

THE MAGIC OF REFLEXOLOGY IN PREGNANCY



Dr Motha qualified as a medical practitioner in Bangalore, completing her training in Obstetrics and Gynaecology in London at Whipps Cross Hospital. She co-ordinated and directed a Natural Birth and Health Clinic.

I grew up in the East and came to Britain in 1981. I went into medical practice in a very big general hospital in London which at the time catered for 3,500 pregnant mothers. I had already worked in obstetrics in India and had seen a variety of complications. We do not have a very good ante natal care system in India. Working in a busy general hospital there is quite an experience - it is real "blood and thunder" medicine.

I came to England with high expectations thinking that in the West it must be better. I initially had an NHS job and the work was very hard. The time I spent on the labour ward was demanding, but what really hurt me was not my own personal exhaustion so much as the exhaustion of the women I had to look after. Women would look at me for the first time whilst in labour, young women in their mid 20s and 30s, and I would feel their pain, I would feel their frustration and total bewilderment as to why they got stuck in labour and did not progress normally, why they had to have drips and epidurals. They felt they were natural beings. Why could they not, as in China for instance, go behind a bush and give birth in two minutes? And I asked myself the same question.

I started exploring ways that might enable women to have an easier time during such an important event. Early on in my search I heard about the work of Dr Michel Odent and I contacted him to find out exactly what he was doing with water to alleviate pain during labour. Meeting him was a great enlightenment to me and I introduced water birth to help some of the women who were preparing for birth have an easier time.

One of the other possibilities I looked at was reflexology. I was still concentrating on alleviating the physical complaints which affect women during pregnancy, the

most important of which is high blood pressure. This and maybe swelling in the feet plus a touch of protein in the urine, start alarm bells ringing: the woman is immediately admitted to hospital, institutionalised, her blood pressure is checked every four hours, the baby's heartbeat is monitored, urine samples are taken and sent off for further analysis. On average a woman could spend 48 hours in hospital for initial investigations, and then be re-admitted for rest if her blood pressure shoots up again.

To prevent this waste of human resources, I decided to invite a few women with high blood pressure to a casual reflexology clinic which I set up at the end of each week in the Ante Natal Clinic. As a Registrar in the Unit, I was in charge of two sets of patients visiting the Clinic. My consultant colleagues made jokes at my tickling people's feet, but at the same time they seemed to notice that, in a very gentle way, it was helping people. What was really interesting was that a small percentage of women who did not respond even to high doses of hypertensive medication were sent down to the reflexology clinic, and of course they benefitted.

The clinic was voluntary and I had the help of two very generous reflexologists, Helen Chittick and Mary Martin. It was not a control study - just an experiment performed for my own satisfaction to establish the effects. We took the women's blood pressure before and after the reflexology treatments, which lasted between 30 and 45 minutes. Some people were more resistant and than others and we spent more time with them, massaging them and talking with them. It struck me then that the counselling aspect was an extremely important part of the success of the reflexology treatment.

I was always delighted when the blood pressure showed a definite drop, as it always did. However variable it was, this drop meant that the women did not have to be admitted to hospital, although I asked them to report the next day for a check-up in case their blood pressure had shot up - I did not want to be taken to court! The fact that the women could live at home was another reason the clinic became popular.

At the time I was interested purely in how reflexology could help hypertension, but it soon became apparent that there were other benefits. The labour itself was shorter - averaging 4 or 5 hours; and women who had been induced for their first pregnancy now went into labour spontaneously. It began to appear that this was a really cost effective way of handling hypertension, not only because the women did not have to be admitted to hospital, but also because they did not have to be induced, did

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not have to be monitored, and did not have to have the odd caesarean sections, all of which arose from high blood pressure and the complications it caused.

This experience led me, in 1988, to consider doing further studies, this time concentrating on the length of time women spent in labour. For a first baby, the text books say that a woman is in labour for an average of 16–24 hours, and I was really pleased to hear that the women who had received reflexology treatments just popped their babies out in 3 or 4 hours.

The Forest Gate Project

A friend of mine, Dr Jane McGrath, a GP in Forest Gate, came to me for my gentle birth programme and received reflexology during her pregnancy. She then had an easy birth, a 4-hour labour for her first baby, and we decided that we would undertake a casual project at her Clinic.

Initially we put up posters in the Clinic inviting all pregnant women for free reflexology throughout their pregnancy. We began treatment when they were at least twenty weeks into pregnancy: by then they had had a booking scan, and it was known that the baby was fine. There is really no contra indication to reflexology in pregnancy at all, but because there is a normal 30% foetal loss within the first three months of pregnancy this protects the reflexology interest.

Reflexologists

Dr Gowri Motha, Zia Rawji, Moya Ferry

Area

A deprived part of East London where most women had never heard of reflexology.

Participants

Reflexology was offered free to any pregnant women within the practice who wished to participate. Out of a possible 120 women, 64 came forward for treatment.

Ethnic breakdown

81.9% were Caucasian, 10.8% were Asian, and 8.1% were Afro-Caribbean.

Drop out rate

37 out of the original 64 completed the set course of 10 treatments. The drop out rate was 42%, and the main reasons for this drop out were:

Inability to find baby sitters

Infrequent attendance, leading to inability to appreciate cumulative effect of reflexology

Fear of de-tox reaction caused by treatment

Presenting problems:

Musculo-skeletal	24.3%	Cystitis	5.4%
Heartburn	18.9%	Insomnia	5.4%
Oedema	16.2%	Irritable uterus	5.4%
Hypertension	13.5%	Migraine	5.4%
Social stress	10.8%	No problems	5.4%
Immunological stress	8.1%	Nose bleeds	2.7%

The most common complaints were musculo-skeletal problems such as back ache. Then came heartburn. There was quite an overlap between musculo-skeletal and heartburn. The third most common complaint was oedema, and the fourth hypertension. Hypertension is a medically recognised symptom that would be treated by the women's doctors, while the other complaints tended to be shrugged off as part of pregnancy and something that had to be put up with. Another important factor that emerged was social stress. Women would come in, just feeling unwell, there would be nothing specially wrong, but they had aches and pains. Low in energy, kept getting colds and coughs and they wondered what was going on. These women did well with reflexology: we treated the whole person and explained this; slowly and gradually they began to look forward to their sessions and their stress was greatly helped.

