

1 **A Study To Assess The Effectiveness Of Foot Reflexology Therapy On Blood Glucose**
2 **Control Among Patients With Type2 Diabetes Mellitus In Selected Hospital At**
3 **Coimbatore : A Quasi Experimental Study.**

4
5 **ABSTRACT**

6 Diabetes mellitus is a chronic metabolic disorder characterized by elevated blood glucose levels
7 and associated complications. Effective management of blood glucose is essential to prevent
8 long term health problems. Foot reflexology is a complementary therapy that may help improve
9 circulation, reduce stress, and support glycemic control. This study aimed to assess the
10 effectiveness of foot reflexology therapy on blood glucose control among patient with type2
11 diabetes mellitus in selected hospital at Coimbatore. Aquasi-experimental pre-test and post-test
12 control group design was adopted. A total of 60 patients with type2 diabetes mellitus were
13 selected using a non-probability purposive sampling technique, with 30 participants in the
14 experimental group and 30in the control group. The study findings showed that the pre-test
15 mean blood glucose level in the experimental group was 126(SD=11) and it reduced to
16 89.4(SD=4.7) in the post-test. The calculated t value (18) was significant at $p<0.05$ level. In the
17 control group, the pre-test mean was 137(SD=9.3) and the post-test mean was 134.4 (SD=5.9)
18 with no significant difference ($t=1.3$). The post-test comparison between experimental between
19 and control groups showed a significant difference $t=34$). The findings indicate that foot
20 reflexology therapy was effective in controlling blood glucose levels among patients with type2
21 diabetes mellitus.

22 **KEYWORDS**

23 Foot reflexology, Type2 diabetes mellitus, Blood glucose, A quasi experimental study

24 **INTRODUCTION**

25 Diabetes mellitus is a chronic metabolic disorder characterized by persistent hyperglycemia due
26 to defects in insulin secretion, insulin action, or both. Type 2 diabetes mellitus accounts for the
27 majority of cases and is increasing rapidly worldwide, particularly in developing countries like
28 India. Poor glycemic control is associated with severe complications such as cardiovascular
29 disease, neuropathy, nephropathy and retinopathy, significantly affecting quality of life and
30 increasing healthcare burden.

31 Management of T2DM focuses on maintaining optimal blood glucose levels through
32 medications, diet, and physical activity. However long-term pharmacological therapy may lead
33 to poor adherence due to side effects and cost, highlighting the need for supportive
34 complementary therapies.

35 Foot reflexology is a non-invasive technique involving pressure application to specific points
36 on the feet corresponding to body organs. It is believed to improve circulation, reduce stress,
37 and enhance metabolic function. Evidence suggests that reflexology may help regulate blood

38 glucose levels in diabetic patients. Therefore, this study aims to evaluate the effectiveness of
39 foot reflexology therapy on blood glucose control among patients with T2DM in a selected
40 hospital at Coimbatore.

41 **STATEMENT OF PROBLEM**

42 'A study to assess the effectiveness of Foot Reflexology Therapy on Blood
43 Glucose Control among patients with Type 2 Diabetes Mellitus in selected hospital at
44 Coimbatore'.

45 **OBJECTIVES**

- 46 1. To assess the blood glucose level in patients with type 2 diabetes mellitus among
47 experimental group and control group before foot reflexology.
- 48 2. To apply foot reflexology therapy to type 2 diabetes mellitus patients in
49 experimental group.
- 50 3. To reassess the effectiveness of foot reflexology therapy on blood glucose levels in
51 patients with type 2 diabetes mellitus patients in the experimental group.
- 52 4. To compare the post-test level of blood glucose level in patients with type 2
53 diabetes mellitus between experimental group and control group.
- 54 5. To find out the association between the post-test level of blood glucose level among
55 type 2 diabetes mellitus in experimental group with their selected demographic
56 variables.

57 **HYPOTHESIS**

58 **H1** -There will be a significant difference between pre and post-test blood glucose levels
59 among patients with type 2 diabetes mellitus in the experimental and control group.

