history of mankind the feet have played an important role in healing practices. Reflexology is believed to date back to ancient times in several different civilizations.

One of the most concrete proofs of this was the discovery of this wall painting in the tomb of Ankhmahor at Saqqara (on the left). This was also known as the physicians tomb, and depicts men receiving both hand and foot reflexology. It has been dated at around 2330 BC.¹

There is also evidence of some kind of foot and hand therapy being practised in ancient Chinese cultures as far back as 4,000 BC,² whilst the ancient Greeks were also believed to have practised this. Below is a picture of Tranion massaging Hippodemons foot. This has been dated at around 510 BC.³

¹ Ghalioungui, P. and El Dawakhly, Z. ‘Health and Healing in Ancient Egypt’ The Egyptian Organization for Authorship and Translation, pp. 25-26
² The History of Reflexology, Available from <http://www.reflexology>
³
In India, 5000 years ago, the feet were believed to represent the unity of the entire universe. The Sanskrit symbols portrayed on the feet of Buddha were seen as expressions of a higher reality. This is a line drawing of the left footprint at Pakhan-gyi, Union of Myanmar – the world’s largest footprint of Buddha.

By 100 A.D. Buddhism had spread to China where, with monks, Reflexology began to be more and more widely spread. Reflexology was practiced in China as part of acupuncture and moxibustion [The burning of moxa or other substances on the skin to treat diseases or to produce analgesia]. The Yellow Emperor’s Classic of Internal Medicine describes it, where it is called the Examining Foot Method.

A Japanese monk studying in China is given credit for introducing reflexology to Japan upon his return home to Nara as a medical Practitioner.

There are several passages in the bible, particularly in the book of Corinthians that suggests certainly Paul, and probably other early Christians knew about reflexology. The Jewish tradition of washing the feet and anointing them with oil was believed to have significant medicinal purpose, as well as their traditional teachings related to humility and being of service. The Native American Indians also separately developed techniques, which were based on very similar principles.
Throughout the 16th Century several books were written on Zone Therapy, the most famous being Dr Adamus and Dr A'tatis, and another a little later by Dr Ball in Leipzig.

In 1834 Heinrik Link, the man who lead the way for Swedish massage in modern society, noticed that pains in particular organs were linked with those on the surface of the skin, but that the exterior location and the internal organ seemed to be unrelated. By the 1890s, Sir Henry Head (a doctor and research scientist in the UK) concluded that specific zones on the skin become overly sensitive to touch and pressure when an organ on the nerves pathway to the skin was infected, diseased or malfunctioning. He proved that there was a neurological connection between the skin and the body’s organs, and he began mapping areas of reflex zones on the back. This became known as ‘Head Zones’.

Also in the 1890s Ivan Pavlov & Vladimir Bekhterev (Russian Doctors) were exploring reflex responses in the body. Dr. Pavlov introduced the ‘theory of conditioned reflexes’. His theory says that there are straightforward and direct relationships between a stimulus and a response. He states that more or less any stimulus could create an equivalent conditioned response. The Russian awareness of zone therapy stemmed from this notion that a distressed organ is essentially getting wrong instructions originating from the brain. The aim then, of Russian zone therapy, was to break off this information and even potentially to send new instructions to the afflicted organ.

Germans were also investigating the potential of treating illness with massage and Dr Alfons Cornelius noted that pressure applied to specific areas of the body can trigger muscle contractions, an increase or decrease in blood pressure, variations in warmth and moisture in the body, as well as directly affecting the mental state and emotions of the patient. In 1902, he published a manuscript called ‘Pressure Points: the origin & Significance’, which explains how specific massage techniques can be applied to the "reflex zones" to successfully alleviate pain and disease.
Development of Zone Therapy from Dr William Fitzgerald

Dr. William Fitzgerald (Ear, nose, & throat surgeon) who had been studying in Vienna and London returned to the US in 1913 to introduce reflex therapy to America. Dr Edwin Bowers (a cynical medical writer) scrutinized Dr. Fitzgerald’s claims, but ended up finding the evidence to be so exciting that he jointly published a book with Fitzgerald called ‘Zone Therapy’ or ‘Relieving Pain at Home’. Fitzgerald and Bowers claimed that by exerting pressure on particular areas of the body they could alleviate pain and improve productiveness of particular organs of the body.

One of the research techniques that they used was to apply pressure with tight elastic bands to the middle of the each finger; or place small clips on the fingertips. They found that pressure applied to the fingertips would create a local anaesthetic from the hand, arm, & shoulder, all the way up to the face. Dr. Fitzgerald even performed minor surgical operations, using only this method for anaesthesia.

