

PREGNANCY OEDEMA, EMOTIONS AND REFLEXOLOGY

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Oedema is a common and normal physiological symptom in late pregnancy.¹⁻³ The incidence of dependent oedema in normal health pregnant women is reported to be 50-80% in the third trimester (last 12 weeks).^{1,4} Western texts believe that maternal age, parity and height do not have any effect on the incidence of edema.⁴

In the pregnancy context, dependent pedal oedema refers to the lower leg oedema of primary mechanical etiology. The medical explanation for leg and foot oedema in pregnancy is a result of the weight of pregnant uterus which impedes venous return; prostaglandin-induced vascular relaxation; and reduced plasma colloid osmotic pressure.^{2,3} In addition oestrogen promotes sodium retention, and increases mucopolysaccharide ground substance present in skin and subcutaneous tissue resulting in women during the last half of the pregnancy retaining more fluid in the body tissues.⁵ Although oedema in pregnancy alone is not dangerous, it can result in discomfort, feelings of heaviness, night cramps and painful paraesthesia.⁶ Usually, oedema resolves after the birth of the baby as the uterus returns to pre-pregnancy size and the hormones return to normal.

From my midwifery clinical experience, women experiencing a viable pregnancy for the first time (pregnancy greater than 20 weeks gestation) known as primigravidas, seem more inclined to experience ankle and foot oedema in the last half of the pregnancy. My single-blind randomised controlled trial (RCT)⁷ recruited 74 women, of which 61% of women (45) were primigravida. I found it interesting that most of the multipara women (women who had given birth before) recruited into the study, had experience a previous traumatic or difficult pregnancy or labour. In the non-randomised group of 20 women⁸ experiencing oedema in their feet and ankles, 70% were primigravida ie experiencing their first viable pregnancy. So that started me thinking- why do only some pregnant women experience oedema if pregnancy hormones and all factors are the same? Interestingly, women who have had no

oedema or swelling during the pregnancy suddenly have very swollen feet after the birth. Why would that be, when the factors that influence fluid retention are no longer current? I was unable to find any published research on this subject. Published studies have concentrated on researching strategies to decrease leg and foot oedema.^{8,9}

Never accept anything as dogma, allow the inner sense of knowledge to come forward in time and realise the answers for yourself (Robert St John 1976 p5).¹⁰

Pregnancy oedema and reflex zones

It is understandable that pregnant women's ankles feet will be swollen due to increased vascularity and fluid retention due to pregnancy hormones as described above. As a reflexologist, what I find very appropriate is women experience oedema more around their ankles, ball of the foot and the dorsal aspect distal end of the foot. These reflex zones correspond to the very vascular pregnant pelvis and the 'growing uterus', chest and developing breast tissue and indirect breast areas respectively.

So, why do some pregnant women have oedema and others do not if pregnancy hormones and all factors are the same? During my training, Susanne Enzer talked about the effects of stagnate or blocked emotions on our body. This information resonated through me as I was giving reflexology and talking to pregnant women who were experiencing moderate to severe oedema in their ankles and feet.

Pregnancy is the time of greatest change in a woman's life. A woman experiencing her first pregnancy may see pregnancy as a change in self-image, loss of old self, and a testing of skills, maturity, and strength of her relationship with her partner.¹¹ With such enormous changes she may have feelings of vulnerability, fear and anxiety and these feelings may overwhelm her if unresolved. A woman experiencing her second or subsequent pregnancy may have unresolved issues or memories relating to a previous pregnancy or birth experience. These stagnant or unresolved emotions may explain why some pregnant women have oedema and some do not.

Oedema and emotions

Complementary therapies are based on *an understanding of the interaction between body, mind and spirit, and recognition of each person as an individual in the wider context of the community*.¹² According to Oriental medicine the causes of disease fall into three categories: internal (the emotions); external (the weather), and other causes such as germs or poisons, trauma, diet, and the effects of drugs. Each of the emotions affects the harmony of particular organs. It is natural to feel sadness, anger, or joy when the occasion demands it, but it is harmful if an emotion such as anger or fear is harboured for years.¹³

Susanne Enzer explains that the metaphysical explanation for oedema is stagnant or unresolved emotions- *The effects of emotions have a correspondence in the fluids of the body ie blood, lymph, urine, sweat, semen and cerebro-spinal fluid which are reflected in the fluid of the feet. In nature, oceans and rivers must keep moving. If they are prevented from doing so then problems occur. The same applies to the body. Fluids must move. When they stagnate or move too fast problems occur* (Enzer 2000, p 2-8).¹⁴

