

Evaluating The Effects of The Jing Method™ in Advanced Clinical Massage on Wellbeing During Menopause

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A dissertation submitted in partial fulfilment of the requirements of Jing Advanced Massage Training for the Professional Diploma in Advanced Clinical Massage and Sports Massage

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“I certify that this work has not been accepted in substance for any degree and is not concurrently being submitted for any degree other than that of the Diploma in Advanced Clinical Massage and Sports Massage being studied at Jing Advanced Massage Training. I also declare that this work is the result of my own investigations except where otherwise identified by references and that I have not plagiarised the work of others”.

NATALIA ALONSO:

A photograph of a handwritten signature in black ink on a light-colored surface. The signature is written in a cursive style and reads 'Natalia Alonso'.

Date: 15/03/2026

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*In its own way, this journey became part of discovering what I might do with this one wild
and precious life.*

This work ultimately aims to bring women together – to raise awareness of the female body, to challenge outdated perceptions, and to contribute to a cultural shift in how women’s health, voices, and lived experiences are understood and valued.

“Riot women- let’s start a riot.

We won’t be quiet.

Riot women gonna set this world on fire.

Let’s start a riot, we won’t be quiet.

We run the world and we’re not even getting tired”

This work is dedicated to all the women who are learning to listen to their bodies, reclaim their voices, and step into their own power.

Natalia Alonso

2026



“Tell me, what is it you plan to do

with your one wild and precious life?”

-Mary Olivier, The Summer Day

ABSTRACT

BACKGROUND

Menopause is a major biological and psychosocial transition marked by the permanent cessation of menstruation due to declining ovarian function. This literature review examines the physiological, psychological, and social dimensions of menopause, emphasizing its recognition as a growing public health issue in the United Kingdom and globally. As women spend an increasing portion of their lives menopausal, the long-term health, social and economic implications become more significant. Many women, however, currently enter menopause with limited knowledge or preparation, and healthcare systems often provide insufficient guidance, which can negatively shape their experiences and coping strategies.

Research links declining oestrogen levels to vasomotor symptoms, sleep disturbances, urogenital atrophy, sexual dysfunction, and increased risks of osteoporosis and cardiovascular disease. Sexual health concerns -including reduced libido, vaginal dryness, dyspareunia, and lower sexual satisfaction – are recognized as key factors affecting wellbeing. Psychological experiences vary, with mood changes, anxiety and depressive symptoms influenced by hormonal, personal and sociocultural factors.

Menopause is increasingly understood as both a biomedical and socially mediated experience shaped by cultural attitudes, workplace, environments, healthcare access and health literacy.

Although hormone therapy may relieve symptoms for some women, it is not suitable or accessible for all, and even when used, may not be sufficient, highlighting the need for holistic, multidisciplinary care. This research explores the Jing Method™ as a bodywork-based, biopsychosocial, multimodal approach to menopause, emphasizing education,

empowerment, and the therapeutic alliance to improve wellbeing and support more comprehensive, inclusive models of care and practice.

METHOD

Ethical approval for this study was obtained from Jing Advance Massage Training. Evidence-based literature on menopause was identified using Mendeley and Google Scholar, with additional supporting evidence drawn from small-scale studies conducted by students at Jing. Participants were recruited via digital and print advertising through social media, email, and local business. Eligibility required a score of 14 or higher on the Menopause Rating Scale Questionnaire (MRSQ); ten participants were recruited, of whom six completed the study.

A Within-group controlled design was employed over 12 weeks. During the first six weeks, participants completed the MRSQ weekly with no treatment to establish baseline symptom severity. In the subsequent six-week intervention period, participants received a weekly treatment using a blended Jing Method™ for chronic pain and stress, based on the HFMAST framework, with the MRSQ completed six days after each treatment. As a part of their self-care, participants were asked to perform strength based, high intensity interval training (HIIT) three times per week, during weeks 10-12, with adherence monitoring via self-reporting. A follow up MRSQ was completed at week 16, four weeks after the final treatment, to assess longer-term changes in symptoms.

The primary outcome measure was the MRSQ, used throughout the study to evaluate menopausal symptom severity and potential effects of the Jing Method™ intervention.

