Case Study: Reflexology for HIV and Kidney Stones
by Ros Seymour MBRA

The two men in this case study use the services of a north of England charity, working with people living with HIV and AIDS, which provides a range of complementary therapies. Both have given their consent to the publishing of details of their treatments, in the interest of sharing knowledge, though their names have been changed to protect their anonymity.

Current HIV treatment involves the prescription of anti-retroviral drugs in combination at an early stage after diagnosis. Common side-effects of these drugs include nausea, severe diarrhoea, peripheral neuropathy, lipodystrophy (the redistribution of body fat), headaches, liver problems and kidney stones. Allopathic treatment of kidney stones involves diagnosis via X-ray or intravenous urogram, followed by extracorporeal lithotripsy, which uses focused acoustic shock waves to break the stones into small fragments so that they can be passed without pain. This treatment can be painful, and as medication-induced stones recur, frequent treatments may be required.

'Peter', presented in July 2001, was suffering from peripheral neuropathy, Reynauds, diarrhoea, and 'horrendous' renal colic, as a result of clustered kidney stones. His feet were extremely blue and clammy, with a well-defined ureter reflex. His feet were extremely blue and pale in colour and slightly nervous about a planned lithotripsy treatment, which he attributed to his treatments, though it was noted that there were fewer stones than expected. Peter continued to enjoy reflexology treatments until his death in late August 2004, only requiring one lithotripsy treatment during the 37 months he received reflexology.

In early August the left kidney reflex again showed up as sensitive, and Peter reported passing a stone the day after the treatment. After a hospital appointment confirmed there were stones in the left kidney, reflexology treatments were stepped up to once a week. By November, both kidney reflexes were sensitive and Peter passed a number of stones following reflexology treatments. There was no sensitivity in the left kidney reflex by December, and sensitivity in the right kidney had reduced by February. At Peter's next hospital appointment for lithotripsy, the left kidney was clear of stones, and those in the right had broken up into fragments too small to require treatment.

In the summer of 2004, the right kidney reflex showed as sensitive, but for various reasons it was not possible to increase his appointments, and he did require lithotripsy in early August, though it was noted that there were fewer stones than expected. Peter continued to enjoy reflexology treatments until his death in late August 2004, only requiring one lithotripsy treatment during the 37 months he received reflexology.

'Phillip', presented in early January 2003, had been diagnosed with two large kidney stones in the right kidney plus one which was lodged in the ureter. He chose to try reflexology having heard that it had helped another service user.

At the first treatment, Phillip described himself as stressed, and was nervous about a planned lithotripsy treatment three weeks hence. His feet were muscular, pale in colour and slightly clammy, with a well-defined ureter reflex on the right foot. During treatment, the two stones could be felt as 'grittiness' in the kidney, as could the one lodged about halfway up the ureter. Phillip described having a restless night following the treatment, and passed a kidney stone the next day.

At the second treatment a week later, one stone could be felt in the kidney and one high up in the ureter. There was also some sensitivity low down in the ureter which may have related to the stone which had been passed. As the lithotripsy appointment was due the following week, a reflexology appointment was made for five days hence, which was the day prior to the lithotripsy. No stones were passed in the interim, but there was only a small amount of sensitivity in the kidney, and a 'gritty' area high in the ureter.

A happy and smiling Phillip greeted me a few days later. He had felt calm throughout his hospital appointment, which he attributed to his treatments, and was delighted to find that there was no trace of the lodged stone, one had moved from the kidney to ureter, and the other had broken up. Although he did undergo the lithotripsy treatment, it was felt that the reflexology had begun to work, and had he been able to fit more reflexology sessions in prior to his appointment, he would not have needed it. He has not had any recurrence of kidney stones to-date.

About the Author
Ros Seymour is a Reflexologist and Flower Essence Practitioner and a member of the British Reflexology Association. In addition to her private practice, she provides a Staff Health Reflexology service at Huddersfield Royal Infirmary, has worked in the HIV field since 1998 and is currently employed by three HIV/AIDS support organizations in West Yorkshire. Ros offers occasional workshops on the subject of Reflexology and HIV. She can be contacted via ros_reflexmbra@hotmail.com
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