

This article was taken from Linda Chollar's website www.painfreepath.com Linda was the Reflexologist who sponsored having Dr. Manzanares here in CA to give his class.

Science Validating the Concept of Reflexology

Dr. J. Manzanares from Barcelona, Spain is a rare gift to the reflexology world. He is an M.D, surgeon and a teacher of reflexology. He has researched reflexology for the past 27 years with more than 70,000 clinical cases. His contribution and advancement to the science of reflexology is groundbreaking and is expanding as he travels to share his research and teach classes in the U.S.

Licensed in medicine and surgery by the Autonomous University of Barcelona in 1982, Dr. Manzanares has taught his reflexology methods to physicians in Europe. He says his first contact with reflexology occurred the year before he entered medical school in 1975. As is the case with many people who become passionate about reflexology, he had a personal experience that was the catalyst for his involvement and pursuit into reflexology research!

His grandmother, who suffered from rheumatism, had grown worse developing a gastro-duodenal ulcer from the anti-inflammatory medications. After receiving a few sessions of reflexology, she noted a clinical improvement and dramatic decrease in the rheumatic bouts. Dr. Manzanares' attention was aroused and he asked the reflexologist for a chart of the reflex points. He says that many of the points struck him as questionable, many undefined and seemed to contradict human anatomy. Still, he could not deny the improvement in his grandmother's condition.

So began his investigation into the science of reflexology. He focused his research in 3 ways: how to work reflexology from a neuro-physiological basis, to create a precise map of locations and to establish a protocol for each pathology. After 27 years of medical experience, he has developed concrete map locations and a scientific explanation of the structures involved in the process of reflexology.

BIOPSIES OF FOOT DEPOSITS

When he started this research, Dr. Manzanares did biopsies of feet on what he refers to as 'deposits'. He says when a reflexologist explores a foot, they can feel a swollen part that can be named, a deposit. These deposits are located in the hypodermis, where the subcutaneous cellular tissue is located. If we observe a section of the skin we can differentiate the layers being the epidermis, dermis and hypodermis. This explains why the sole of the foot is so rich in reflex areas (subcutaneous tissue) compared to the other areas of the foot. This tissue layer thickness in the plantar surface is 20-30 times thicker than the subcutaneous tissue in the dorsal area. The deposits reflect the imbalance of the organ represented in that area, however he says this presence is not enough in itself to indicate the condition, but that it is important to find out more clinical history, physical exam and other complementary methods of exploration if needed. Always there are deposits if an organ is imbalanced. By balance, he says that the organ does not present any anatomical or functional problems.

Organ imbalance (indicated via deposits in the feet) could be found in two forms: 1. A deposit that can be felt in the tissue of the feet and is painful (found in subacute and chronic pathologies); 2. Deposits that are minimal, not easy to feel and not necessarily painful (found in acute pathologies). In the acute case, there has not been enough time to form a deposit that we can 'feel' or locate. In this case, one would reflex to find the sensitivity more than the detection of the deposit.

Dr. Manzanares' findings from the biopsies revealed that 'deposits' are formed by a net of hypodermic connective tissue with abundant neuro-vascular elements. In other words, it is a mixture of different tissues that reveal a proportionate amount of nerve fibers, vascular elements and the rest is connective tissue. And there is a fundamental difference in the amount of nerve fibers found in a deposit area of tissue compared to the low % of nerve fibers found in the non-deposit biopsy.

Specific characteristics and the feel of the deposits are based on the organ imbalance and the pathology (condition or illness). In his course, he teaches the specifics of exploring the deposits, such as size, mobility and attachment to tissue. Deposits are not attached to tendons or muscles in the deeper levels.

EEG STUDIES OF THE REFLEXOLOGY IMPULSE

To validate the central nervous system's involvement in the reflexology impulse, Dr. Manzanares conducted EEG (electroencephalogram) studies, comparing the changes in wave amplitudes with those patients receiving reflexology. In one research point, the EEG presented waves that changed from alpha to theta and delta with the application of the reflexologic techniques.

Dr. Manzanares has established reflexology technique protocols for most conditions. Included in the protocols that he teaches is the prognosis, the reflexology techniques on corresponding reflex areas of the feet as well as the duration and frequency of application for that specific pathology. After years of medical compilation and treatment of pathologies with reflexology, Dr. Manzanares created various reflex point location maps. He has authored numerous books, including Principles of Reflexology I and II and created the first scientific-based reflexology maps of reflexology.