There was also a small group who suffered from insomnia and migraine. Only a small percentage, 5.4%, had absolutely nothing wrong with them, but they came to have the experience of reflexology.

The room

Three reflexologists carried out the study in a tiny room, just 10 x 12 feet, but the women loved coming and we enjoyed the working with them.

Labour outcome

Most important was the study of the effect on labour which was outstanding. The midwives would come down and say how well our women were doing. Some had labour times of only 2 hours, some 3 hours. We just could not believe it, but it was true, the 20-25 year-olds had an average of the first stage of 5 or 6 hours, and first-time mothers 5 or 6 hours. Second time mothers, 26-30 year-olds, seemed to have the longest labours, and the community midwife commented to me that they probably had more social stress. In obstetrics we warn older women that they are more likely to have problems but in this very small experiment we found that there was little difference between the 30 year-olds and the 40 year-olds, even though many of our 40 year-olds were first time mothers – who also had 2-3 hour labours. It really looks as if reflexology helps pregnant women of all ages.

ASPIRATIONS: A PICTURE OF THE PROJECT

As a lone reflexologist, I was particularly pleased to work with Gowri, a medical practitioner in an area that has been very dear to my heart. Many years ago I had read about the work of Dr Frederick Le Boyer who, in his book, *Birth Without Violence*, wrote that he believed that problems suffered in later life could be related to the trauma suffered at birth. He established his own method of delivering babies in a calm and loving atmosphere and subsequently followed up a thousand of these babies. He reported that they were significantly better adjusted, more intelligent and generally much healthier compared with the peer group. This work made a lasting impression on me, and when we got very holistic results with our reflexology I often wondered whether we could use reflexology to carry Le Boyer's work further, or maybe further back, and try to provide an ideal environment before birth. He provided the ideal environment at the time of birth. Could we not start earlier by influencing the environment in which the foetus was developing?

At our first meeting about the Forest Gate Project Gowri and I went quite overboard on what we wanted to achieve, but financial reality very quickly grounded us and we ultimately streamlined our programme of reflexology to give maximum benefit at key periods of the pregnancy. Our results were very encouraging. Many of the responses and reactions were similar to those we encounter in our regular practice but in this area of Forest Gate, where many of our patients came from underprivileged backgrounds, we soon began to realise that what was being greatly appreciated was the fact that for many of the mums this was the first time direct care was being offered to them. This was their half-hour; all that was required of them was that they relaxed and gave themselves, and their feet, over to us. We were offering them a treatment which concerned only their welfare. Their comments were: "I felt so relaxed after the treatment"; "I slept better"; "My heartburn has disappeared"; "I feel I can cope much better"; "My backache has gone and I feel much less tired"; "I really miss not having my treatment".

This weekly half hour was something that they really looked forward to, not only were we there to offer them a treatment that fortified them for the next few days, but they could also talk about their aches and their pains, and about their social and domestic problems. This helped them to unwind. What was also striking was the increased self-awareness and the participation of the mum in her own well-being. Many of the young women were single mothers on income support, not sure whether

their partners would be around. Some were just not interested in their own well-being. It was wonderful to see them responding to the all round care that they were receiving and beginning to take an interest in finding out about healthier diets and lifestyles. We began to see happier mothers and dared to think, happier babies and families. Michel Odent writes in his book *Birth Reborn*, "Expectant mothers who are not worn out by stress will approach labour in a much better condition." Our preliminary results support this. Our mums were spending much less time in labour, and many were delivering without the need for opiates or epidurals. Our study showed that many of the problems encountered in pregnancy were being alleviated, resulting in mothers being more comfortable, better able to cope and needing less medication.

This leads us to ask why we should not use reflexology to pre-empt any of the more serious problems associated with pregnancy. We are all aware of the enormous cost to the nation of miscarriages, still births, baby-care units, etc. Judging from the results of our very modest study, I am convinced that there is tremendous scope for reflexology in these areas if programmes are started and maintained correctly. We should see enormous savings in both emotional cost to the families, and financial burden to the health system. We know that some medical insurance companies are wanting to woo the reflexologists to them because of the savings.

Returning to Dr Odent's comment on providing the right condition during foetal growth, how early should we consider this to begin? What about thinking about reflexology even prior to conception? This is not as far-fetched as it may sound. The charity Foresight, working with researchers at the University of Surrey, has amassed extensive data from post-war Europe, demonstrating that the crucial period for successful reproduction is the four months prior to conception, since the sperm and ova are vulnerable as they grow and develop. This is what Ayurveda, the oldest known holistic system, has been saying for the past 5,000 years. The Ayurvedic texts describe in detail how bodies should be prepared before conception so that healthy ova and sperm are produced, as is a well-nourished uterus in which the embryo can grow and develop ideally. Here too there is a vast potential for reflexology. One of our colleagues said that there is so much of interest to learn about reflexology that soon we may have more reflexologists than patients. Dare we hope, dare we dream that with this awareness we shall soon help to give birth to tomorrow's undamaged, naturally healthy child?

Zia Rawji

Zia Rawji worked with Gowri Motha on the Forest Gate project.