

MIQDASH BETHEL COVENANT INSTITUTION

DOCUMENT 302

REFLEXOLOGY

OF THE FEET AND HANDS

A Deep-Dive Research Report

History · Theory · Foot and Hand Maps · Technique · Evidence · Safety

Prepared for Kepha Arcemont · September 30, 2026

A NOTE BEFORE YOU READ

This report is educational. It is not medical advice, and reflexology is not a substitute for diagnosis or treatment by a licensed physician. Anyone with a medical condition, who is pregnant, or who has diabetes, circulation problems, or foot or hand injuries should speak with their doctor before receiving or practicing reflexology.

Every factual claim in this report is tied to a named source listed in Section 12. Where the popular literature and the clinical literature disagree, both are presented and the difference is stated plainly.

1. EXECUTIVE SUMMARY

Reflexology is a hands-on complementary therapy in which a practitioner applies structured pressure to specific points on the **feet**, **hands**, and sometimes the **ears**. Its central claim is that these points form a “map” of the whole body, so that working a point on the foot or hand influences a corresponding organ or region elsewhere. Sessions are relaxing, low-cost, and — by every major source reviewed — very low-risk when basic precautions are followed.

The research picture has two layers that must be read together:

- **What people commonly experience.** Many small clinical trials report reductions in **anxiety**, **pain**, and **fatigue**, and improvements in **sleep** — for example before heart procedures, during labor, around colonoscopy, and in cancer care. A 2024 meta-analysis of 13 trials in pregnant women found reduced labor pain and anxiety and shorter labor.
- **What the strongest reviews conclude.** The most rigorous independent reviews — Ernst (2009, 2011) and the Australian Government’s Natural Therapies Reviews (2015 and 2024) — found that the evidence is mostly low or very low certainty, and that reflexology has not been shown convincingly to treat any specific medical condition. Where reflexology has been compared head-to-head with ordinary foot massage or sham touch, the two usually perform about the same.

Bottom line. Reflexology is best understood as a safe, calming, structured form of touch that can ease stress and help people feel better alongside — never instead of — standard medical care. The claim that pressing a specific foot point heals a specific organ has not been demonstrated. The reflex maps are a useful working guide, not proven anatomy.

2. WHAT REFLEXOLOGY IS

The U.S. National Center for Complementary and Integrative Health (NCCIH) describes reflexology as applying varying amounts of pressure to specific points on the feet or hands, which practitioners believe correspond to other parts of the body. The Cochrane Collaboration uses a similar working definition: gentle manipulation or pressing on certain parts of the foot to produce an effect elsewhere in the body.

How it differs from massage and acupressure

	REFLEXOLOGY	MASSAGE	ACUPRESSURE
Main target	Mapped reflex points on feet, hands, ears	Muscles and soft tissue anywhere on the body	Meridian points throughout the body
Typical touch	Small, precise “walking” pressure with thumb and fingers	Broad strokes, kneading, friction	Sustained pressure on single points
Stated rationale	Zones and reflex maps; nervous-system response	Muscle relaxation, circulation	Traditional Chinese medicine (qi flow)
Clothing	Fully clothed; only feet or hands exposed	Usually partly undressed	Usually clothed

Cleveland Clinic notes that reflexology is not the same as foot massage in intent — it follows a map and a sequence — but also that no well-designed study has yet shown it to outperform a regular foot massage.

3. HISTORY AND DEVELOPMENT

Popular reflexology books trace the practice to ancient Egypt, China, and Native American healing traditions. The modern, systematic method, however, is an early-twentieth-century American development. The timeline below separates the documented modern history from the older traditions that are claimed as forerunners.