7 Pavlovian theory on conditioned reflexes; 50th anniversary of conditioned reflexes. Available from:


8 Reflexology. Available from:

<http://www.edkins.com/geminirose/reflexology.html>

9 History: Dr William H. Fitzgerald, M.D. Available from:

<http://www.edkins.com/geminirose/reflexology.html>

Fitzgerald divides the body up into ten equal, vertical zones, ending in the fingers and toes. He theorised that pressure on one part of a zone would effect every other part of the body that lay within that particular zone. Consequently, reflex areas on the feet and hands were connected to other areas and organs within the body, so long as they were within the same zone.

Dr Fitzgerald’s theory was a success and on the 29th of April 1934 a newspaper article entitled "Mystery of Zone Therapy Explained" was published, creating a wider general acceptance and knowledge of his work.
In the 1930’s, Dr. Joseph Shelby continued Fitzgerald’s work along with Eunice Ingham, a physiotherapist who was fascinated with zone therapy. Ingham used a "trial and error" research method, of taping cotton pads over the tender spots on her client’s feet, and then asking them to pace around the room. She would then watch for any telltale signs in a corresponding body part.10

Ingham considered the association linking areas that she stimulated on her clients feet and problems with the client’s organs and/or glands. She noticed that ‘congestion’ or tension in any part of the foot almost always reflected tension in a correlating part of the body. Therefore, she concluded that when you stimulate the toes there is an interrelated effect on the head, and treating the entire foot, has a soothing and healing effect on the whole person.11

Ingham’s theory, which is currently accepted by most modern Reflexologist’s, is that there are ‘energy channels’ in the body that can become blocked - usually by stress and/or toxins - and if the correct area of the foot is stimulated, then the channel can be cleared, which will allow the body to regain homeostasis.12

In 1961, physiotherapists protested against the use of the word "therapy" in "zone therapy" so the name "reflexology" was adopted, to avoid confusion. Other names which have been used for the practice of foot reflexology include ‘pressure point massage’, ‘compression massage’, ‘point pressure massage’, and ‘Vita-Flex’. In

11 Eunice Ingham - Founder of the International Institute of Reflexology. Available from <http://www.reflexology-uk.co.uk/eunice_ingham.html>
12 Foot work takes Sole, Jackson Citizen patriot available from:
Europe and some other parts of the world, zone therapy and reflex zone therapy are still used.

Comment on the following developments currently taking place today.

a) Standardisation of Qualifications

With the publishing of the House of Lords Report on Complementary and Alternative Medicine (CAM) in 2000 and with several therapies at various stages in developing regulations, there’s been lots of guesswork and misinformation in relation to reflexology and where it fits into the regulatory process.

Standardisation of training, education, regulation, and registration for Reflexologists is vitally important, as it will, rightfully, identify reflexology as a profession and protect the general public who seek a professional treatment.

The Reflexology Forum (www.reflexologyforum.org) are the developing regulatory body for the UK, and they are working together with the Prince of Wales’ foundation for integrated health, to develop a voluntary self regulatory system, which will allow all member organisations the security of belonging to a register of standardised professionals.

They aim to:

- Maintain a register of individual members;
- Set educational standards and an independent accreditation system for training establishments;
- Maintain professional competence among its members with an adequate programme of continuing professional development;
- Provide codes of conduct, ethics and practice;
- Have in place a complaints mechanism for members of the public;
- Have in place a disciplinary procedure that is accessible to the public;
- Require members to have adequate professional indemnity insurance;

I think that it is extremely important to have this regulatory body, to offer clients safety and confidence in their practitioner. In the end it can only benefit a therapist to have a trusting, positive client who knows that their reflexologist has been trained and is accountable to a recognised larger organisation. This will particularly benefit self-employed and freelance
practitioners, who do not have the reputation of a salon to back up/vouch for their expertise.

13 See appendix 1 for details and contact information

14 Available from <http://www.aor.org.uk/index.asp?page=reflexnews#1>

b) Recognition by orthodox medical professionals in Leicestershire.

‘... “The weight of evidence we have examined suggests that complementary and alternative medicines could play a much larger role in the delivery of health care, and help to fill recognised effectiveness gaps in health care provision.” Britons currently spend £130 million a year on complementary treatments, such as acupuncture, herbalism and reflexology, and it is estimated this will rise to £200 million over the next four years. Acupuncture, osteopathy and chiropractic are already offered to large numbers of NHS patients.’

