Research: Effects of Foot Reflexology for High Blood Pressure

Dr. Jesus Manzanares, M.D.
University Hospital Vall D'Hebron and Sagrado Corazon Hospital. Departments of Neurology, Rheumatology, Traumatology, Cardiology and Internal Medicine, Barcelona.

Purpose: To study the results of using foot reflexology on patients with high blood pressure (HBP).

Population tested: 54 patients diagnosed with HBP, 34 females and 20 males. Age range from 34 to 75 years old.

Method: The 54 patients were divided in 4 groups according to the HBP medication they were receiving.
Group 1: 32 patients; prescription - Enalapril 5mg to 20mg/day
Group 2: 8 patients; prescription - Enalapril 5mg to 20mg/day plus a diuretic
Group 3; 2 patients; prescription - Propranolol 20mg to 60mg/day
Group 4: 12 patients; prescription - None. This group received only dietary guidelines.

The 54 patients presented with the following identified medical diagnoses:
Overweight: 25
Non-insulin dependent diabetes: 15
Dyslipidemia (Abnormal Lipids): 14
Hyperuricemia (Gout): 5
Obstructive Chronic Pulmonary Disease: 16

Protocol: Two different protocols were used consisting of (1) a generalized reflexology treatment and (2) a specific reflexology treatment for high blood pressure.
Placebo Protocol #1 - Reflexology areas treated: lung, lumbar spine. stomach
HBP Protocol #2 - Reflexology areas treated: predominant frontal cortex, sympathetic thoracic ganglions, kidney
Patients in Groups 1-4 were divided equally into two subgroups (a) and (b).
All subject in Groups (a) received Reflexology Protocol #2 for HBP
All subject in Groups (b) received Reflexology Protocol #1 General (Placebo)
All groups received foot reflexology treatments 2 times per week over 10 weeks for a total of 20 sessions. The sessions included firm pressure of reflexology for a duration of 5 to 7 minutes in each area listed.

Results: After all 20 sessions were completed, Groups 1a, 2a, 3a, 4a (a total of 27 patients or 50% of all group subjects) who received the HBP Protocol #2, were able to achieve lowered blood pressure levels although their HBP medication was reduced to half the dosage.

The percentage of patients in the Placebo Groups 1b, 2b, 3b, 4b were able to reduce their intake of HBP medication as follows: 1b: 5%; 2b: 0%; 3b: 0%; 4b: 16%.

Conclusion: Based on the results obtained in this study, patients treated for high blood pressure, some of them with additional associated pathologies, had significant benefit from the specific HBP Protocol #2 compared to those patients who received the placebo Protocol #1. HBP Protocol #2 allows the patient to lower the HBP medication intake while still maintaining normal blood pressure.

Dr. Jesus Manzanares, M.D, Barcelona, Spain

Dr. Manzanares was born on October 27, 1959 in Barcelona. He graduated in Medicine and Surgery from the Autonomous University of Barcelona in 1982. He specializes in Family Medicine, Homeopathy and Reflexology. He has participated as a speaker at numerous conferences and congresses, including the Fourth European Conference of Reflexology held in Odense in 2000, the Reflexology Association of America – RAA Conference held in Newport, RI (USA) in April 2002, the Conference of Aesthetic Medicine Sorel in Barcelona in October 2002, the Conference of ICR (International Council of Reflexology held in Jamaica in September 2002 and in Anaheim, CA in September 2009. His career is divided between medical care and teaching. He teaches an advanced reflexology training program in Catalonia which is accepted by the government. He also teaches his Manzanares Method of Reflexology courses internationally and in the United States.

Dr. Manzanares research in the field of reflexology began in 1980 and focused on three basic aspects of reflexology, starting with studying the neuro-physiological basis. This aspect was critical because it explains the mechanism and structures that intervene in the process of reflexology. To explain the neuro-physiological basis of reflexology he used EEG studies and concluded that there are "pathways for the reflexological impulse toward the central nervous system."

Secondly, he saw a need to identify the specific anatomical locations (reflex areas of the feet). He developed precision mapping of the foot-to-body connection over 27 years of research on 70,000 clinical cases. Patients were chosen under 47 years of age with one diagnosed acute disease.. Finally, he established pathology-specific protocols using his research principles and method of reflexology.

In his book, "*Principles of Reflexology*" he diagrams his investigations, charts his protocols and illustrates areas such as the toes reflecting the reticular core of the brain stem, the common pathway for information from the feet to internal organs of the autonomic nervous system. Dr. Manzanares' contributions of science-based reflexology research opens communication between reflexologists and the medical community.