60 **H2** -There will be a significant association between the post-test level of blood glucose
61 level among patients with type 2 diabetes mellitus in experimental and control group
62 with their selected demographic variables.

63

64

65

66 **MATERIALS AND METHODS**

67 A quasi-experimental pre-test and post-test control group design was conducted among
 68 60patients with type2 diabetes mellitus in selected hospital at Coimbatore. Participants were
 69 divided into experimental and control groups. The experimental group received foot
 70 reflexology therapy, while the control group received routine care. Blood glucose levels were
 71 assessed pre-and post-intervention and analysed using t-tests.

72 **RESULTS AND DISCUSSION**

73 **Table 4.1: frequency and percentage distribution of samples according to the**
 74 **demographic variables among patients with type 2 diabetes mellitus in**
 75 **experimental and control group**

S.No	DemographicVariables	ExperimentalGroup		ControlGroup	
		Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
1.	Ageinyears				
	a)Below40years	6	20	8	27
	b)41-50years	10	33	11	37
	c)51-60years	8	27	5	16
	d)Above60years	6	20	6	20
2.	Sex				
	a)Male	17	57	20	67
	b)Female	13	43	10	33
3.	Education				
	a) Illiterate	7	23	7	23
	b)Primary	4	13	9	30
	c)Secondary	10	34	6	20
	d)Graduates	9	30	8	27
4.	Occupation				
	a) Unemployed	8	27	6	20
	b) Selfemployed	10	33	11	37
	c)Private employed	7	23	9	30
	d)Governmentemployed	5	17	4	13

5.	Incomepermonth				
	a) BelowRs.50000	8	27	5	17
	b) Rs.5001-Rs.10000	9	30	12	40
	c) Rs.10001-Rs.20000	7	23	8	26
	d) AboveRs.20001	6	20	5	17
6.	Typeoffamily				
	a) Nuclear	11	37	12	40
	b) Joint	10	33	11	37
	c) Extended	9	30	7	23
7.	Typeoffood				
	a) Vegetarian	8	27	8	26
	b) Non-vegetarian	10	33	14	48
	c) Mixed	12	40	8	26
8.	Bodymassindex				
	a) Below18.5	3	10	4	13
	b) 18.6-24.9	14	47	12	40
	c) 25-29.9	8	27	10	34
	d) Above30	5	16	4	13
9.	Personalhabits				
	a) Smoking	10	33	12	40
	b) Alcoholism	13	43	6	20
	c) Tobaccochewing	5	17	7	23
	d) None	2	7	5	17
10.	Diabeticcomplications				
	a) Yes	19	63	16	53
	b) No	11	37	14	47

76

77 Table 4.1 shows the distribution of patients with type 2 diabetes mellitus in experimental group
78 6(20%) of the samples in the age group below 40 years, 10(33%) were in the age group
79 between 41 – 50 years, 8 (27%) were in the age group 51 – 60 years and 6(20%) of the samples
80 in the age group above 60 years. In control group, 8(27%) of the samples in the age group of
81 below 40 years, 11(37%) of the samples in the age group between 41 – 50 years, 5 (17%) of the
82 samples in the age group between 51 – 60 years and 6(20%) of the samples in the age group of
83 above 60 years, respectively.

84 Regarding sex in experimental group shows that 17(57%) were males and 13(43%) were
85 females. In control group 20(67 %) were males and 10(33%) were female.

86 Among the samples regarding educational status among patients with type 2 diabetes mellitus
87 in experimental group 7(23%) had primary education, 4(13%) had secondary education,
88 10(34%) had secondary education and 9(30%) were graduates. In control group, 7(23%) had
89 primary education, 9(30%) had secondary education, 6(20 %) were secondary and 8(27%) were
90 graduates.

91 Distribution of samples according to occupational status, in experimental group 8(27%) were
92 unemployed, 10(33%) were self-employed, 7(23%) were private employed and 5(17%) were
93 government employed. In the control group 6(20%) were unemployed, 11(37%) were self-
94 employed, 9(30%) were private employed and 4(13%) were government employed.