RESULTS AND CONCLUSIONS

This study supports the hypothesis that The Jing Method enhances wellbeing for menopausal women. The findings demonstrate a positive association between the intervention and reductions in menopausal symptoms. Improvements were observed across all 11-symptoms measured by the MRSQ during the treatment period. All symptoms showed a reduction over the study period, with the most pronounced improvements in sexual problems, followed by sleep disturbances, heart discomfort, anxiety, depressive mood and bladder problems.

At week 16, sustained benefits were seen in four symptoms (heart discomfort, depressive mood, dryness of the vagina and joint and muscular discomfort), with reductions in three additional symptoms (sleep problems, anxiety and sexual problems). Although some symptoms increased during consolidation (hot flushes, irritability and physical and mental exhaustion), overall levels remained below the baseline, indicating lasting positive effects of the intervention.

TABLE OF CONTENTS

Table of Contents

LIST OF TABLES	10
LIST OF FIGURES	10
ABBREVIATIONS	11
LITERATURE REVIEW	13
WELLBEING	14
MENOPAUSE	15
CURRENT TREATMENT AND ALTERNATIVE THERAPIES	19
Hormonal replacement therapy (HRT).....	19
Massage	20
Yoga	21
Acupressure	21
High Intensity Interval Training (HIIT)	21
Cognitive behavioural therapy (CBT).....	22
THE JING METHOD™	22
METHOD.....	25
RESULTS	27
DISCUSSION	32
FINDINGS.....	32
INTERPRETATION AND DISCUSSION	32
LIMITATIONS.....	35
CONCLUSION	37
REFERENCES.....	38
BIBLIOGRAPHY	45
APPENDICES	59
Appendix 1: Jing Ethics Form – Completed & Signed	59
Appendix 2: Participants Letter	70
Appendix 3: Menopause Rating Scale.....	75
Appendix 4: Recruitment Advertisement	76
Appendix 5: Chronic Stress Protocol example	77
Appendix 6: Self Care – HIIT Training Videos	78
Appendix 7: Tables and Figures	79

LIST OF TABLES

TABLE 1 MENOPAUSE SYMPTOMS	16
TABLE 2 MENOPAUSE SYMPTOMS ADAPTED FROM (EL KHOUDARY ET AL., 2019).....	19
TABLE 3 HFMAST FRAMEWORK	24

LIST OF FIGURES

FIGURE: 1 ADAPTED FROM ENGLE'S BIOPSYCHOSOCIAL MODEL (BPS) (ENGEL, 1977)	14
FIGURE 2 COMPARISON OF MEANS OF ALL 11 SYMPTOMS ON THE MRSQ ACROSS THE STUDY PERIOD.	27
FIGURE 3 MEAN MRSQ SCORES (11 SYMPTOMS) DURING CONTROL VS. INTERVENTION PHASES, AND A WEEK 16.	28
FIGURE 4 HOT FLUSHES-MEAN MRSQ SCORES FOR HOT FLUSHES DURING THE STUDY	29
FIGURE 5 HEART DISCOMFORT- MEAN MRSQ SCORES FOR HEART DISCOMFORT DURING THE STUDY	29
FIGURE 6 DEPRESSIVE MOOD- MEAN MRSQ SCORE FOR DEPRESSIVE MOOD DURING THE STUDY	30
FIGURE 7 SEXUAL PROBLEMS- MEAN MRSQ SCORES FOR SEXUAL PROBLEMS DURING THE STUDY	30
FIGURE 8 COMPARISON OF COMBINED STUDY RESULTS OF ALL 11 SYMPTOMS ACROSS 16-WEEK PERIOD, 2026	31

ABBREVIATIONS

BPS – Biopsychosocial model

CBT – Cognitive Behavioural Therapy

GMS – Genitourinary symptoms

HIIT – High Intensity interval Training

HRT – Hormonal replacement therapy

MRSQ – Menopausal Rating Scale Questionnaire

MSK - Musculoskeletal

MT – Menopausal transition

NICE – National Institute for Health and Care Excellence

PNF – Proprioceptive Neuromuscular Facilitation

TJM™ - The Jing Method™

WHO – World Health Organisation

LITERATURE REVIEW

Menopause is an increasingly important public health issue in the UK and worldwide.