DATE	PERSON / PLACE	CONTRIBUTION
c. 2330 BC	Tomb of Ankhmahor, Saqqara, Egypt (6th Dynasty)	A wall scene shows attendants working on the hands and feet of seated men. The caption is often translated “Do not let me feel pain” / “I will act as you please.” Reflexology writers cite it as the earliest evidence of the practice; the scene is more conventionally read as manicure and pedicure. <i>Claimed forerunner, not proof.</i>
Ancient to traditional	China; Native American peoples (e.g. Cherokee)	Pressure-based foot work is described in several traditional healing systems. Reflexology schools cite these as roots; the modern maps do not come directly from them.

DATE	PERSON / PLACE	CONTRIBUTION
1913 – 1917	Dr. William H. Fitzgerald (1872–1942), ENT physician	Developed Zone Therapy : pressure on one part of the body could dull pain in another. With Dr. Edwin F. Bowers he published <i>Zone Therapy; or, Relieving Pain at Home</i> (1917), dividing the body into ten vertical zones .
1920s	Dr. Joe Shelby Riley	Expanded Fitzgerald’s zone work, added horizontal divisions, and drew early detailed diagrams of reflex points on the feet and hands.
1930s	Eunice D. Ingham (1889–1974), nurse and physiotherapist	Working with Riley, she mapped the whole body onto the feet, renamed zone therapy “ reflexology ,” and taught it widely. Called the “mother of modern reflexology.”
Later 20th century	Dwight Byers; International Institute of Reflexology	Ingham’s nephew carried her Original Ingham Method forward through a training institute that still operates.
Late 20th century	Mildred Carter; Hanne Marquardt; Laura Norman	Popular books (Carter’s sold hundreds of thousands of copies) and European schools (Marquardt in Germany) spread the practice internationally.
1980 – present	Barbara and Kevin Kunz, Reflexology Research Project	Authors of many reflexology books and an extensive online research archive, including hand and foot charts and brain-imaging studies.

4. THEORIES OF HOW IT MIGHT WORK

Practitioners offer several explanations. None has been established scientifically as the reason reflexology produces its effects, but each is widely taught.

4.1 Zone theory

Following Fitzgerald, the body is divided into **ten vertical zones**, five on each side, running from the head to the tips of the toes and fingers. Each toe and finger sits at the end of one zone — the big toe and thumb in **Zone 1** (the body’s midline), the little toe and little finger in **Zone 5** (the outer edge). Pressure anywhere in a zone is said to affect everything else in that zone. Later schools added three **horizontal (transverse) lines** — the shoulder line, the waistline, and the pelvic line — which divide the foot and hand into head/neck, chest, abdomen, and pelvis sections.

4.2 Nervous-system theory

The feet and hands are densely supplied with nerve endings. WebMD summarizes the view that calming pressure stimulates these nerves, sending signals to the central nervous system that shift the body toward relaxation — the **parasympathetic** “rest and digest” state — with possible effects on breathing, heart rate, and circulation.

4.3 Pain-perception (gate control) theory

Pleasant, rhythmic touch may change how the brain processes pain signals and reduce stress, which in turn lowers how strongly pain is felt. This explanation fits well with the finding that reflexology and ordinary massage tend to produce similar relief.

4.4 Vital-energy theory

Borrowed from traditional Chinese medicine, this view holds that stress blocks the flow of energy (*qi*) and reflexology restores it. There is no scientific evidence that such an energy exists, and this theory cannot be tested by current methods.

4.5 What brain imaging shows

Two brain-scan (fMRI) studies are often cited, and they point in different directions:

- **Nakamaru et al., 2008** (*Neuroscience Letters*). Pressing the foot reflex areas for the eye, shoulder, and small intestine activated not only the brain’s foot area but also areas associated with those body parts. Reflexology supporters treat this as evidence the maps are real. It was a small, uncontrolled study.
- **Descamps et al., 2023** (*Scientific Reports*). In a randomized, double-blind study of 30 healthy adults, foot reflexology and a sham foot massage both changed brain network activity — and **no significant difference** was found between them. This suggests that much of the effect comes from touch itself rather than from the specific points.