95 Regarding monthly income among patients with type 2 diabetes mellitus in experimental group
96 8(27%) had an income below Rs.5000, 9(30%) had an income between Rs.5001 – Rs.10000,
97 7(23%) had an income between Rs.10001 – Rs. 20000 and 6(20%) had an income above Rs.
98 20001. In control group 5(17%) had an income below Rs.5000, 12(40%) had an income
99 between Rs.5001 – Rs.10000, 8(26%) had an income between Rs.10001 – Rs.20000 The
100 distribution of samples according to the type of family, in experimental group 11(37%)
101 belonged to nuclear family,10(33%) to joint family and 9(30%) to extended family. In control
102 group 12(40%) belonged to nuclear family, 11(37%) to joint family and 7(23%) to extended
103 family.

104 Regarding the type of food, in experimental group 8(27%) were vegetarians, 10(33%) were
105 non-vegetarians and 12(40%) consumed a mixed diet. In control group 8(26%) were vegetarian,
106 14(48%) were non-vegetarian and 8(26%) consumed mixed food.

107 The BMI distribution of patients with type 2 diabetes mellitus in experimental group reveals
108 that 3(10%) had a BMI below 18.5, 14(47%) had a BMI between 18.6- 24.9, 8(27%) had a BMI
109 between 25-29.9 and 5(16%) had a BMI above 30. In control group 4(13%) had a BMI below
110 18.5, 12(40%) had a BMI between 18.6-24.9, 10(34%) had a BMI between 25-29.9 and 4(13%)
111 had a BMI above 3

112 Regarding personal habits in experimental group reveals that 10(33%) were smokers, 13(43%)
113 consumed alcoholism, 5(17%) used to tobacco by chewing and 2(7%) had no such habits. In
114 control group 12(40%) were smoking, 6(20%) were consumed alcohol, 7(23%) used tobacco by
115 chewing and 5(17%) had no such habits.

116 Regarding diabetic complications in experimental group 19(63%) had complications 11(37%)
 117 did not. In control group 16(53%) had complications and 14(47%) did not. And 5(17%) had an
 118 income above Rs.20001.

119 **Table 4.2: Distribution of samples according to the pre-test level of glucose level in**
 120 **experimental and control groups**

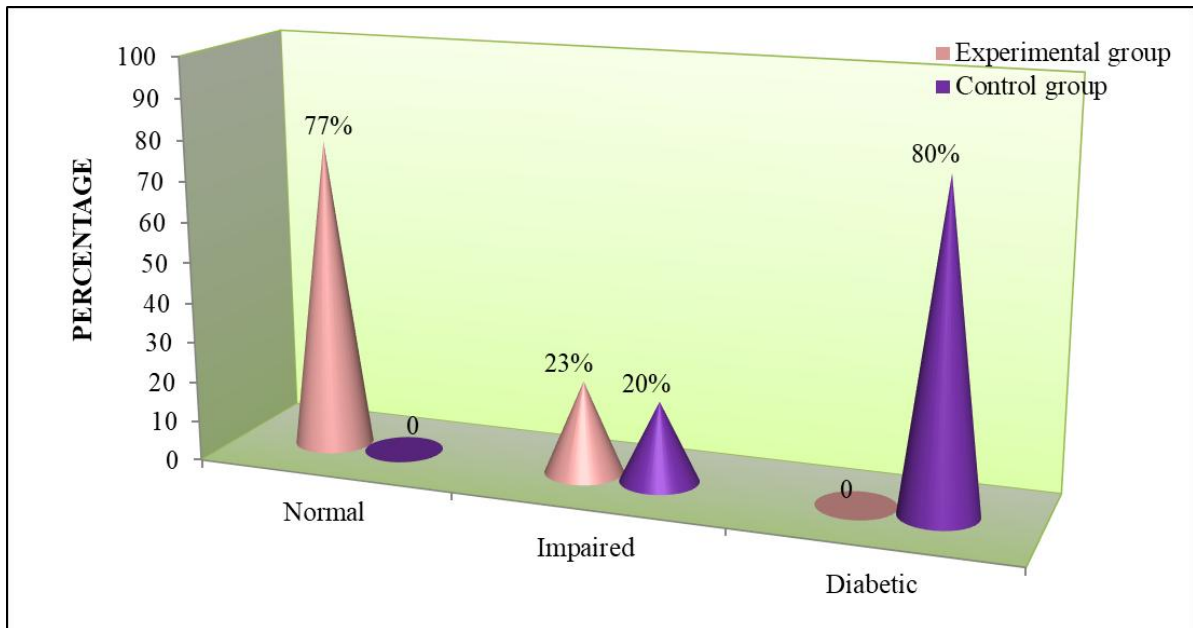
Bloodglucoselevel	Pre-test			
	Experimentalgroup n=30		Control group n=30	
	f	%	f	%
Normalglucoselevel	0	0	0	0
Impairedglucoselevel	8	27	12	40
Diabetic	22	73	18	60
Total	30	100	30	100

