Case study: reflexology supports client prior to IVF

By Ruth Balliu, MFHT

My patient was a 35-year-old female who attended for reflexology treatments for relaxation purposes prior to commencing In-vitro fertilisation (IVF.)

She was married with no children and worked as a pharmacy dispenser. She described her energy levels as low to quite poor at that current time. Her sleep pattern was poor and erratic, as she was worrying about the forthcoming IVF procedure. She was taking a multi vitamin, Pregnacare, which had been recommended before conception to build up her stores of nutrients.

She suffered with several medical conditions, including a heart murmur when she was first born, although this presented no problems now after having being monitored when she was first born. Her blood pressure was normally classed as low, but she was not receiving any treatment or medication to correct this. She also suffered with frequent back pain which she blamed on poor posture at work. The client managed hay fever symptoms herself and suffered from migraines but took no medication for this.

She had also been diagnosed with mild osteoporosis. A decrease in oestrogen levels can contribute to the onset of osteoporosis as oestrogen helps to protect the bones. As this lady was also suffering from premature ovarian failure (premature menopause), her oestrogen levels had been decreasing over time, and her ovaries had decreased in size and no longer responded to the gonadotrophic hormones of the anterior pituitary gland. Thus the low levels of oestrogen appeared to have contributed to her onset of mild osteoporosis.

She also suffered too with mild endometriosis. Her GP had prescribed Mefenamic Acid Capsule in the past, a medication to assist in the treatment of menorrhagia, heavy painful periods, and dysmenorrhoea, the pain and discomfort associated with heavy blood loss. However, she had decided to refrain from taking this medication prior to starting the IVF treatment.

Due to some of these ongoing problems, this lady had suffered problems trying to conceive in the past, and had previously tried IVF here in the UK without success. She was currently about to start a new IVF programme which was being offered in Spain as a private treatment, as the clinics success rate in Spain was slightly higher than the UK’s due to the fact that in the Spanish clinic, the fertilised
eggs were left longer to mature (an extra two days compared to UK) before being implanted in the uterus. The clinic contributed this method to its higher-than-average success rate, compared to the UK.

My client was also going to be using donor eggs as she was hardly producing any of her own, due to the premature ovarian failure and resulting inconsistent ovulation.

**Treatment 1**

Client consultation and consent forms were completed. Main treatment objectives were to use the treatment to help the client relax prior to starting her IVF treatment. Reflexology is excellent in preparing the body prior to IVF treatment by aiding detoxification, hormonal balance and relaxation, if possible six weeks prior to the start of treatment. For this reason, the patient had decided to commence reflexology treatments now, at least two months before she would start with the IVF treatment. Indeed (Crane, 1997) states that ‘reflexology can be used as a preventative treatment to boost the immune system [...] prior to pregnancy [...] it is wonderful for balancing the body to help protect against any irregularities that may occur’.

A reflexology treatment would also stimulate all the body systems and boost the client’s immune system and stimulate the body’s own defence system. Pre- and post-massage techniques, including effleurage of the lower legs, would help the client to relax and thus help her to experience an improved sense of well-being.

Preliminary techniques were used to relax the muscles of the feet and then a full reflexology treatment was carried out, working all the reflex points, followed by a post massage of the lower legs and feet. The pituitary reflex area was indicated, possibly a direct reflex relating to the client’s premature ovarian failure. Indeed Hall (2000) writes of the pituitary reflex showing in any condition where there is an imbalance of the hormonal system.

The top of the head/brain reflex areas were indicated (associated reflex), possibly relating to the pituitary reflex being indicated. The thyroid reflex area was indicated and tender for the client, an associated reflex possibly relating to the pituitary gland, which was also indicated, and also connected to the client’s reproductive/premature ovarian failure problems. Hall (2000) does state
that ‘the thyroid [...] may also be involved with other glandular imbalances particularly those involving the reproductive glands’.

Thoracic and lumbar reflex areas of the spine were tender for the client and both direct reflexes, possibly relating to her poor posture and frequent back pain. The uterus reflex area was also indicated, an associated reflex, more than likely relating to the client’s reproductive problems, endometriosis and premature ovarian failure. Hall (2000) does indeed write of the uterus being important in cases involving the female reproductive system including menstrual and menopausal problems.

Findings seemed consistent with client’s medical history, namely the premature ovarian failure, as many reflex areas were indicated relating to the endocrine system.