5. THE FOOT MAP

Reflexologists picture the body laid over the soles of both feet, as if a person were standing with their feet together and looking down. The two feet together represent the whole body; the **right foot** represents the right side and the **left foot** the left side. Charts differ between schools — no single map has ever been standardized — but the broad layout below is common to nearly all of them. Figure 1, which follows Section 6, shows the full hand and foot charts.

REGION OF THE FOOT	BODY AREA IT “MIRRORS”	NOTES
Toes (tips and pads)	Head, brain, sinuses	Big toe = the whole head; small toes = sinuses and upper head.
Base of the toes / toe necks	Neck, eyes, ears, teeth	Eye and ear points sit at the base of the 2nd–5th toes.
Ball of the foot	Chest: lungs, heart, upper back, shoulders	Heart reflex mainly on the left foot. Shoulder point below the little toe.
Just below the ball (diaphragm line)	Diaphragm; solar plexus	Solar plexus point is used for general calming — often called the “stress button.”
Upper arch	Liver, gallbladder (right); stomach, spleen, pancreas (left)	The “waistline” runs across the middle of the arch.
Lower arch	Kidneys, adrenals, intestines, bladder	Kidney/adrenal points lie in the center of the arch.
Heel	Pelvis, lower back, sciatic nerve	Tissue is thick here, so firmer pressure is typical.
Inner edge (arch side)	Spine — neck at the big toe down to tailbone at the heel	The curve of the inner foot echoes the curve of the spine.
Outer edge	Arm, shoulder, hip, knee, leg	Limbs and outer joints.
Top of the foot	Chest, breasts, lymph system	Worked more lightly because tissue is thin.
Ankle area	Reproductive organs, hips	Uterus/prostate on the inner ankle; ovary/testes on the outer ankle.

READING A MAP WISELY

Bodytonic Clinic’s guide makes an important point: tenderness in a spot “doesn’t necessarily mean you are ill.” Soreness usually reflects local tissue, footwear, or pressure — not a problem in a distant organ. Reflexology should never be used to diagnose disease.

6. THE HAND MAP

The hand map follows the same logic as the foot map, scaled to a smaller surface. The fingers stand for the head and neck, the palm for the torso and organs, and the wrist for the pelvis. The thumb side of the hand carries the spine, just as the inner edge of the foot does.

REGION OF THE HAND	BODY AREA IT “MIRRORS”	MATCHES ON THE FOOT
Thumb (tip to base)	Head, brain, neck	Big toe
Fingertips and finger pads	Sinuses, face, upper head	Small toes
Base of fingers / webbing	Eyes, ears, teeth; lymph drainage	Base of the toes
Upper palm (below the fingers)	Lungs, chest, heart (left), shoulders	Ball of the foot
Center of the palm	Solar plexus, stomach, liver (right), spleen (left)	Upper arch
Lower palm	Kidneys, intestines, bladder	Lower arch
Heel of the hand / wrist	Pelvis, lower back, reproductive organs	Heel and ankles
Thumb edge of the hand	Spine	Inner edge of the foot
Little-finger edge	Arm, shoulder, hip, knee	Outer edge of the foot
Back of the hand	Chest, breasts, lymphatic system	Top of the foot

Feet or hands — which to use?

	FEET	HANDS
Surface and detail	Larger surface; reflex points easier to separate	Smaller surface; points are closer together
Sensitivity	Usually more responsive; many people find it deeper	Less intense — good for beginners or sensitive clients
Convenience	Needs shoes and socks off and a reclining position	Can be done anywhere, sitting, at any time