121

122 Table 4.2: shows that during the pre-test in experimental group none of them had normal blood
 123 glucose level, 8(27%) had impaired glucose level and 22(73%) had diabetic. In control group
 124 none of them had normal glucose level, 12(40%) had impaired glucose level and 18(60%) had
 125 diabetic.

126 **Table 4.3: Distribution of samples according to the post-test level of glucose level among**
 127 **patient with type 2 diabetes mellitus in experimental and control group.**

Bloodglucoselevel	Post-test			
	Experimentalgroup n=30		Controlgroupn=30	
	f	%	f	%
Normalglucoselevel	23	77	0	0
Impairedglucoselevel	7	23	6	20
Diabetic	0	0	24	80
Total	30	100	30	100



129

130 Table 4.3: shows that post-test in experimental group 23(77%) had normal glucose level,
 131 7(23%) had impaired glucose level and none of them had diabetic. In control group none
 132 of them had normal glucose level, 6(20%) had impaired glucose level and 24(80%) had
 133 diabetic

134 **Table 4.4: mean, standard deviation, mean differences and paired t value regarding blood**
 135 **glucose level between pre-test and post-test in experimental group.**

136

137

138

139

140

141

142

S.No	ExperimentalGroup	Mean	SD	Mean difference	t-test
1.	Pre-test	126	11	39.6	18
2.	Post-test	89.4	4.7		

Significant at $p < 0.05$ level

143

144

145

Table 4.4 shows that pre- test mean score in experimental group was 126 with a standard deviation of 11, whereas the post -test mean score was 89.4 with a standard deviation of 4.7. The mean difference was 39.6. The calculated 't' value was 18, which is significant at $p < 0.05$

146 level. This finding revealed that foot reflexology therapy effectively controlled blood glucose
 147 level among patients with type 2 diabetes mellitus. Hence H1 was accepted.

148 **Table 4.5: mean, standard deviation, mean differences and paired t value regarding blood**
 149 **glucose level between pre-test and post-test in control group.**

S.No	Controlgroup	Mean	SD	Mean difference	t-value
1.	Pre-test	137	9.3	2.6	1.3
2.	Post-test	134.4	5.9		

150 *No significant at $p < 0.05$ level

151 Table 4.5: shows that in control group pre -test mean score was 137 with a standard deviation
 152 of 9.3 while the post -test mean score was 134.4 with a standard deviation of 5.9. The mean
 153 difference was 2.6, and calculated 't' value was 1.3. This finding reveals that there were no
 154 significant changes in blood glucose control among patient with type 2 diabetes mellitus in the
 155 control group. Hence H1 was rejected.

156 **Table 4.6: mean, standard deviation, mean differences and unpaired t value of post-test**
 157 **score level of blood glucose control among patient with type 2 diabetes mellitus in**
 158 **experimental and control group.**

S.No	Groups	Mean	SD	Mean difference	't' value
1.	Experimentalgroup	89.4	4.7	45	159 160 161 34162
2.	Control group	134.4	5.9		163

164 *Significant at $p < 0.05$ level

165 Table 4.6 shows that the experimental group post- test mean score was 89.4
 166 with a standard deviation of 4.7, and in the control group, the mean score was 134.4 with a
 167 standard deviation of 5.9. The mean difference was 45. The calculated unpaired t value was 34, which
 168 indicates significant at the 0.05 levels. It showed that there was a significant difference

169 between the post- test scores of control groups. This implies that blood glucose level were
 170 significantly controlled after administering foot reflexology therapy.