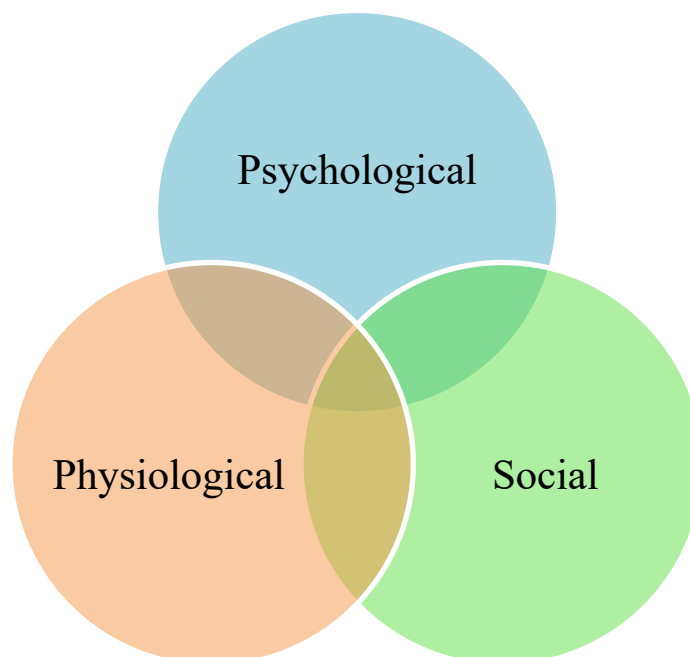
Around 13 million women in the UK – approximately one-third of the female population - are currently experiencing menopause (NHS, 2022), and 4.3 million women aged 50 and over are active in the workforce (Parliament UK, 2018). Globally, the World Health Organisation (WHO, 2024) estimates that by 2030 more than 1.2 billion women will be menopausal or post-menopausal. This demographic shift, combined with the wide-ranging impacts of menopausal symptoms, highlights the need for more effective management and equitable access to care (Delanerolle et al., 2025).

Because menopause can influence so many aspects of women's wellbeing (Essa and Mahmoud, 2018; Hamoda and Moger, 2022), there is growing interest in approaches that support both the physical and emotional challenges experienced during this transition (Shamsalizadeh et al., 2023; Mansour et al., 2024; Winett and Dalingwater, 2025). Many women seek complementary, non-pharmaceutical options alongside medical care (Qureshi et al., 2022; Vanden Noven et al., 2023), yet research on massage-based approaches is limited. This gap highlights the need to examine whether The Jing Method™ (TJM™) - an approach rooted in advance clinical massage and a holistic view of the individual (Fairweather and Mari, 2015)- may offer meaningful support for women at this life stage. To address this, this literature review outlines menopause and its impact on wellbeing, current management approaches, and emerging evidence on complementary and manual therapies.

WELLBEING

Wellbeing is central to understanding women's experiences during menopause. Although there is no single agreed definition, wellbeing is commonly described as a multidimensional concept. It encompasses physical, psychological, and social functioning, as well as life satisfaction and a sense of purpose. It is closely linked to both physical and mental health, it influences how individuals experience, interpret and manage health-related changes during menopause (NHS digital, 2022). Fluctuations in physical symptoms, mood and cognitive function may therefore have a significant impact on overall wellbeing (see Figure 1). Studies consistently show that menopause can greatly affect women's overall wellbeing. A 2021 survey revealed that 86% of women aged 46-60 reported experiencing mental health stress during menopause, 58% reported low energy and lack of concentration, 53% suffered from low mood and depression, 50% experienced anxiety, 42% reported anger and mood swings, while 33% expressed feelings of worthlessness (Health and Her, 2021).

Figure: 1 adapted from Engle's biopsychosocial model (BPS) (Engel, 1977)



MENOPAUSE

Menopause is a natural process that occurs in all women who live long enough (Lumsden, Davies and Sarri, 2016). It results from the loss of ovarian follicular function and a decline in circulating blood oestrogens (WHO, 2024). Menopause is confirmed after 12 consecutive months of amenorrhoea, so it can only be diagnosed retrospectively (Peacock, et al., 2023). It usually affects women between the ages of 44 and 55, though it can occur earlier (NHS, 2022). Menopause-related terms can be confusing. Menopause is often used to refer to both the time before the final period and the years after (Cunningham et al., 2025).