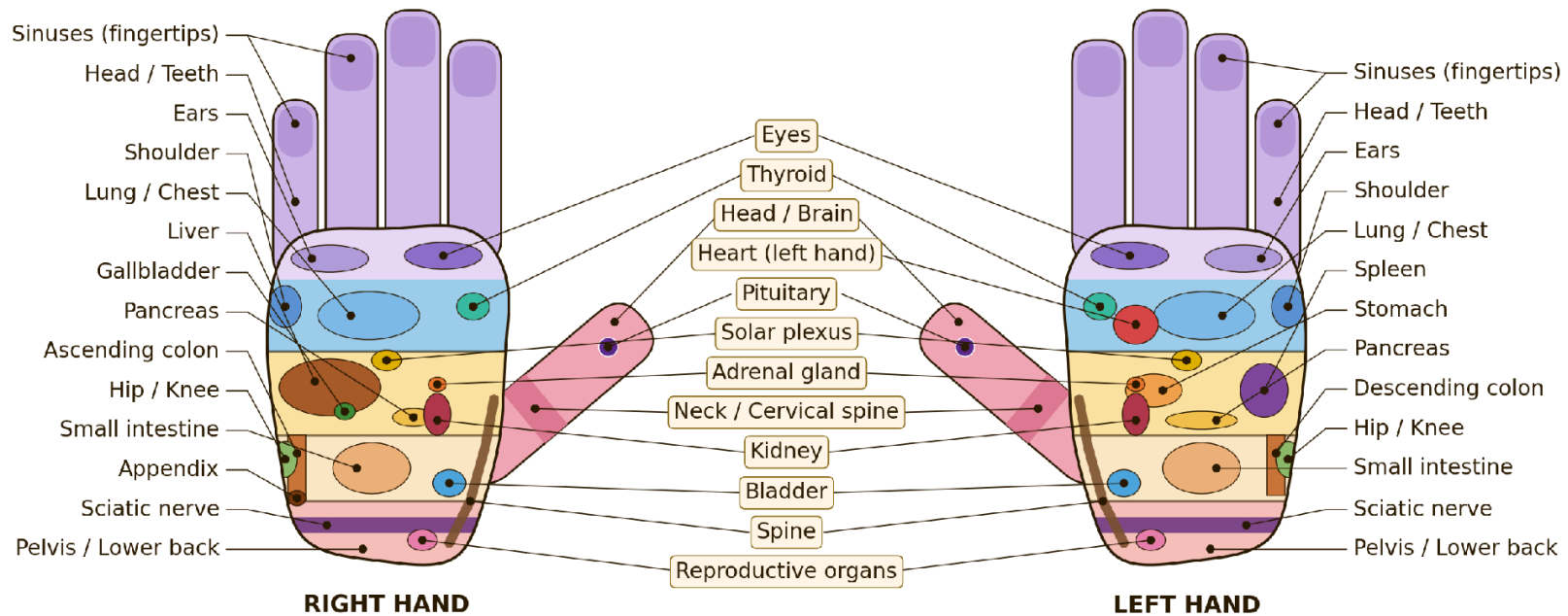
	FEET	HANDS
Self-treatment	Harder to reach one's own feet comfortably	Ideal for self-care between sessions
When preferred	Standard full session	When feet are injured, infected, amputated, very ticklish, or when a person has foot pain or neuropathy

A 2025 randomized trial by Golitaleb and colleagues compared the two directly in 102 adults awaiting colonoscopy. Both a 30-minute foot session and a 30-minute hand session lowered anxiety compared with no treatment; foot reflexology produced a slightly larger drop. This supports hand reflexology as a practical alternative when the feet cannot be used.