- Christopher Smallwood, Economic advisor to the NHS, Quoted in the Telegraph 15.

This quote was in relation to a study commissioned by the Prince of Wales which concluded that Complementary and Alternative Medicines (including Reflexology) could save the government vast amounts of money and benefit the wider economy. They concluded that it could reduce the 200 million working days and £11 billion of lost revenue per year that are a result of people taking time off work with back pain and other stress related illnesses.

Unfortunately this report was met immediately with scepticism by scientists and doctors who claim that the report would not have been impartial, due to the Prince of Wales open acceptance of such practices.

A fierce dispute over complementary therapies on the NHS broke out last May, with thirteen of Britain’s highly revered medical experts, including Edzard Ernst, a professor of complementary medicine at the University of Exeter, writing to hospitals to discourage staff from spending money on treatments that had not been clinically proven.

The Haematology unit at University College London Hospital claim to have the only paid Spiritual Healers in the NHS. These healers are part of a team of complementary therapists, including two reflexologists. It started out as a voluntary position, but as demand got higher, the hospital ended up offering to pay for them to come in more often.16
A reply to an email I sent out to Daniel Spinner,\textsuperscript{17} at the NHS customer service centre, told me that the Primary Care Trust in each local area is responsible for the use of CAM, not the NHS in general, as they have their own budget for these treatments. Also that in making these decisions, the PCT must account for the safety and success of the treatment, and the availability of properly qualified and regulated practitioners. Unfortunately reflexology in the UK is unregulated, this means that anyone can practice regardless of his or her knowledge, competency or qualifications to do so. This makes it difficult for any GP to refer someone for treatment, as he or she has little or no knowledge of whether the practitioner has even studied, or been taught by someone who has any experience of the treatment.

Whilst I have not managed to find any paid reflexologists in the Leicestershire NHS, there are other health professionals who are offering reflexology. There have been several instances that I have heard of in Leicester Royal Infirmary Maternity Wards, where midwives have offered reflexology treatments for pain relief during childbirth.

Although the NHS in Leicestershire does not currently appear to include reflexology as a standard treatment, there are several private orthodox GP’s who are writing medical referrals, or even offering reflexology themselves.

Private General Practitioner Services (PGPS) in Stoneygate are the largest private GP practice in Leicestershire, and they practice what they call ‘integrated Medicine’; offering alternative treatments such as reflexology alongside their traditional evidence based medicines.

I think that this is a small step in breaking down the mindsets of the traditional medical community, which will hopefully lead to further steps in recognition of it’s potential value, and eventually offering alternative treatments such as reflexology on the NHS in Leicestershire.


\textsuperscript{16} Mattin, D. ‘A Feeling for Healing’ The Times, Body & Soul supplement, September 09 2006

\textsuperscript{17} See appendix 5
Research with special population groups, disorders or conditions

Alzheimer's disease

‘Alzheimer’s disease is a progressive brain disorder that gradually destroys a person’s memory and ability to learn, reason, make judgments, communicate and carry out daily activities. As Alzheimer’s progresses, individuals may also experience changes in personality and behaviour, such as anxiety, suspiciousness or agitation, as well as delusions or hallucinations’.18

The part of the brain that controls memory and thinking are affected first, but as the disease makes progress, cells are destroyed in other areas of the brain. Even if the individual has no other serious illness, the loss of brain function itself will eventually cause death.

Research carried out by William Rossi states that the modern shoe could actually be the only cause of Alzheimer’s disease, because he considers it to be the only thing ‘capable of robbing a person of the essence of their humanity’19, both symbolically and physically. He argues that the foot is responsible for our distinguishing human traits amongst Nature, and that each person is born with a totally individual and unique footprint. Years of wearing shoes can considerably alter this "essence" of humanity, so could it climax in a total loss of an individual's unique personality?

It is also worth noting that women's footwear is physically more deforming to the feet - high heels, pointy toes, and small sizes, and Alzheimer's disease is disproportionately more common to women than men.

A German woman was Dr. Alzheimer’s first clinical instance of the disease in 1901. He recorded that she also suffered with general nervousness and a poor weight—symptoms that are also related to footwear use20. This revolutionary significant case occurred only a few decades after modern shoes started become popular in America and Europe. The first Alzheimer's patient was diagnosed on May 16, 1850, which was the last year that shoes were made completely by hand.

