



Strengthening Reflexology in Integrated Healthcare



- Bridges building between practitioners, researchers and policy makers

By Professor Nicola Robinson, UK and Leila Eriksen, Denmark

Reflexology is the second most commonly used Complementary and Alternative Medicine (CAM) therapy in Denmark and is used all over the world.

Researchers from CAMbrella¹ estimate that half of EU citizens have experienced some form of CAM treatment. However there is a lack of information, particularly regarding published reflexology studies.

Nicky and I have been participating in national and international CAM conferences, including research conferences arranged in cooperation with ISCMR². The largest being in Miami in 2014 with 1000 participants and subsequently, held in Korea in 2015 with over 700 researchers and clinicians participating³.

- ***Why is reflexology almost invisible at Conferences such as these?***
- ***What can be done to help reflexology to become recognized?***
- ***What can be done to help reflexology and an integral part of health care systems - for all age groups?***

This presentation, at the ICR conference 2015, will take you through a journey. We look forward to sharing with you what is happening around the world regarding integrated medicine. Sharing experiences regarding to how practitioners and researchers can work side by side to promote evidence-based practice and pass on information to relevant institutions.

Touch



Before going on with research, I would like to invite you to think about what a touch is. Lydia Denworth is a Brooklyn, N.Y.-based science writer and is author of "I Can Hear You Whisper: An Intimate Journey through the Science of Sound and Language" (Dutton, 2014). She has recently published an article, which really inspired me. The article starts like this...

"My three sons are nearly all teenagers, and some of the details of their earliest years have begun to blur. Which boy was it who said that funny thing about the dog? Who lost a tooth while crossing the street? But I remember the minutes immediately after each child's birth as sharply as if the boys had entered the world this morning. Given my new baby to hold, I hugged him to my chest, caressed his back and kissed the top of his tiny head. And then we stayed there like that for quite a while, mother and child.

The sense of touch had a lot to do with why those moments were so powerful. Touch has long been understood to be important in nurturing relationships -- so much so that babies who were raised in orphanages without it often died. Those first moments with my children, followed by years of cuddles and hugs, no doubt contributed mightily to the deep bonds between us"

The name of the article is, "Touch's Social Significance Could Be Explained by Unique Nerve Fiber. A long-overlooked system of nerves that respond to gentle strokes may be crucial to our ability to form connections with one another".^{4,5}

What do we know – what do we not know?

- Headlines from selected reflexology research studies will be presented



In volume 7, no 1 February 2015 of the **European Journal of Integrative Medicine**⁶ the Editorial by Torkel Falkenberg, Michael Smith, and Nicola Robinson, *"Traditional and Integrative approaches for global health"*⁷, states that *"The two systems of traditional and Western Medicine need not clash. Within context of primary healthcare, they can blend together in a beneficial harmony, using the best features of each system, and compensating for certain weaknesses in each. This is not something that will happen all by itself. Deliberate policy decisions have to be made. But it can be done successfully"*.

The same journal also has an original article *"Building WHO's global strategy for Traditional Medicine"* by Andrea Burton, Michael Smith and Torkel Falkenberg⁸. The World Health Organization, WHO, recognized that the traditional (T) and complementary medicine (CM). T & CM are a vital part of the global health care system. With this in mind, WHO recommends that governments harness the potential contributions of

T & CM by regulating, researching and integrating products, practitioners and practice into health systems.

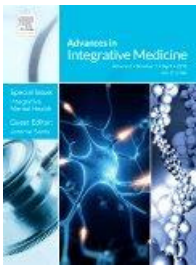


In Norway Vinjar Fønnebø, The Head of The National Research Center in Complementary and Alternative Medicine, NAFKAM⁹, and now president of ISCMR, has participated in WHO meetings to follow up on the "WHO Traditional Medicine Strategy 2014-2023"¹⁰ to provide guidance for countries, as they work to manage priorities, regulations and governance of the T & CM field within their own jurisdiction (NAFKAM was designated as a WHO Collaborating Centre for Traditional Medicine in 2008).

The WHO Traditional Medicine Strategy 2014 – 2023 reflects on global priorities for T & CM and suggest the steps needed to deliver on these priorities. In essence, the Strategy is a roadmap for work on T & CM. This Strategy is the primary document on T&CM that reflects the current global situation. It is a living document with an evaluation planned halfway through its 10 years lifespan. One of the most important ways in which this Strategy can be used is by engaging governments, both domestically and internationally. Though the Strategy does not come with associated resources, it may prove to be a useful tool to support applications for funding to both government and non-government agencies (references in the end of this document).

Case Reports – what can you do?