FIGURE 1 · HAND AND FOOT REFLEXOLOGY CHARTS

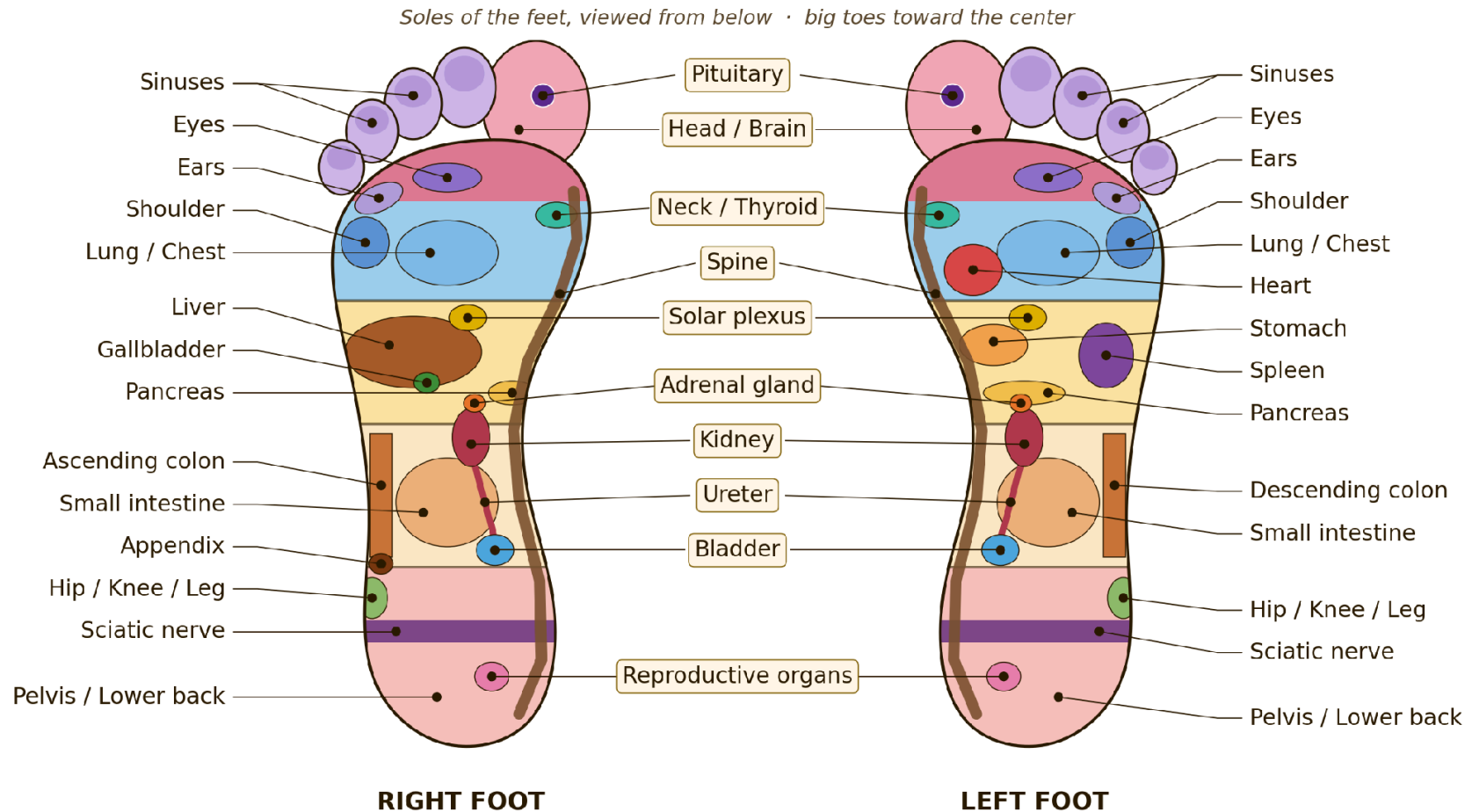
A. THE HANDS — PALMS

Palms of the hands, facing you · thumbs toward the center



How to read the charts. Chart A shows the **palms** of the right and left hands, thumbs toward the center; Chart B shows the **soles** of the right and left feet, viewed from below, big toes toward the center. Points that appear on both hands or both feet are labeled once in the center column. On both, the fingertips and toes carry the **head, brain, and sinuses**; the upper palm and ball of the foot carry the **chest, lungs, and shoulders**; the center carries the **digestive organs**; and the wrist and heel carry the **pelvis, lower back, and sciatic nerve**. The **thumb edge** of the hand and the **inner edge** of the foot trace the spine. Organs found on one side of the body — the liver and gallbladder on the right, the heart and spleen on the left — appear only on that side's hand and foot. Sections 5 and 6 explain each region in detail.

