

the foot soles only; they had no other information about the patients. Each patient and the therapist graded problems related to 13 different parts of the body. Interrater agreement, measured by weighted Kappa, ranged from 0.04 to 0.22, and was significantly better than chance ( $p < 0.05$ ) for six parts of the body. The overall Kappa was 0.11 (95% CI: 0.08-0.14). A score based on a detailed examination of the 'colon zone' showed no significant difference between patients with many or few data; intestinal complaints. Generally the therapists tended to score higher than the patients thus overdiagnosing problems. The statistical agreement may be better than pure chance, but is too low to be of any clinical significance."

#### **Dysmenorrhea (99)** (*See also Amenorrhea*)

Thirty six cases of dysmenorrhea showing abdominal pain during menstruation were treated with foot reflexology. Following treatment, those who were cured (showed disappearance of all con-ceal sometimes with no relapse in 3 months) included (a) 3 of the 4 cases experiencing dysmenorrhea under 1 year (average: 9.4 sessions), (b) 14 of the 22 cases experiencing dysmenorrhea from 1 to 10 years (average 13.1 sessions), (c) 7 of the 11 over 10 years (average: 17.3 sessions). Those who showed marked effectiveness (showed improvement of clinical symptoms, most of which disappear) included (a) 1 under 1 year, (b) 5 from 1 to 10 years and (c) 3 over 10 years. Those who showed effectiveness (amelioration of

symptoms, some pain) included (a) 3 from 1 to 10 years and (b) 1 over ten years. All cases showed effect (change after treatment).

#### **Dysmenorrhea (100)**

Foot reflexology was applied to 17 teenagers, 14-17 years old with a history of amenorrhea for 1 to 4 years. Foot reflexology was applied twice for thirty to forty minutes. Application to the 17 during the first menstrual cycle showed a cured rate of 3, a significant rate of 13 and an effective rate of 1. Application to the 14 during the second menstrual cycle, showed a cured rate of 6, a significant rate of 7 and an effective rate of one. Application to the 8 during a third cycle showed 8 cured, 2 significantly effected and 1 effected.

#### **Ear disorders in children**

"The aim of the study was to describe similarities and differences in health, quality of life, and diagnosed morbidity in 0-6 year-old children whose parents contact either a reflexologist or a general practitioner (GP) due to their child's ear disorder.

"Material and Methods: A total of 98 children who received reflexology treatment and 57 children who received treatment by a GP were included. Reflexologists and GPs described the child's symptoms, the parents completed a questionnaire about health status and ear disorders and a specialist examined and diagnosed the child.

"Results: The most prevalent symptoms were colds and troubled sleep and the least prevalent were inflammation of the throat and poor spoken language. Parents in the reflexology group considered their children to be more ill than parents in the GP group (measured by number of ear disorders, number of antibiotic treatments, number of sickness days during the past year and the duration of the acute ear disorder). Furthermore, parents in the reflexology group reported that their children had more physical discomfort, more activity limitations and more emotional problems than children treated by GPs and the parents themselves were also more troubled by the ear disorder. The specialist examination showed no differences between the two groups of children, neither according to tympanometry nor according to diagnosis.

"Discussion: According to a medical evaluation there was no difference in morbidity between children treated by a reflexologist and a GP. According to the parents' evaluation, children in reflexology treatment were more ill and their health-related quality of life was more affected by the ear disorder than that of children treated by a GP."

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