The menopausal transition (MT) is usually gradual, beginning with changes in menstrual cycle (WHO, 2024). Perimenopause (the period leading up to and surrounding menopause) is associated with a wide range of physical and psychological symptoms (see Table 1), it can last 5 to 10 years (Cunningham et al., 2025). Long lasting menopausal symptoms can harm wellbeing, relationships and work (Hamoda and Moger, 2022).

Most women experience menopausal symptoms, with over 25% reporting them as severe. Symptoms last an average of 7 years, and 1 in 3 women continue beyond that (Hamoda and Moger, 2022). Perimenopause is characterised by symptoms including: vasomotor disturbances, genitourinary complaints, mood and cognitive changes among many others, with substantial variability between individuals reported worldwide (Cunningham et al., 2025).

Table 1 Menopause Symptoms

Menopause symptoms	Description	Effect on wellbeing
Vasomotor	<ul style="list-style-type: none"> • Sudden wave of heat envelops head, neck, upper chest & arm- skin flushing, perspiration, palpitations, acute physical discomfort- lasting several minutes (WHO, 2024). • Hot flashes & night sweats. • Complex-not totally understood (El Khoudary et al., 2019). 	<ul style="list-style-type: none"> • Linked to mood & anxiety (El Khoudary et al., 2019). • Interference with work & negatively affects quality of life. Disrupts sleep (Menopause matters, 2024). • Associated with physical discomfort, psychosocial concerns and reduced functioning overall. (B. Ayers, 2013) • Night sweats - It can lead to poor sleep, chronic insomnia, daytime fatigue and irritability (Mayo Clinic, 2025).
Psychological	<ul style="list-style-type: none"> • Depression, anxiety- can be caused by decreased oestrogen, serotonin and dopamine (Garibaldi, 2025). • Irritability, • Sleep disturbance- multidimensional concept (El Khoudary et al., 2019). • Cognitive problems • Some phycological symptoms are vasomotor derived. Stress factors may contribute to negative moods. (El Khoudary et al., 2019). 	<ul style="list-style-type: none"> • Depression - low mood, self-esteem, motivation, suicidal thoughts, loss of libido (NHS, 2023). • Anxiety - feeling restless, irritable, difficult to concentrate (NHS, 2024) • Poor sleep linked to reduce cognitive function, mood changes, health issues, impaired concentration, lowered energy (The Menopause Society, 2023). • Anxiety and depression can have a negative effect on sexual

		relationships (Heidari et al., 2019).
Physical	<ul style="list-style-type: none"> • Fatigue • Headache • Joint and muscular dysfunction. • Some physical symptoms are vasomotor derived (El Khoudary et al., 2019). 	Can contribute to emotional distress, anxiety, poor sleep.
Genitourinary symptoms (GSM)	<ul style="list-style-type: none"> • Vaginal atrophy • Bladder problems • Sexual problems (desire, activity & satisfaction) 	<ul style="list-style-type: none"> • Can affect body image, interpersonal relations, sexual health & overall QL (Scavello et al., 2019) • Sexual dissatisfaction can affect vitality. Sexual dysfunction correlates to depression. Catastrophizing/fear affects health. Could decrease longevity (Simon et al., 2018). Sexual disorders can create & intensify psychological problems reciprocally- leading to a decline in general health (Heidari et al., 2019).

The substantial biological and psychological changes occurring in 50-85% of women during menopause can cause great stress and disability (Yazdkhasti, Simbar and Abdi, 2015).

Challenges in accessing appropriate advice include symptom overlap with other conditions (Hamoda and Moger, 2022), limited clinical management guidelines for early menopause, affecting 12% of women globally (Mishra et al., 2024), and differing perceptions and experiences of menopause within and across cultures (Davis et al., 2023).

Raising awareness of menopausal symptoms and their long-term effects is vital (Hamoda and Moger, 2022), as menopause significantly impacts the functions of major bodily systems (Honour, 2018). Symptoms management now emphasizes the prevention of chronic diseases, given that major health conditions often emerge 10-15 years after menopause (Lobo et al., 2014).