B. THE FEET — SOLES



Note: these charts were drawn for this document and follow the common layout used by most reflexology schools (see Sections 5 and 6 and the sources in Section 12). Placement of some points differs from chart to chart, because no single map has ever been standardized.

7. TECHNIQUE AND WHAT A SESSION LOOKS LIKE

7.1 The core hand techniques

Most schools, including the Ingham method and the Kunz approach, build on a small set of movements:

- **Thumb walking.** The signature technique. The thumb bends and straightens at the first joint, “inching” forward in tiny steps like a caterpillar, keeping steady pressure. It is used across the soles and palms.
- **Finger walking.** The same inching movement using the index finger (or several fingers), for thinner areas such as the top of the foot and the back of the hand.
- **Hook and back up.** The thumb is placed on a small point, pressed in, then pulled back slightly across it — used for pinpoint reflexes such as the pituitary point on the big toe or thumb.
- **Rotation on a point.** The thumb holds a point while the other hand gently rotates the foot or hand around it.
- **Press and slide / holding.** Steady pressure held on a point, sometimes with a short sliding stroke, used on areas like the solar plexus.

Sessions usually begin and end with **relaxation or “warm-up” movements** — ankle rotations, gentle foot or wrist wringing, toe or finger stretching, and stroking — to settle the client and loosen tissue.

7.2 What to expect at an appointment

- **Length:** about **30 to 60 minutes**; Cleveland Clinic describes a typical **50-minute** session, roughly **25 minutes per foot**.
- **Setting:** the client stays fully clothed, removing only shoes and socks (pant legs rolled to the knee), lying on a massage table or in a reclining chair.
- **Intake:** a good practitioner asks about health history, medications, pregnancy, and any conditions before starting.
- **Feel:** pressure ranges from light to firm. Some spots feel tender; clients should say so, and pressure should be adjusted.
- **Afterward:** most people feel relaxed or sleepy. A few report light-headedness, mild nausea, tiredness, or strong emotions for a short time. Drinking water and resting briefly is commonly advised.

8. A GENTLE SELF-CARE ROUTINE

The short routine below is suitable for healthy adults as a relaxation practice. It uses light to moderate pressure only. Stop if anything hurts, and skip it entirely under any of the conditions listed in Section 10.

Hands (5–10 minutes, anywhere)

1. Rub the palms together for 20–30 seconds to warm them.
2. Hold one hand palm-up. With the other thumb, thumb-walk slowly across the palm from the wrist toward the fingers, row by row.
3. Walk up each finger from base to tip, then gently squeeze and roll each fingertip.
4. Press the center of the palm (the solar plexus area) with the thumb for 5–10 slow breaths.
5. Walk down the thumb edge of the hand from thumb tip to wrist (the “spine” line).
6. Finish by stroking from fingertips to wrist, then switch hands.

Feet (10–15 minutes, seated)

1. Sit comfortably and rest one foot across the opposite knee (or on a cushion). Wash and dry the feet first.
2. Warm up: rotate the ankle a few times each way, and gently stroke the foot from toes to heel.
3. Thumb-walk across the sole in horizontal rows, from heel up to the base of the toes.
4. Walk up the inner edge of the foot from heel to big toe along the arch.
5. Gently walk over each toe, then hold the solar plexus point just below the ball of the foot for several slow breaths.
6. Finish with long strokes over the top and sole of the foot; repeat on the other foot.

For those who want to learn by watching, Udemy offers several low-cost and free introductory courses — for example *First Steps in Reflexology* and *Introduction to Reflexology* — that demonstrate thumb-walking and warm-up sequences. These are good starting points but do not replace hands-on training with a certified instructor.

