



LEILA ERIKSEN (DENMARK)

Reflexology seen from a Helicopter Perspective

BIOGRAPHY

Leila Eriksen, Reflexologist and CAM Consultant, has 30 years of combined experience. Trained in reflexology as well as hospital based health care, she has been a pioneer in Danish and International Reflexology Research and has had an active part on project teams behind several reflexology studies. She has been invited as a speaker at more than 40 international conferences/meetings around the world. As the first reflexologist in the world, without an academic background, she has succeeded, together with colleagues, to have five different abstracts, regarding reflexology, recognized to be presented at ISCMR international research conferences in Norway 2010, China 2011, USA (Portland) 2012 and USA (Las Vegas) 2016.

Her passion is to build bridges between practitioners and researchers, for the benefit of the clients. Leila is a fulltime reflexologist in her two clinics near Copenhagen and a CAM consultant and spokesperson. She has been connected to research projects in hospitals as well as universities. Besides this, she's involved in national as well as international organizations and she is devoted to administration and research in the CAM area. She's a member of The Danish National Board of Health's Council Concerning Alternative Treatment and has worked with The National Research Centre in Alternative and Complementary Medicine in Norway, NAFKAM, on an international research project collecting exceptional case stories.

She has written research articles and publications and has a close relationship with the Danish Association of Cancer Children, where she arranges events for mothers to cancer children and offers reflexology to the cancer children and families, during family weekends. During an eight year period more than 1000 children and family members have received reflexology treatments. Beside this she functions as a consultant for national and international links concerning alternative, complementary and integrated medicine. Over the years Leila has received a handful of awards. The latest award was "The ICR Special Recognition Award" given by The International Council of Reflexologists (ICR), at their International Reflexology Conference held in Portugal in September 2011.

Contact information:

www.carecam.dk

www.srab.dk

www.nafkam.no

www.iscmr.org

Contact information:

www.leilaeriksen.dk



PRESENTATION: Reflexology seen from a Helicopter Perspective

Reflexology is used by people around the world. Never the less it's almost invisible in highly respected research conferences regarding Complementary and Alternative Medicine (CAM)..... Why?

In 2016 an abstract was recognized for presentation at the Integrative Medicine & Health Conference, ICIMH-ISCMR.org in Las Vegas. The conference headline was “Bridging Research, Clinical Care, Education and Policy”. The title of the recognized abstract and the poster presentation was presented in co-operation with RiEN (Reflexology in Europe Network) and ICR (International Council of Reflexologists).

“Reflexology in Europe and worldwide – Research and clinical Practice”

It has been a long journey to make this possible. Crossing the globe several times, being part of reflexology and research conferences, visiting lots of clinics, participating in meetings with practitioners, patients, doctors, researchers and journalists, travelling with stakeholders, discuss and find solutions, ideas and raise new questions, being part of research projects and meeting patients and their families. Seeing, feeling and experiencing what reflexology can do. Not only as a therapeutic “hands-on tool”, but the energy that goes on in a consultation between a professional therapist and a client.

The healthcare system is moving into a new area

Method

The abstracts and posters that will be presented at the ICR International Conference in Taiwan in 2017 have been peer reviewed by some of the world’s highest respected researchers from around the globe. They have also been presented and discussed in Las Vegas in 2016, with The Nordic Reflexology Network (NRN), The Reflexology in Europe Network (RiEN) and now in October 2017 with reflexologists from around the world (ICR).

Results

Further information can be found at The Danish National Board of Health webpage www.srab.dk and www.carecam.dk. Posters from research conferences will be presented at the ICR conference 2017.

Discussion

This is an invitation to inspire you by a 30 year enjoyable journey, seen from a helicopter perspective. I invite you to hear what is happening internationally and to hear the latest news from NRN, RiEN, from the International Research Congress in Las Vegas in 2016 and the ecim-iccmr.org congress in Berlin in 2017.

Evidence based practice - You can make a difference



Reflexology in Europe and worldwide – Research and Clinical Practice

Introduction

Reflexology is the second most used CAM* therapy in Denmark. It is practiced both in private clinics and in health communities. Since 2004 it has been possible to be a RAB registered practitioner, by law. The National Board of Health oversees the RAB organization where the reflexologist is registered. In Denmark a number of private insurance companies fund reflexology treatments. Danish reflexologists have to have 300 hours of education in anatomy and physiology, beside the theoretical and practical education. Elsewhere in the world, some countries, such as South Africa, there is statutory regulation of reflexology, some countries, such as the UK have voluntary regulation but most countries have no regulations.