A UK survey found that most women over 40 have limited knowledge and negative perceptions of menopause, leaving them underprepared for its effects (Tariq et al., 2023). This reflects the long-standing neglect of menopause health due to women's underrepresentation in research and the taboo surrounding the topic (Winett and Dalingwater, 2025).

Experiencing distressing menopausal symptoms over several years, can negatively affect quality of life and wellbeing through their significant impacts on personal relationships and work (Hamoda and Moger, 2022). A recent UK study argues that women's BPS factors shape their unique menopausal experiences, framing menopause as a multidimensional rather than purely biological phenomenon (Simpson, Tuuli and Eate, 2025).

Empowering women during menopause can contribute to a better perception of this life stage (Yazdkhasti, Simbar and Abdi, 2015) and highlights the importance of self-care and improves adaptation to menopause complications (Kafaei-Atrian et al., 2022). Furthermore, participating in a programme, that combines delivery of information and tools to process personal satisfaction experiences on cognitive, emotional and social levels, may increase quality of life (Rotem et al., 2005). Recent studies affirm this view, indicating that normalising conversations about menopause promotes awareness of mental health and wellbeing, fostering self-care and support for others (Simpson, Tuuli and Eate, 2025).

Over the previous decade, menopause health awareness has improved across public sectors (Munn et al., 2022), yet nearly half of the women experiencing MT have not consulted their

GP, and 30% of those who did, experienced delays or barriers to effective care (Fawcett Society, 2022). A survey with UK GPs revealed a strong need for improved medical training and support to help manage menopausal symptoms (see table 2), ensuring that every woman in the UK feels supported throughout her menopause journey (Dintakurti et al., 2022).

Table 2 Menopause Symptoms adapted from (El Khoudary et al., 2019)

Symptom	Direction of change	Transient / Enduring
Depression & anxiety	Increased	Transient
Vasomotor symptoms	Increased	Transient
Cognitive difficulties	Increased	Transient
Physical function performance	Decreased	Transient
Urinary incontinence	Increased	Enduring
Sleep complains	Increased	Enduring
Cognitive performance (after menopause)	Decreased	Enduring
Vaginal dryness	Increased	Enduring
Sexual desire	Decreased	Enduring
Physical function performance	Decreased	Transient

CURRENT TREATMENT AND ALTERNATIVE THERAPIES

Hormonal replacement therapy (HRT)

HRT fell out of favour in 2002 after the Women’s Health Initiative trial reported that risks of combined equine HRT outweigh its benefits, particularly due to the increased risks of breast cancer and cardiovascular disease (Rossouw et al., 2002). Later analyses revealed study limitations and biases, concluding that HRT does not elevate the risk of cardiovascular disease, breast cancer, stroke or thromboembolism (Clark, 2007).

The National Institute for Health and Care excellence (NICE) recommends HRT as a first-line management option for individuals without contraindications (NICE, 2024). HRT is unsuitable for those with a history of breast, ovarian or endometrial cancer, uncontrolled

hypertension or liver disease (NHS, 2023). When prescribed for clear medical indications and initiated within a few years of menopause, HRT offers a substantial benefit with minimal risk (British Menopause Society, 2020).

An estimated 2.3 million UK women were prescribed HRT in 2022-2023, driven by greater menopause awareness and media influence (Mansour et al., 2024). However, a UK online GPs survey found that 52% of GPs felt unsupported in advising and treating women and only 22% found the NICE guidelines clear and practical (Dintakurti et al., 2022). HRT access has benefited many women (Hickey et al., 2024), but greater awareness is needed among women and healthcare providers about menopause symptoms and the full range of management options – from lifestyle modifications to complementary therapies (Essa and Mahmoud, n.d.). Health professionals advocate a holistic approach to menopause care beyond HRT (Mansour et al., 2024). Those seeking care often want reliable, unbiased information rather than medication, except when symptoms are severe (Hickey et al., 2024).

Massage

Massage therapy shows benefits for multiple conditions (Field et al., 2005). Emerging evidence suggests that massage, Myofascial Release (MFR), and other forms of manual therapies may help alleviate both physical and psychological menopausal symptoms. Reported benefits include reductions in musculoskeletal (MSK) pain (Espírito Santo, Moita and Nunes, 2024), anxiety, depression (Garibaldi, 2025; Takefuji, 2025), improved sleep quality, potential relief of symptoms such as hot flushes, night sweats, urinary issues and dyspareunia (Mohamed and Allah, 2018; Listiana, Anggorowati and Susilawati, 2022; Garibaldi, 2025). A recent Myofascial study review, highlights the potential of MFR in managing sexual disability related to lower back pain (Takefuji, 2025).