Case reports have informed medical practice for as long as medicine has been practiced. Derided by some, but adored by others, the published case report has had a long history in evidence-based medicine. In the age of the clinical observations that may be missed undetected and clinical observations that may be missed or undetected in “higher hierarchy” designs such as clinical trials. Additionally case reports can provide important patient-centered clinical insight that may inform the individualized nature of contemporary patient care. Case reports can generate hypotheses for future clinical studies, guide the personalization of treatments in clinical practice, and be useful in integrative medicine. It can also help to evaluate system-oriented approaches to healthcare. History demonstrates the importance of published case reports in modern medicine. HIV was brought to the mainstream medical worlds notice not through exhaustive epidemiological monitoring, but through publication of an influential case report of “extensively disseminated Kaposi`s sarcoma in young homosexual man”. Case reports have also led to new advances in knowledge of existing disease.



In the journal **Advances in Integrative Medicine**, Volume 1, No 3, December 2014.^{11,12} you can read an interesting article “*Integrative medicine case reports; A clinicians` guide to publication*”, with guidelines that can be introduced to common students becoming CAM (Complementary and alternative medicine) practitioners. By using the same guidelines for collecting case stories, students as well as professional practitioners with many years of experiences, can participate by adding information to a database. The database can be extremely important for future research and thereby for future answers to some of the questions regarding for instance chronic disease that we know a lot about but still so little. The collection of case reports could be embraced by the reflexology professional bodies in each country and could provide a wealth of information on reflexology practice and could be used for research purposes to look at patient outcomes.

The above article suggests that the following **subheadings** should be followed;

1. Introduction
2. Why case reports matter
3. Building research capacity in integrative medicine
4. Standardization of case report publication the CARE guidelines
5. Other discipline-specific guidelines
6. What should be reported
7. How should they be reported? (Tittle, Abstract, Keywords, Introduction, Presenting concerns, Clinical findings, Timeline, Diagnostic focus on assessment, therapeutic focus and assessment, Follow up and outcomes, Discussions and References).
8. Writing style
9. Summary

MYMOP - MYCAW

MYMOP, Measure Yourself Medical Outcome Profile, is a patient-generated, or individualized, outcome questionnaire. It is problem-specific but includes general wellbeing. It is applicable to all patients who present with symptoms, and these can be physical, emotional or social. It is brief and simple to administer. You use this link to access the questionnaire and further information about MYMOP.^{13,14}

MYCAW, Measure Yourself Concerns and Wellbeing, is an individualized questionnaire that has been designed for evaluating complementary therapies in cancer support care. It may be suitable for use in other settings too.¹⁵

During a consultation with your patient, the patient should be asked to complete the MYMOP with you. The patient decides what symptom is most problematic to them (they can also suggest a related secondary symptom) and they rate the severity of this symptom. They then decide on an activity that they would like to improve on (this can be something that seems quite minor, like brushing their hair or being able to put on their socks, or it can be something ‘bigger’) and they rate how much the symptom impedes them in this activity. The patient also rates their general wellbeing and notes down any medications that they are on for the symptom, including doses. A follow up at an agreed time period is carried out and the change in scores and medication doses/use is examined. It is important to use unmodified versions of the MYMOP2 forms for validity and reliability reasons.

Through using the MYMOP you are not only finding out about the effectiveness of your treatment, but you are also acting in a patient centered way addressing the issues that are most important to your patient and allowing them to set their own treatment goals.

The MYMOP can be used in patients from 11 years and older. While it has not been validated for younger children, the author (via the official website, see ‘relevant links’ below) does indicate that the MYMOP can be completed with the help of a carer, parent or guardian. The same person should also help with the follow up. For more information see endnote in the end of this document.

Exceptional Migraine Case Stories - RESF



In Norway, The National Research Center in Complementary and Alternative Medicine, NAFKAM⁹, is organized as a center at the Faculty of Medicine, at the UIT, the Arctic University of Norway. It is funded by the Norwegian Ministry of Health and Care Services. NAFKAM run The Register of Exceptionally Courses of Disease in Scandinavia, RESF¹⁶. The register is collecting information from people who have experienced an exceptional course of disease after the use of alternative treatment compared to what was expected based upon medical examinations. NAFKAM work together with reflexology associations from 4 countries: Denmark, Sweden, Norway and England. There is a Migraine Project, led by Vinjar Fønnebo¹⁷, a project that also runs in cooperation with the acupuncture association. Information about the project can be found in this webpage <https://uit.no/Content/292233/English%20info%20Migraine%20project%20020312.pdf>

It is highly recommended that you and your association put this link on your webpage, and refer to NAFKAM webpage, to inspire for collecting exceptional cases. It is very easy for the clients as well as the practitioners, to send a message to NAFKAM, to get positive response and be part of this innovative work.



NEW website: CAM Regulation – a database on the regulation of Traditional, Complementary and Alternative Medicine (CAM) in Europe

On March 11, 2015, the National Research Center in Complementary and Alternative Medicine, NAFKAM in Norway, launched a new website “CAM Regulation”¹⁸. The website will provide details on the regulation of Traditional, Complementary and Alternative Medicine (CAM) in 39 European/ EU countries. The website is open-access and available in English.