171

172 **Table 4.7: Association between the post-test levels of blood glucose among patient with type 2 of**
 173 **the diabetes mellitus in experimental group with their selected demographic variables.**

174

S.No	Demographicvariables	Impaired glucose level	Normal glucose level	χ^2	Table value and df
1.	Ageinyears a) Below40years b) 42-50years c) 51-60years d) Above60years	2 3 1 2	4 7 7 4	1.23	7.815 (3)
2	Sex a) Male b) Female	5 3	12 10	0.165	3.841 (1)
3	Education a) Illiterate b) Primary c) Secondary d) Graduates	2 1 2 3	5 3 8 6	0.507	7.815 (3)
4	Occupation a) Unemployed b) Selfemployed c) Private employed d)Governmentemployed	0 5 0 3	8 5 7 2	13.44*	7.815 (3)
5	MonthlyIncome a) BelowRs.5000 b) Rs.5001-Rs.10000 c) Rs.10001-20000 d) Above 20001	0 3 2 3	8 6 5 3	5.466	7.815 (3)

6	Type of family				
	a) Nuclear family	5	6		
	b) Joint family	3	7	6.458*	5.991
	c) Extended family	0	9		(2)
7	Type of food				
	a) Vegetarian	0	8		
	b) Non-vegetarian	4	6	6.35*	5.991
	Mixed	4	8		
8	Body Mass Index				
	a) Below 18.5	1	2		7.815
	b) 18.6-24.9	5	9	2.694	(3)
	c) 25-29.9	2	6		
	Above 30	0	5		
9	Personal habits				
	a) smoking	3	7		
	b) alcoholism	5	8	3.67	7.815
	c) Tobacco chewing	0	5		(3)
	None	0	2		
10.	Diabetic complications				
	a) Yes	5	14	0.003	3.841
	b) No	3	8		(2)

Table 4.7 shows that the demographic variable of **occupation, type of family** and **type of food** showed that significant association with the post test score of blood glucose level in experimental group and other variables like age, sex, education, monthly income, body mass index, personal habits and diabetic complications showed no significant association with the post-test level of blood glucose control among patients with type 2 diabetes mellitus. Hence the formulated research hypothesis H_2 was accepted.

DISCUSSION

The first objective was to assess the blood glucose level in patients with type 2 diabetes mellitus among experimental group and control group before foot reflexology.

During the pre- test in the experimental group none of them had normal blood glucose level, 8(27%) had impaired glucose level and 22(73%) were diabetic. In the control group, none of them had normal glucose level, 12(40%) had impaired glucose level and 18(60%) were diabetic

The second objective was to apply foot reflexology therapy to type 2 diabetes mellitus patients in experimental group.

In the Post- test in the experimental group 23(77%) had normal glucose level, 7(23%) had impaired glucose level and none of them had diabetic. In control group none had normal glucose level, 6(20%) had impaired glucose level and 24(80%) were diabetic.

The third objective was to reassess the effectiveness of foot reflexology therapy on the level of blood glucose level in patients with type 2 diabetes mellitus patients in experimental group.

Pre-test mean score in experimental group was 126 with a standard deviation of 11 and post -test mean score was 89.4 with a standard deviation of 4.7. The mean difference was 39.6. The calculated 't' value was 18, which is significant at $p < 0.05$ level. This finding revealed that foot reflexology therapy helped controlled blood glucose level among patients with type 2 diabetes mellitus

In control group pre-test mean score was 137 with a standard deviation of 9.3 and post-test mean score was 134.4 with a standard deviation of 5.9. The mean difference was 2.6. The calculated 't' value was 1.3. This finding revealed that there were no significant changes in blood glucose control among patients with type 2 diabetes mellitus.

The fourth objective was to compare the post-test level of blood glucose level in patients with type 2 diabetes mellitus between experimental group and control group.