However, these findings should be interpreted cautiously due to methodological limitations in the existing literature, and further rigorous, well-designed studies are needed to confirm these effects.

While alternative therapies, such as massage, may offer symptomatic relief during menopause (Aarshageetha, Rani Janci and Devi Tharani, 2023), their benefits are variable. Given the multifactorial nature of menopausal symptoms, effective care requires a holistic, interdisciplinary approach grounded in the BPS model (Kalra, Agarwal and Magon, 2012). Such approaches though greatly needed are more difficult to measure and evaluate within the conventional design of scientific studies.

Yoga

Yoga enhances strength, flexibility and wellbeing, making it part of holistic menopause care (Kalra, Agarwal and Magon, 2012). Evidence supports yoga as a cost effective, non-invasive intervention for menopausal symptoms, with practices like Asana, Pranayama, meditation, and Nidra showing significant benefits (Davis et al., 2023; Singh, Chaturvedi and Mishra, 2025)

Acupressure

Acupressure may improve sleep in menopausal women and is cost-effective and easy to implement. However, studies show high degree of biases, varied acupressure points used, small samples, highlighting the need for more reliable research (Eskandari, Keramat and Rohani-Rasaf, 2025).

High Intensity Interval Training (HIIT)

Strength training can help reduce menopause related symptoms by improving muscle function, bone density, hormonal and metabolic indicators (Capel-Alcaraz et al., 2023). HIIT in menopausal women has been shown to reduce body weight and abdominal fat, with total fat loss occurring in both normal weight and obese women (Dupuit et al., 2020).

Cognitive behavioural therapy (CBT)

CBT can ease menopausal symptoms, offering small to moderate benefits that are usually long-lasting but may lessen over time (Mengfei Ye, 2022). It can support women with low mood, anxiety, hot flushes, joint pain, and sleep problems (NHS, 2022). NICE recommends CBT as a treatment for women experiencing low mood who do not meet the clinical criteria for depression. However, the evidence base is limited, as studies frequently use small samples, and often present a high risk of bias (Green et al., 2019; Ntikoudi et al., 2024).

THE JING METHOD™

TJM™ integrates Eastern and Western massage practices in a multi-modal, outcome-focused approach, that addresses both physiological and psychological factors. Specialising in chronic pain and systemic conditions, it emphasizes holistic, person-centred care grounded in the BPS model (Engel, 1977). Drawing on traditional bodywork roots and contemporary research, the method fosters a Therapeutic Alliance (TA) – between client and practitioner - (Drph, 2000; Ferreira et al., 2013; Kelley et al., 2014; Gillingham, 2017) and tailors techniques to each client's needs. Rather than focusing on isolated symptoms, it adopts a whole-person perspective that recognizes the interplay among physical tissues, psychological states and social contexts (Fairweather and Mari, 2015).

This perspective closely reflects how menopause is increasingly understood within the literature: it is no longer viewed solely as a biological event, but as a complex and individual life transition shaped by physical changes alongside emotional, cognitive and social factors (Kalra, Agarwal and Magon, 2012; Heidari et al., 2019; Scavello et al., 2019; Simpson, Tuuli and Eate, 2025). Women commonly experience a combination of fluctuating symptoms, including fatigue, sleep disturbance, mood changes, cognitive difficulties, and MSK pain, which can persist over extended periods and can significantly affect wellbeing. The literature

consistently highlights that these experiences can be influenced by stress, lifestyle, personal history and broader social context, reinforcing the need for approaches that can respond to this complexity (Simpson, Tuuli and Eate, 2025). Within this context, TJM™ appears particularly relevant as it addresses both physical symptoms and the broader factors shaping symptom experience. TJM™ also emphasises the individualised treatments and client self-led education - within the scope of practice - which may be particularly relevant during MT, where feeling supported and empowered can influence wellbeing. By combining hands on treatment with self-management strategies, it aims to help clients adapt to ongoing and fluctuating symptoms.