9. WHAT THE RESEARCH SAYS

Reflexology has been studied a great deal. The challenge is study quality: many trials are small, not blinded (the client knows they are receiving reflexology), and compare reflexology with *no treatment* rather than with an equally pleasant form of touch. The key studies and reviews are summarized below.

9.1 Major reviews

REVIEW	YEAR	MAIN FINDING
Ernst, <i>Medical Journal of Australia</i>	2009	Systematic review of randomized trials: “The best evidence available to date does not demonstrate convincingly that reflexology is an effective treatment for any medical condition.”
Ernst, Posadzki & Lee, <i>Maturitas</i>	2011	Updated review of 23 trials (diabetes, PMS, cancer, MS, overactive bladder, dementia, and others). Nine high-quality trials were negative; conclusion unchanged.
Cochrane (Smith et al.) — manual methods in labour	2018	Reflexology was among the manual therapies assessed for labour pain; the evidence for reflexology was limited and of low quality.
Yang et al., <i>Scientific Reports</i>	2024	13 randomized trials, 1,189 pregnant women: foot reflexology reduced labor pain and anxiety, shortened all three stages of labor, and increased birth satisfaction. But six trials had high risk of bias and few were blinded.
Australian Government Natural Therapies Review	2015 & 2024	2015: “no clear evidence of effectiveness” — reflexology removed from private-insurance rebates in 2017. 2024 update examined 174 studies: evidence was very low certainty for 34 of 38 outcomes; only low-certainty signs of benefit for sleep, fatigue in some chronic conditions, and quality of life. Reviewers warned of selective publication of positive results.

9.2 Notable individual trials

STUDY	YEAR	MAIN FINDING
Wyatt et al., <i>Oncology Nursing Forum</i> (NCI-funded, Michigan State University)	2012	385 women with advanced breast cancer: reflexology vs. placebo foot massage vs. usual care. The reflexology group had significantly less shortness of breath and better ability to do daily tasks; surprisingly, the placebo-massage group reported less fatigue. No effect on nausea or pain. Reflexology was safe even for very fragile patients.

STUDY	YEAR	MAIN FINDING
Golitaleb et al., <i>Contemporary Clinical Trials Communications</i>	2025	102 colonoscopy patients: 30-minute foot or hand reflexology lowered anxiety and systolic blood pressure and heart rate compared with controls; foot slightly better than hand.
Nakamaru et al., <i>Neuroscience Letters</i>	2008	fMRI: stimulating eye, shoulder and small-intestine reflex areas activated matching brain regions. Small and uncontrolled.
Descamps et al., <i>Scientific Reports</i>	2023	Randomized double-blind fMRI trial, 30 healthy adults: reflexology and sham massage changed brain networks equally — no significant difference.

9.3 Where the evidence is strongest and weakest

SOME SUPPORTIVE EVIDENCE	MIXED OR TOO LITTLE EVIDENCE	NOT SUPPORTED
Short-term anxiety and relaxation (especially before procedures) Sleep quality (low certainty) Fatigue in some chronic illness (low certainty) Comfort and quality of life in cancer care Labor pain and anxiety (many small trials, high bias)	Chronic pain (back, arthritis, headache) Multiple sclerosis symptoms (some benefit for tingling/burning sensations) Irritable bowel syndrome Blood pressure	Diagnosing disease from the feet or hands Curing or treating any specific organ disease The claim that specific points act on specific organs better than general touch

9.4 An honest reading of the evidence

The consistent pattern across the literature is this: when reflexology is compared with no treatment, people usually feel better; when it is compared with an equally attentive, pleasant touch, the difference largely disappears. That strongly suggests the real benefits come from **relaxation, caring attention, and the calming effect of touch on the nervous system** — which are genuine and worthwhile — rather than from a precise link between a foot point and an organ.