In experimental group post-test mean score was 89.4 with a standard deviation of 4.7 while in the control group mean score was 134.4 with a standard deviation of 5.9. The mean difference was 45. The calculated unpaired t value was 34, which indicates significant at 0.05 levels. It showed that there was a significant difference between the post-test scores of the two groups, it implies that there was a significantly controlled blood glucose level after administering foot reflexology therapy.

CONCLUSION:

The study concludes that foot reflexology therapy is effective in reducing blood glucose levels among patients with Type2 Diabetes mellitus. A significant improvement was observed in the experimental group compared to the control group

ACKNOWLEDGMENT

The author expresses sincere gratitude to the management and staff of the selected hospital at Coimbatore for their support and cooperation. Special thanks are extended to all the participants for their willingness and contribution to the study.

CONFLICT OF INTEREST

The author declares that there is no conflict of interest regarding the publication of the study.

BIBLIOGRAPHY

BOOK REFERENCES

1. Agarwal, L.P (2016). Modern educational research (1st edition). New Delhi: Dominant Publishers and distributors. P.120-135
2. Arelena, P.et.al. (2014). Medical surgical nursing (1st edition). New York: Saunders publishers. P.450-470
3. Basavanthapa, B.T.(2012). Medical and surgical nursing. (1st edition). New Delhi: Jaypee brothers' publication. P.500-520
4. Basavanthappa, B.T(2006), Nursing Research, Jaypee brothers, Bangalore. P.90-110
5. Beare & Myers.(2006). Adult health nursing (3rd edition). Philadelphia: Mosby publication company. P.300-320
6. Black, J.M & Jacobs, E.M.(2007). Medical surgical nursing. (5th edition). Philadelphia: W.B.Saunders Company. P.110-1130
7. Braun, W.et .al. (2011). Harrison principle of internal medicine. (12th edition). New York: Mcgraw hill publishers. P.2275-2300
8. Burt(1998) prevalence of Diabetes in the US adult population (2nd edition). P.20-35
9. Brunner and Suddarth(2004), Medical surgical nursing, 11th edition Philadelphia Lipincott company. P.1150-1180
10. Davidson.(2012). Principles and practice of medicine. (19th edition). New York: Churchill Livingstone publishers. P.790-820

JOURNAL REFERENCES

1. Sharma A.K, Gupta R.(2012), Prevalence of type 2 diabetes mellitus.
2. Ciaroni .S, et al., (2013) Recent Clinical Trials of Diabetic Management. Journal of Medical surgical nursing.
3. Rakesh.D(2012) Complementary Therapy and Management of Diabetes mellitus.
4. Jocady.S.H And G.E Jones(1997), "Massage therapy as a workplace intervention for reduction of stress", perceptual and motor skills,
5. Ejindu.A, "The effects of foot massage on sleep induction, blood pressure, pulse", Complimentary therapies in clinical practice.
6. Forman.J.(2009) "Lifestyle modifications of Diabetes mellitus", The Journal of the American Medical Association, vol 302.
7. Hayes.J(2012), "Immediate effects of five minutes of foot massage, on patients in critical care", Intensive critical care nursing.
8. Kaye A.D (2008); "The effect of foot massage therapy on type 2 diabetes mellitus", Journal of alternative and complementary medicine.
9. Kretzer et al.,(2015), "Self identity through reflexology therapy for diabetes management", Ethnicity and diseases.
10. Sohng.KY;(2012), "The effect of foot reflexology on fatigue and insomnia in patients suffering from coal workers pneumoconiosis". Vol-1.

NET REFERENCE

1. <http://www.ajog.org>
2. <http://www.footinstitute.org>
3. <http://www.biomedical.com>
4. <http://www.biomedcenter.com>

5. <http://www.complementarytherapiesinmedicine...>
6. <http://www.globalizationhealth.co>
7. <http://www.diabetes.ahajournals.org/232>
8. <http://www.ije.oxfordjournals.org/>
9. <http://www.mindtools.com/stress/relaxationtechnique>

UNDER PEER REVIEW IN IJAR

UNDER PEER REVIEW IN IJAR