She really enjoyed the treatment session and felt relaxed after it. She was feeling very apprehensive about travelling to the Spanish clinic for her IVF treatment, and had become so focused on becoming pregnant that she could not relax as she was ‘too full in the mind’. A hand chart was given to the client so she could work her own reflex points on the hand, for self-treatment at home. Crane (1997) writes of hand reflexology being a ‘convenient and quick method of influencing someone’s inner energies and emotions, through the many nerve pathways’. Arrangements were made for the next treatment session.

**Treatments 2 - 9**

The client reported sleeping better and thought that the reflexology was helping her to stay relaxed and focused. Similar findings to week one were reported over the subsequent weeks.

At week three, I noted that the thyroid reflex areas on either foot were not indicated. The client had visited her doctor during the week before to receive blood tests from previous thyroid tests, and the blood tests had in fact shown that her thyroid hormone levels had now normalised and were not presenting as over- or under-active as they had previously.

At week six, the client had been for her intra muscular injection of Decapeptyl. The active substance in Decapeptyl, Triptorelin, was not used in the UK at the current time, for the reason that she had been prescribed it by the IVF clinic in Spain, and was in fact used here in the UK usually to assist in the treatment of prostate cancer in men. Triptorelin is a luteinising hormone-releasing hormone agonist (LHRHa) and is a synthetic decapeptide analogue of the gonadotrophin releasing hormone, Gonadorelin. Gonadorelin is a hormone secreted by the hypothalamus which initially stimulates the release of pituitary gonadotrophins, which in turn control secretions by the ovaries.

The Triptorelin inhibits ovulation, causing ovarian suppression, and causes menstrual periods to stop, in this client’s case, in preparation to her having the donor eggs implanted. Amongst other uses, it is used in fertility cases, but as previously stated, in the UK at the current time, used for male
prostate cancer treatment. Trials at this time were ongoing and one European trial concluded that Decapeptyl as luteal support in the IVF cycle significantly improved pregnancy and delivery rates. The trial commenced in December 2007 and was due to complete in September 2009.

Treatment six showed no reflex points indicated - an excellent improvement in comparison to the previous week’s sessions. It seemed as though the reflexology was working well to balance the body and assist in achieving a homeostatic balance.

By treatment seven, the client was waiting to hear from the clinic in Spain regarding a date to travel there and receive the donor eggs. She commented that she was worried about some slight hair loss that she had experienced over the last week. Unfortunately, this may have been as a result of the Decapeptyl, as one of the side effects of this drug is hair loss (MIMS, 2008).

By treatment eight, the client patient was feeling bloated and tender in the stomach area. This may have been due to the fact that she was now having HRT patches, placed on the stomach area, releasing oestrogen to thicken the lining of the uterus ready for egg implantation. She had been told her body was ready and she was now waiting for the donor. She was also waiting to start another HRT patch which would supply progesterone, and this in conjunction with the oestrogen would help to maintain the lining of the uterus.

Treatment objectives were to use reflexology to continue to help patient relax, prior to egg implantation. Interestingly, the pituitary uterus, thyroid and muscles of the pelvis reflex areas were no longer indicated, suggesting that the client’s hormone levels had been stabilised, thanks to the HRT patch and Decapeptyl injection and reflexology sessions, and was in a much healthier condition than at the start of the reflexology sessions.

Treatment nine would in fact turn out to be the client’s last session of reflexology, as she was flying to Spain the next day to have two of 18 eggs implanted immediately, with 16 being frozen in case they needed to be used at a later date. She would then have a wait of two weeks before carrying out a pregnancy test.

Treatment objectives were to use the treatment to stimulate all of the body systems, relax the client and boost her immune system. She reported feeling happy and relaxed at the end of the treatment session, but also cold and tired.
Conclusion

The client did keep in touch and messaged to say she had fallen pregnant with twins after the first egg implantation, however, one of the embryos sadly didn’t make it. The client went on full-term to deliver a healthy baby boy by caesarean section.

To date, this has been one of the most awe inspiring sessions of reflexology treatments that I have ever carried out. I felt privileged that this lady had shared so many thoughts and personal feelings with me. I felt such respect for her determination to become pregnant and have a baby.

I also received an email several weeks later of this lady’s partner, who thanked me for my support as her therapist and stated that he felt that I had been ‘the missing link’ regarding the successful outcome - their healthy baby boy.

References


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