Research and information at NAFKAM gives high priority to patient safety. In 2015 and beyond, European citizens will reportedly seek CAM treatment provided by both CAM practitioners as well as health care professionals beyond their own country of residence. CAM regulation differs substantially from country to country in Europe. All parties involved (patients, CAM practitioners and health care professionals) therefore need to be up-to-date on issues important for the care/treatment they are seeking.

Regulation is an important management tool in risk governance of health care services. With CAM Regulation, NAFKAM’s objective is to give an overview of the regulation and thereby enable European citizens to make informed and safe choices when they seek CAM treatments both at home and over the border.

The CAM Regulation website will provide information on both CAM regulations in general, as well as on specific regulatory issues on 12 selected CAM treatments within the following subject areas:

- Legal and regulatory status
- Governmental supervision
- Reimbursement status

The website will present hard copies of the work package (WP) 2 reports in the EU-funded CAMbrella project (submitted on Dec 31, 2012)¹. New regulations that have come to our attention after 2012 will be presented as News. NAFKAM would greatly appreciate if you would forward any news about new regulation to them. This will enable the website to be as updated as possible. The CAM Regulation website can be found at <http://nafkam-camregulation.uit.no>

What else can we do as practitioners?

- Audit our practice
- Work with other colleagues to carry out observational studies of practice
- Encourage your professional body to develop a research strategy and seed fund pilot studies- Examples from the UK will be discussed at the conference
- Link with researchers in university
- Do a research masters/PhD program

In the UK the Research Council for Complementary Medicine, RCCM¹⁹ links with professional bodies to bring researchers and clinicians together such as the CAMSTRAND conference and hosting workshops and conferences. This encourages both academics and practitioners to present at conferences and publish their work.

- What are the drivers for research?
- What is the evidence?
- What evidence is important?
- How can research evidence influence clinical practice?
- Does clinical practice influence research?
- How can government policy and guidance be influenced?

The National Health Services, NHS UK, clinical guidelines will be discussed and their relationship to evidence on CAM²⁰.



Welcome and join us in our journey

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2. ISCMR <http://www.iscmr.org/>
3. ICCMR 2015 <http://www.iccmr2015.org/>
4. **Article** - "Touch's Social Significance Could Be Explained by Unique Nerve Fibers. A long-overlooked system of nerves that respond to gentle strokes may be crucial to our ability to form connections with one another". By Lydia Denworth. The Scientific American Mind, Volume 26, Issue 4 July 2015
5. **Journal** - "The Scientific American Mind" <http://www.scientificamerican.com/magazine/mind/>
6. **Journal** - "The European Journal of Integrative Medicine" www.elsevier.com/eujim
7. **Article** "Traditional and integrative approaches for global health" European journal of integrative medicine volume 7 no. 1 February 2015. Page1-4
8. **Article** Building WHO's global strategy for traditional medicine. European journal of integrative medicine volume 7 no. 1 February 2015. Page 13-15
9. NAFKAM https://en.uit.no/om/enhet/forsiden?p_dimension_id=88112
10. **Report** - "WHO Traditional Medicine Strategy 2014-2023"
http://www.who.int/medicines/publications/traditional/trm_strategy14_23/en/
11. **Article** - "Integrative medicine case reports; A clinicians' guide to publication". Jon Wardle, Eric Rosen, Advances in integrative medicine 1 (2014) 144-147
12. **Journal** - "Advances in Integrative Medicine" <http://www.journals.elsevier.com/advances-in-integrative-medicine/>
13. **Questionnaires'** - MY-MOP, Measure Yourself Medical Outcome Profile,
<http://www.measuringimpact.org/s4-mymop2>
14. <http://www.bris.ac.uk/primaryhealthcare/resources/mymop/?c=welcome>
15. MYCAW, Measure Yourself Concerns and Wellbeing,
<http://www.bris.ac.uk/primaryhealthcare/resources/mymop/sisters/#MCQ>
16. RESF
17. - https://uit.no/om/enhet/artikkel?p_document_id=393508&p_dimension_id=88112
18. Migraine project -<https://uit.no/Content/292233/English%20info%20Migraine%20project%20020312.pdf>
19. "CAM Regulation".- <http://nafkam-camregulation.uit.no>
20. Research Council for Complementary Medicine, RCCM <http://www.rccm.org.uk/>
21. The National Health Services, NHS UK <http://www.nhs.uk/NHSEngland/thenhs/about/Pages/overview.aspx>

Other relevant links

22. CareCam, Centre for CARE of treatment, documentation and education in CAM www.carecam.dk
23. SRAB, Danish National Board of Health Council Alternative treatment, <http://www.srab.dk/>
24. RiEN, Reflexology in Europe Network <http://reflexeurope.org/tiki-index.php>
25. ICR, The International Council of Reflexologists, <http://icr-reflexology.org/>