The following pictures are of habitually bare feet, and are from a study conducted over 100 years ago, and published in 1905 in the American Journal of Orthopaedic Surgery, which looked at the feet of native people in the Philippines and Central Africa, who had never worn shoes21.

18 Taken from ‘What is Alzheimer’s Disease?’ Available from <http://www.alz.org/AboutAD/WhatIsAD.asp>

19 Rossi, William A. ‘The Foot: Mother of Humanity’, published
Apr/May 2003 in Podiatry Management


Dr Hoffman’s studies show that a line can be drawn through the heel, ball, and big toe of a regularly bare foot. The little toes open out naturally in a fan to offer a wide, stable platform for walking or standing.
The following image, also taken from the 1905 study, shows that our feet are shaped more like our shoes. No such line can be drawn, and the little toes crowd to a point—a comparatively unstable, narrow base for walking or standing.

So how would reflexology be of benefit to an Alzheimer’s patient?

First and foremost it is relaxing. The Daily Mail produced an article on the benefits of reflexology and stated in it that ‘Alzheimer's patients saw a reduction in body stiffness and arthritis as well as alleviation of the illness's symptoms of restlessness and wandering’. This type of illness can be very frustrating to the patient, and by relaxing and decreasing stress the body is brought back into balance allowing healing energy to flow.

Reflexology also helps improve circulation. It is my belief that by increasing oxygen flow and waste product removal, the degradation of the brain cells may be slowed down.

In relation to William Rossi’s work, if stress on the feet could cause so much distress to the mind, is it not possible that pampering and relaxation of the feet could in turn help to alleviate some of the associated stress within the mind?

Also, physical stress and exertion on the body is known to reduce levels of Acetylcholine (a neurotransmitter which aids memory — this is notoriously low in Alzheimer’s patients), by not only decreasing production, but also
increasing the activity of the enzymes that destroy it\textsuperscript{23}. This helps to validate Rossi’s theory that Alzheimer’s is a stress related condition. It is also known that the lymphatic glands have Acetylcholine receptors that measure the levels of Acetylcholine in our bodies, and regulates them\textsuperscript{24}. I would like to see some research into whether the stimulation of these glands, through reflexology or other means, can help the body to recognise these low levels and increase production in cholinceptive cells.

\textsuperscript{22} Alzheimer’s "Old age converts to the New Age," Daily Mail , September 14, 1995

\textsuperscript{23} Kolata, G. ‘Study hints stress-drug link to Gulf War illness’ May 28\textsuperscript{th} 1998, Available from: \url{http://query.nytimes.com/gst/fullpage.html?sec=health&res=9F05EFDD1338F93BA15756C0A96E958260}

\textsuperscript{24} Hubben, W. ‘Gene therapy used in an attempt to reverse progressive cell loss in neurodegenerative disease’ April 2001. Available from: \url{http://www.alslinks.com/HTML%20ALS%20Digest/alsd839.htm}

Appendices

\textbf{APPENDIX 1}

Members of the Reflexology Forum – The developing Regulatory body for Reflexologists in the UK

Association of Reflexologists

The British Association of Beauty Therapy

5 Fore Street

Taunton

Somerset

TA1 1HX

T: 0870 567 3320

F: 01823 336646

E: info@aor.org.uk

Website: www.babtac.com or

www.babtac.org.uk

Website: www.aor.org.uk

for qualification information: www.cibtac.com

British Reflexology Association Centre for Clinical Reflexology
Monks Orchard 2 Bramley Avenue
Whitbourne Worcester WR6 5RB
Manchester, M19 2GB T: 0798 559 0206 or 0161 225 9752
T: 01886-821207 F: 01886-822017 E: clive.ohara@btconnect.com
E: bra@britreflex.co.uk Website: 
www.clinicalreflexology.org.uk Website: www.britreflex.co.uk
Complementary Therapists Association (CThA) International Federation of Reflexologists
4 Heathfield Terrace 76 - 78 Edridge Road
Chiswick Croydon
London Surrey
W4 4JE CR0 1EF
T: 0870 201 1912 T: 020 8645 9134
F: 0844 779 8898 F: 020 8649 9291
E: complementary@assoc.org.uk Website: 
www.IntFedReflexologists.org Website: 
www.complementary.assoc.org.uk (incorporating ITEC Professionals and GCP)
International Institute of Reflexology (UK) Northern Ireland Reflexologists' Institute
146 Upperthorpe, Walkley 104 Belsize Road, Lisburn.
Sheffield, S6 3NF Northern Ireland BT27 4BP
T/F: 01142 812100 T: 02892 671004
E: info@reflexology-uk.net F: 02892 678698

