

Challenging Case in Clinical Practice: Foot Reflexology for Children with Attention-Deficit Hyperactivity Disorder

Jesus Manzanares Corominas, MD

Introduction

Foot reflexology has been used with good results for treating various emotional and mood problems, including postpartum depression,¹ anxiety,² and mood alterations in cases of dementia.³

Case Presentation

The patient, a 9-year-old male, was examined for the first time in January 2012. He was diagnosed with depression and attention-deficit hyperactivity disorder (ADHD) 1 year prior to presentation,⁴⁻¹³ with a score of 23 on the ADHD Rating Scale IV for parents.

The paternal family had a history of depression, including an 11-year-old cousin who had been diagnosed with ADHD. The parents had university degrees. The patient was the second of their two children. His sister was 12 years old. He had difficulties with learning in school. The parents explained that he had been a very restless child since early childhood and that it was hard for him to concentrate when performing a task. During preschool and kindergarten, this patient's impulsivity and hyperactivity had increased, and treatment with melatonin was initiated at age 5 because of difficulties he had when trying to fall asleep. In elementary school, at age 7, changes in his character emerged, which were manifested by sadness and introspection.⁷⁻¹⁴

The parents asked for an evaluation and were referred to the Child Psychiatry Unit. The initial diagnosis was depression and, after further evaluation, diagnostic studies for attention-deficit disorder were conducted. After the psychiatric evaluation was completed, this patient was diagnosed with depression and ADHD. The following treatment was recommended: 36 mg of methylphenidate in the morning⁸⁻¹² and 2 mg of diazepam at night.

The parents decided against pharmaceutical treatment, and the patient started psychological treatment from age 7 to age 9. During that time, he attended one session per week for psychological treatment, but there was no improvement in his

mood or ADHD. Subsequently, the parents decided to begin treatment with alternative medicine, and opted for foot reflexology.

During the initial interviews (in January of 2012) and clinical evaluation, he presented symptoms of impulsivity, difficulty with concentration, depression, and insomnia. He was frustrated easily and had great difficulty in dealing with that frustration. He was a right-handed child for both limbs as well as in hearing and sight. In the evaluation with foot reflexology, imbalances were noted in: the right prefrontal cortex¹⁵⁻²⁰; the parietal cortex bilaterally¹⁵⁻²⁰; and the left temporal cortex¹⁵⁻²⁰ (Fig. 1).

The initial treatment consisted of 15 sessions of reflexology massage for 30 minutes each, stimulating: the frontal cortex (bilateral, predominantly in the right frontal cortex), parietal cortex (bilateral) and left temporal cortex. The pressure level for the stimulation is enough to overcome the pain threshold in the reflex area (level of pressure that produces pain, but is bearable by the patient). The sessions were scheduled on Monday, Wednesday and Friday and took place in a relaxed environment, with the child's parents, a room temperature of 23 degrees Celsius, and scheduled between 5 PM and 7:30 PM.

Evaluation after the 1st session:

- Tolerance to the stimulation: correct
- Effectiveness of the stimulation from the therapist's point of view: correct

Evaluation after the 2nd session:

- Changes in the child according to the parents: none
- Tolerance to the stimulation: correct
- Effectiveness of the stimulation from the therapist's point of view: correct

Evaluation after the 3rd session:

- Changes in the child according to the parents: none
- Tolerance to the stimulation: correct
- Effectiveness of the stimulation from the therapist's point of view: correct

Evaluation after the 4th session:

- Changes in the child according to the parents: the child rests better at night

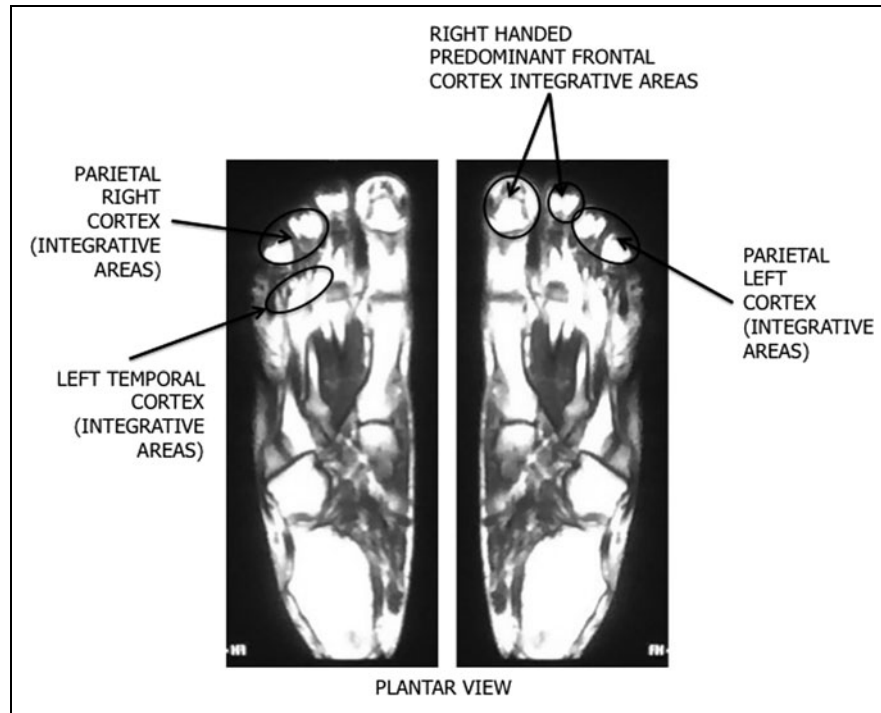


Figure 1. Foot reflex areas involved in reflexologic treatment of attention-deficit hyperactivity disorder.

- Tolerance to the stimulation: correct
- Effectiveness of the stimulation from the therapist's point of view: correct

Evaluation after the 5th session:

- Changes in the child according to the parents: the child continues resting better at night and his mood improves, the parents say that he is “the kid he used to be”
- Tolerance to the stimulation: correct
- Effectiveness of the stimulation from the therapist's point of view: correct

Evaluation after the 6th session:

- Changes in the child according to the parents: the improvements persist
- Tolerance to stimulation: correct
- Effectiveness of the stimulation from the therapist's point of view: correct

Evaluation after the 7th session:

- Changes in the child according to the parents: the improvements persist, domestic coexistence has improved and the child deals better with frustration
- Tolerance to the stimulation: correct
- Effectiveness of the stimulation from the therapist's point of view: correct

From the 8th to 10th sessions, the previously described clinical improvements were consolidated. From an academic point of view, there was an increase in the results and the child's capacity to pay attention during school activities was also increased. A new ADHD Rating Scale IV for parents was completed in June 2012 which resulted in a score of 16 points.

Discussion

One could argue that the improvement of this child's symptoms was the effect of suggestions from both the child himself and his family environment. The fact that the problem was addressed professionally could have modified some conditions, such as affecting the child's mood and behavior. However, those isolated developments would not explain the improvement in the child's ADHD Rating Scale IV score or the improvements he had in school.

Author Disclosure Statement

No competing financial conflicts exist. ■

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Jesus Manzanares Corominas, MD, is the director of the Dr. Manzanares Reflexology Clinic in Barcelona, Spain.

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