So, I thought I would investigate this further. Chris Stormer suggested that oedema is *overburdened and filled with unresolved burdens that prove weighty and inhibitive. Needs to unshackle the self of perceived burdens* (Stormer p 29).¹⁵ Robert St John proposed if the swollen area *is a small one, look to the function of the reflex area and you will find that there is a element of 'holding' or sluggishness associated with it*" (St John 1976 p 21).¹⁰

Annette Noontil¹⁶ advocated that oedema relates to a *"blockage of your energy flow in whatever area you have this accumulation of serous fluid. Your negative thinking could be thinking you were not good enough or not accepting yourself in some ways or thinking you cannot give out your skills* (Noontil 2004 p115).¹⁶

Case study: Pregnancy, oedema and emotions

During the randomised study, I provided reflexology for a woman Lee (name changed) with a pregnancy history of three healthy girls and one stillbirth baby at 36 weeks gestation. Lee was in her mid-30's and this pregnancy was a complete surprise to her and her husband as they had believed they had finished with childbearing with their girls now in their early teens!. I find this not unusual – but that's another story.

Lee suddenly developed foot/ankle oedema at 32 weeks pregnancy. I discussed with her about the study and reflexology and she consented to participate in the study and come for weekly visits to the clinic. She was randomly selected into the lymphatic reflexology technique (luckily or meant-to-be?). During the visits, we generally chatted about a variety of things including her previous pregnancies and experiences.

At 36 weeks, I was surprised when Lee didn't turn up for reflexology visit, but I thought as it was around the time she had lost her previous baby, she may have decided to stay away. Lee came the next week, and I asked her how she was feeling. She said she was now feeling great as she was now 37 weeks and the baby was going well- and her foot and ankle oedema had disappeared!

But she was still pregnancy! Lee still had all the pregnancy hormones, increase vascularity, growing uterus. So, what had changed? Lee had passed the milestone- the anniversary of her previous stillbirth at 36 week gestation- and the issue had resolved, dissolved and her emotions were flowing. Lee gave birth to healthy boy at full term.

Reflexology for foot/ankle oedema and research

The lymphatic reflexology technique as developed by Susanne Enzer can be used for specific conditions such as leg, foot and generalise oedema as it moves extravascular fluid without disturbing intravascular fluid.¹⁴ The lymphatic reflexology technique mimics the lymphatic drainage action of the body, ie. interstitial fluid moves from the lymphatic capillaries to the lymphatic veins, trunks and returns into the circulatory system at the subclavian vein.

¹⁴ This technique was used with my RCT ⁷ and the non-randomised group ⁸.

Although in the RCT, reflexology techniques (lymphatic technique or relaxing techniques) were not statistically significant in decreasing foot and ankle measurements, the techniques were significant for women's symptom relief with the lymphatic technique having the greater effect.⁷ In the non-randomised group, there was a statistical significant decrease in both ankle measurements after receiving lymphatic reflexology technique.⁸ It would be worthwhile to further investigate the effect of reflexology and discussion or reflexology alone, for oedema reduction and resolving emotional blockages.

Is there a difference between left and right feet?

Okay, I love to look at every thing while I'm at it. Is there any difference between right and left foot swelling? Metaphysically, the right foot= masculine, energy outward, giving, aggressive, competitive and practical. The left foot= feminine, energy inward, receiving, responsive, co-operative and creative. ¹⁴

In the RCT ⁷, there was no difference in the size of the participant's ankles, insteps and toe junctions* before receiving the intervention (rest or reflexology). On average the left ankle, right instep and left toe junction * was larger (cms) overall. Although not statistically significant, there appeared to be a greater decrease in circumference of the left (feminine) ankle, instep and toe junction * after reflexology compared to the right (Table 1).

Table 1. Circumference measurements after receiving reflexology

	Participants	Mean decrease	P value
Left ankle	54	0.07	0.21
Left instep	55	0.33	0.59
Left toe*	54	0.11	0.19
Right ankle	54	0.04	0.47
Right instep	55	0.05	0.44
Right toe*	54	0.09	0.07*

*=Distal end of the foot (metatarsal-phalange joint)

In conclusion, I may not have come up with many answers but I hope I have made people think. Next time you provide reflexology and notice oedema, especially with women who are pregnant or given birth recently- inquire and delve into their feelings about pregnancy and birth or their previous experience – and see what emerges and possibly resolves.

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