Professional Association of Clinical Therapists Scottish Institute of Reflexology
Federation of Holistic Therapists The Secretary
FHT 3rd Floor Eastleigh House The Scottish Institute of Reflexology
Upper Market Street 34 Crinan Crescent
APPENDIX 2

Email sent out to various members of the East Midlands NHS trust

This email was sent to angharad.cooke@eastmidlands.nhs.uk (Leicestershire, Northamptonshire and Rutland Strategic Health Authority); Indi.Munasinge@amicuscpwha.org__ (Amicus/CPHVA Health Sector information Resources); dhmail@dh.gsi.gov.uk__ (NHS general enquiries centre); HCrocker@UHL- tr.nhs.uk (Enquiries at the University Hospitals of Leicester)

APPENDIX 3 taken from http://www.reflexology-uk.co.uk/Jackson_Citizen_Newspaper_Article.htm
Foot Work Takes Sole

In order to take the advice of Eunice D. Stapel to heart, a person has to put his sole into it.

The sole is the guide not only to the heart, but to the spine, liver and kidneys as well. There’s a map of the body in the foot, Mrs. Stapel says.

She will explain her theories to the Lime Organic Health Club at 8 tonight in the Reorganized Church of Jesus Christ of the Latter Day Saints.

All of the sole searching is related to Mrs. Stapel’s work. She believes that foot massage is a prime method of relaxing tension in other parts of the body.

The waistline corresponds to the center of the foot. The right foot reflects the right side. The same is true for the left foot and the corresponding organs on that side of the body.

By massaging the nerve endings in the foot, she says, one can dissolve any congestion and restore circulation to those organs which suffer because they lack a healthy blood supply.

Foot massage stimulates circulation, she said, and it can break up congestion and allow the body to perform naturally again.

The method is based on an old Chinese principle which divides the body into 10 zones. These zones are directly related to the feet, she said.

Her theory, the reflex method of compression massage, is strictly massage and does not involve diagnosis.

She has written two books, "Stories the Feet Can Tell" and "Stories the Feet Have Told."

"I conduct book reviews from coast to coast. These give instruction on how to apply the special technique and get results," said the Rochester, N.Y., resident.

"We're doing this work in a way where we can go quickly along. We notify only those who buy our books of the meetings."

Her two books were printed 30 years ago and still serve as the basis for instruction in the foot massage.

They have sold over 250,000 copies and have also been translated into German. When not on the road, the author said she will spend 18 hours a day answering mail from persons who still have questions.
APPENDIX 4
An email sent to VTCT re: the standardisation of reflexology qualifications.

APPENDIX 5 – reply from David Simmons
9 October 2006
Dear Katie-Jo,
Thank you for your e-mail of 3 October to the Department of Health about reflexology. Your e-mail has been passed to me for reply.

Decisions on the commissioning of complementary and alternative therapies, including reflexology, on the NHS are a matter for Primary Care Trusts (PCTs) and local NHS service providers. The Government considers that decision making on individual clinical interventions, whether conventional, or complementary or alternative treatments, are a local matter.

In making such decisions, NHS organisations have to take into account evidence for the safety and effectiveness of the treatment, and the availability of properly qualified and regulated practitioners. With the exception of chiropractic and osteopathy, all other professions which practice complementary and alternative medicine in the UK are unregulated. This means that anyone can practice regardless of their knowledge, competency or qualifications to do so.
It is the responsibility of local NHS organisations to commission healthcare packages for NHS patients. Complementary and alternative medicine (CAM) treatments are clearly attractive to a number of people and so in principle could feature in a range of services offered by local NHS organisations.

Therefore, if people wish to receive reflexology on the NHS, they would need to discuss this with their GP, who if convinced that it is the best treatment, may decide to make it available. However, clinical responsibility for health conditions rests with GPs, who must therefore be able to justify clinically any treatment they refer patients to. If they are unconvinced about the efficacy of reflexology for a particular condition, they cannot be made to refer the patient.

There are no centrally held figures for centres that offer CAM treatments or carry out CAM research, due to the fact that funds for this come from local PCT budgets.

Additionally, as CAM can feature as part of a wider healthcare package as well as an individual treatment, it is not recorded as a separate item in these circumstances.

I hope that you find this reply helpful.

Yours sincerely,
Daniel Spinner
Customer Service Centre
Department of Health

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