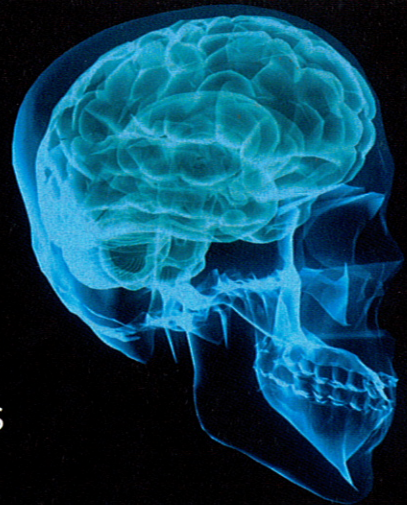


A rush of blood to the head

New Japanese research, published by Tomomi Nakamaru, Naoki Miura, Ai Fukushima and Ryuta Kawashima could offer proof of increased blood flow to parts of the brain in response to reflexology



In December last year, a research feature entitled 'Somatotopical relationships between cortical activity, reflex areas in reflexology: A functional magnetic resonance imaging study' studied 25 healthy right-handed Japanese volunteers to discover whether the effects of reflexology could be measured on a functional magnetic resonance imaging (fMRI) brain scan.

During the scan, three reflexology points for the eye, the shoulder and the small intestine, were separately stimulated. The stimulation was applied separately to all three points on each individual with a wooden stick by an 'experimenter' under auditory instruction from the imaging technician via headphones. All points stimulated were on the left hand foot. The experimenter kept hold of the instep of the LHS foot while applying the stimulation. The treatment was not typical of reflexology in

that activate, firstly relating to a tactile sensation in the LHS foot and a second one that may be involved with the perception of reflexology. In layman's terms, this means that if there is stimulation of the left hand foot eye reflexology point, the area of the brain that is responsive to the tactile (touch) stimulation of the eye or neighbouring area responds in the left brain.

Similarly, if there is stimulation of the left foot small intestine reflexology point, the area of the brain that is responsive to the tactile stimulation of the trunk responds in the left brain. However, if there is stimulation of the left hand foot shoulder reflexology point, the area of the brain that is responsive to the tactile stimulation of the upper limb has a tendency to activation in the right brain.

It seems that, usually, if the LHS is stimulated in MRI studies then the RHS of the brain is activated but, in this study, the LHS stimulation results in LHS brain activation from the results obtained from the eye and small intestine. This finding agrees with reflexology point of view that LHS stimulation results in LHS activation.

However, in the case of the stimulation of shoulder reflex area, tendency of RHS activation was observed. But this was also the point that showed a tendency to activation rather than significant activation.

Therefore, the laterality of activation is not conclusive from this result. Further research may make this more clear.

Reflexology's neuro-pathways

We are at the beginning of understanding how reflexology can cause changes in the body, though we clearly have a long way to go. And, on the other side of the equation, We need to look at how these changes of blood flow in the brain effects the organs themselves. This point-to-brain study marks an exciting start.

> TRACEY SMITH MAR

Reflexology Research

This exciting work on reflexology and functional MRI imaging might be the beginning of a new era of understanding in our field. It could also lead to a greater level of acceptance from academic scientists. However, even without prior knowledge of this research, there was a very positive flurry of interest in research projects towards the end of 2008 and the beginning of 2009. These embryonic projects are pushing the boundaries of general understanding of reflexology. The first is set to look at cardiovascular disease, diabetes and chronic kidney disease but this is dependent on funding and results. The second prospective study involves a member looking at fertility issues together with a specialist unit. Thirdly, one of our members has put us in contact with an amazing man who has equipment that takes images of energy changes in the body. This will be the first time reflexology has been looked at in this way. These are all areas that are very exciting. Watch this space as 2009 could indeed be the year of research for reflexology! We'll keep you posted!



We are at the beginning of understanding how reflexology can cause changes in the body"

that it was very clinical, noisy and there was no therapist-to-reflexology point contact as they used a wooden stick. In fact it's not even clear whether the experimenter was a reflexologist.

What was found

The sensory stimulation was measured at a region of the brain with the greatest rate of blood flow.

The eye-specific point gave most activity in the middle part of the left post central gyrus. The small intestine gave most activity in the superior part of the left post central gyrus. The shoulder stimulation was not significant, but gave a tendency for increased local activity in the superior part of the right post central gyrus. Generally, there are two common areas