The Danish National Board of Health has a Council Concerning Alternative Treatment, called SRAB. SRAB.dk that received 5 Million kr. from the Danish government in 2016 for activities regarding research and public information within CAM*

In **Europe**, 10,000 reflexologists, from 20 countries, are brought together by RiEN, the Reflexology in Europe Network, consisting of 32 European reflexology associations. RiEN has existed for 20 years and has an Annual General Meeting and a Conference every second year. The last conference was in Brussels.

Worldwide, reflexologists are organizing themselves nationally but may also become individual members of ICR (The International Council of Reflexologists). ICR has existed for 25 years and holds International Conferences every second year. RiEN arranges a European Reflexology Day on the last Saturday in April of each year and ICR arranges a World Reflexology Week in the last full week in September of each year.

Research and clinical practice

Despite the wide use, and the absence of concerns about side effects from The Danish National Board of Health, reflexology is almost invisible in the international CAM* research conferences. A survey has shown that 26 out of 58 Danish **cancer children** have used Reflexology (Eriksen).

Lymph drainage: the use of reflexology in managing secondary lymphedema for patients affected by treatments for breast cancer show that the volume of the swollen arm significantly reduced following four reflexology treatments and that the effected size is large (Whatley, Kally).

The effect of Foot Reflexology in patients with metastatic **cancer** has shown a significant decrease in pain with reflexology than usual care, including a significant decrease in anxiety (Stephenson, et al).

A Danish study has shown that 81 percent consulting a reflexologist for **headaches** has an effect of the treatments (Launsø, Brendstrup, Eriksen).



The effect of reflexology on **pain** and tolerance in an ice-pain experiment in healthy human subjects show that reflexology increases both pain threshold and tolerance in volunteers to acute pain (Samuel).

A Danish reflexology study has shown a positive effect on **kidney stone pain** (Bækgaard, Vibe-Hansen) and a study on kidney blood flow during foot reflexology, measured by color Doppler sonography of arcuate artery, show that the results have a significant decrease in the resistance index during the treatment. Evidence for hypothesis that foot reflexology exerts term effect influence on **kidney blood flow** (Sudmeir).

Regarding **infantile colic**, a Danish study has shown that there is a significant cure rate at paediatric consultation. Children who do not benefit from this intervention have a significantly better outcome with reflexology treatments than the observation group (Benedbæk et al).

These research projects show that there is a place for reflexology in general **healthcare**, but that much more research needs to be done. There may well be areas of health with clinical effectiveness gaps that could benefit from Reflexology. A holistic complementary therapy that can stand alongside standard healthcare in promoting wellbeing.

Conclusion

Studies and surveys, like those mentioned above, provide incentive for increasing interest to develop research designs and methods that can show what goes on in daily practice. Those studies need to include **cost benefit and cost utility**, regarding integration in to the future healthcare system and quality of life. This is especially important as the population of the world is ageing and living longer. Both RiEN and ICR hope that researchers around the world might become more interested in Reflexology. Hope that the CAM* therapist of the future will continue to develop the quality of treatment interventions and that therapists will gain a bigger knowledge of research to provide serious and objective consumer information. Reflexology is a safe, low cost intervention, a therapy for everyone from birth to end of life.

Discussion

The bio-psychosocial understanding of and approach to disease in CAM* goes along with a complexity that has to be considered when designing future trials. More method development is needed, including patient centered outcome research. How does reflexology work? Does it work? Development in study design and statistical approaches are needed as well as methods for stakeholder involvement and mechanisms to bring the results into practice. Reflexology is a low cost health care therapy without side effects. Worth looking at how potentially reflexology can help fill clinical effectiveness gaps, including cost effectiveness and cost utility.



References

www.srab.dk

www.reflexology-europe.org

www.icr-reflexology.org

www.nafkam.no

www.integrativecare.se

www.iscmr.org

www.icimh.org

www.carecam.dk

www.pubmed.comcknowledgment: SRAB, RiEN, ICR and Tracey Smith.



Poster presented at the International Congress on Integrative Medicine and Health, ICIMH, Las Vegas 2016.