10. SAFETY, CAUTIONS, AND CONTRAINDICATIONS

NCCIH reports that reflexology appears to be safe, even for very frail patients. The main risks come from pressing on injured or unhealthy tissue, and from relying on reflexology in place of real medical care. The combined guidance of WebMD, Cleveland Clinic, and Healthline is summarized here.

SITUATION	GUIDANCE
Blood clots / deep-vein thrombosis, or history of them	Avoid foot and leg work; check with a doctor. Pressure could, in theory, disturb a clot.
Circulation problems; varicose veins	Consult a doctor first; use very light pressure; avoid the affected area.
Pregnancy	Tell the practitioner. Some sources advise avoiding it, especially in the first trimester, because certain points are claimed to stimulate labor; see a doctor first.
Diabetes, especially with nerve damage (neuropathy)	Reduced feeling means injury can go unnoticed; use gentle pressure only and check feet afterward. Get medical clearance.
Foot or hand injuries	No pressure on sprains, strains, fractures, recent surgery, or open wounds.
Gout or inflamed joints	Avoid the inflamed area during a flare.
Skin conditions and infections	Avoid athlete's foot, warts, blisters, open eczema or psoriasis, and anything contagious — or use the hands instead.
Epilepsy; thyroid disorders	Cleveland Clinic lists these as reasons to speak with a doctor first.
Fever, acute infection, or feeling acutely ill	Postpone the session.
Any serious illness (cancer, heart disease, etc.)	Reflexology may be used alongside care for comfort — never instead of it. Tell both the doctor and the reflexologist.

THE MOST IMPORTANT SAFETY RULE

The greatest danger is not the pressure — it is delay. Reflexology cannot diagnose or cure disease. Any symptom that is new, severe, or persistent belongs with a physician first.

11. FINDING A PRACTITIONER AND EVALUATING SOURCES

11.1 Credentials

Reflexology is lightly regulated. In the United States, the **American Reflexology Certification Board (ARCB)** offers a national certification exam; requirements for a license vary by state, and in some states reflexologists practice under massage-therapy rules. In the United Kingdom, registration with the **Complementary and Natural Healthcare Council (CNHC)** is voluntary, so anyone can call themselves a reflexologist. Look for formal training hours, certification, liability insurance, and a practitioner who takes a health history and never offers a diagnosis.

11.2 The five sources you provided

SOURCE	STRENGTHS	CAUTIONS
WebMD	Clear, readable overview of zone, nerve, pain, and energy theories; lists who should avoid reflexology.	Leans toward benefits; mentions research only briefly.
Cleveland Clinic	Major hospital system; practical detail on the 50-minute session; frank that evidence is low quality and that reflexology has not beaten regular foot massage.	Short article; not a research review.
Reflexology Resources / Reflexology Research Project (Kunz)	Largest research archive and historical collection; hand, foot, and ear charts; decades of practitioner experience.	Run by reflexology advocates — it presents supportive research and interpretations; balance it with independent reviews.
Bodytonic Clinic	Clear interactive foot map; honest that tenderness does not mean illness.	A commercial London clinic that sells sessions.
Udemy	Low-cost and free video instruction in technique — useful for visual learners.	Course quality varies; certificates are not professional credentials.

Two additional sources carry the most weight for the evidence question: the **NCCIH** (U.S. National Institutes of Health) and the **Australian Government's 2024 Natural Therapies Review**, both independent of the reflexology profession.

CONCLUSION

Reflexology of the feet and hands is an old idea in a modern form. From Fitzgerald's ten zones and Eunice Ingham's charts, it grew into a worldwide practice with a simple, gentle method: careful, walking pressure over a map of the body drawn on the soles and palms. It is safe for most people, inexpensive, needs no equipment, and — especially on the hands — can be practiced by anyone, anywhere.

What it offers, as far as the evidence can show, is real relaxation: less anxiety, better rest, and a sense of being cared for. What it has not shown is the power to diagnose or cure disease through specific points. Used in that honest light — as comfort alongside medical care, not in place of it — reflexology can be a good gift to give and to receive.

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