A key element of TJM™ is the HFMAST framework (see Table 3), which brings together approaches already explored in menopause research, particularly for pain management, stress reduction and body awareness (Fairweather and Mari, 2015). Although TJM™ has not been widely studied in menopausal populations, its multimodal structure incorporates elements associated with improved wellbeing. Preliminary small-scale online studies suggest that the method may effectively reduce menopausal symptoms (Hyde, 2021), with some evidence of sustained benefits (Hurworth, 2023; Mitchell, 2023). Recent hands-on studies on TJM™ report reductions in both physical and psychological symptoms of the MT (Cross, 2026; James, 2026; Jones, 2026). While these findings are promising, further large – scale studies are needed to strengthen the evidence base.

Table 3 HFMAST framework

HEAT	The use of heat and/or cold.
FASCIA	Fascial techniques.
MUSCLE	Trigger point therapy
ACCUPRESSURE	Acupressure points.
STRETCHING	Static, PNF, AIS
TEACHING	Self-help strategies within scope of practice (all above), rehabilitation exercises, mobilisations, breathing & meditation.

Given the complex, fluctuating and deeply personal nature of menopausal experiences, there is a clear rationale for exploratory research. Investigating the effects of TJM™ on wellbeing during menopause may offer valuable insight into how holistic, BPS massage approaches can support women through this significant life transition.

METHOD

Ethical approval for the study titled: “Evaluating the efficacy of the Jing Method™ of Advanced Clinical Massage of wellbeing during menopause” was obtained from Jing Advance Massage Training (see appendix 1). The study was conducted between August to October 2025. Evidence-based literature relating to menopause was identified through Mendeley and Google scholar, both recognised and validated research databases. Additional supporting evidence was drawn from small scale studies conducted by students at Jing. Participants were recruited using digital and print advertising distributed via social media platforms, WhatsApp groups, email communications to local business, and printed posters (see appendix 4). Additional recruitment occurred through word-of-mouth referrals from existing clients and personal contacts. Initially 12 participants were recruited; however, following the initial consultation conducted by video call, 10 participants were selected to commence the study. All participants had the study explained to them and gave consent to be involved (see appendix 2). Although 2 participants did not begin the intervention: one due to the initiation of new medication and the other due to the need for a complex surgical procedure. A further 2 participants withdrew during the study, one because of rib fractures sustained from a fall and the other due to overseas family commitments.

This study employed a within-group controlled design over a 12-week period. During the first 6 weeks (control period), participants received no intervention and completed the Menopause Rating Scale Questionnaire (MRSQ, see appendix 3) once a week. These data were used to establish a baseline mean score for menopausal symptom severity.

During the subsequent 6 weeks (intervention period), participants received a weekly 1-hour treatment consisting of a blended protocol based on the Jing Method™ chronic pain and stress protocol, following the HFMAST approach. Detailed descriptions of each treatment

sessions are provided in the appendix (see appendix 5). Participants continued to complete the MRSQ once a week through the intervention period, with questionnaires completed 6 days after each treatment.

The MRSQ assesses 11 menopausal symptoms, with participants rating the severity of each symptom. MS response range: 0 - none; 1 - mild; 2 - moderate; 3 - severe; 4 - extremely severe.

Participants were also instructed to complete a self-care strength based high-intensity interval training (HIIT) session three times per week. The self-care routine was delivered via a private YouTube link, which was provided to participants during weeks 10, 11 and 12 of the intervention (see appendix 6). Participants were asked to report to the researcher the number of sessions they completed each week to monitor adherence.

The participants were also sent the MRSQ to fill in at week 16, four weeks after the last hands-on treatment to assess for any longer lasting change.

RESULTS

Analysis of the results revealed a reduction in all eleven menopausal symptoms over the study period. The greatest improvements were observed in sexual problems (69.23%), followed by sleep problems (64.43%), heart discomfort (57.14%), anxiety (54.55%), depressive mood (50%), and bladder problems (50%). Moderate reductions were noted in irritability (38.46%), joint and muscular discomfort (38.46), vaginal dryness (37.50%), and hot flushes (36.36%), while a smaller improvement was observed in physical and mental exhaustion (25%).

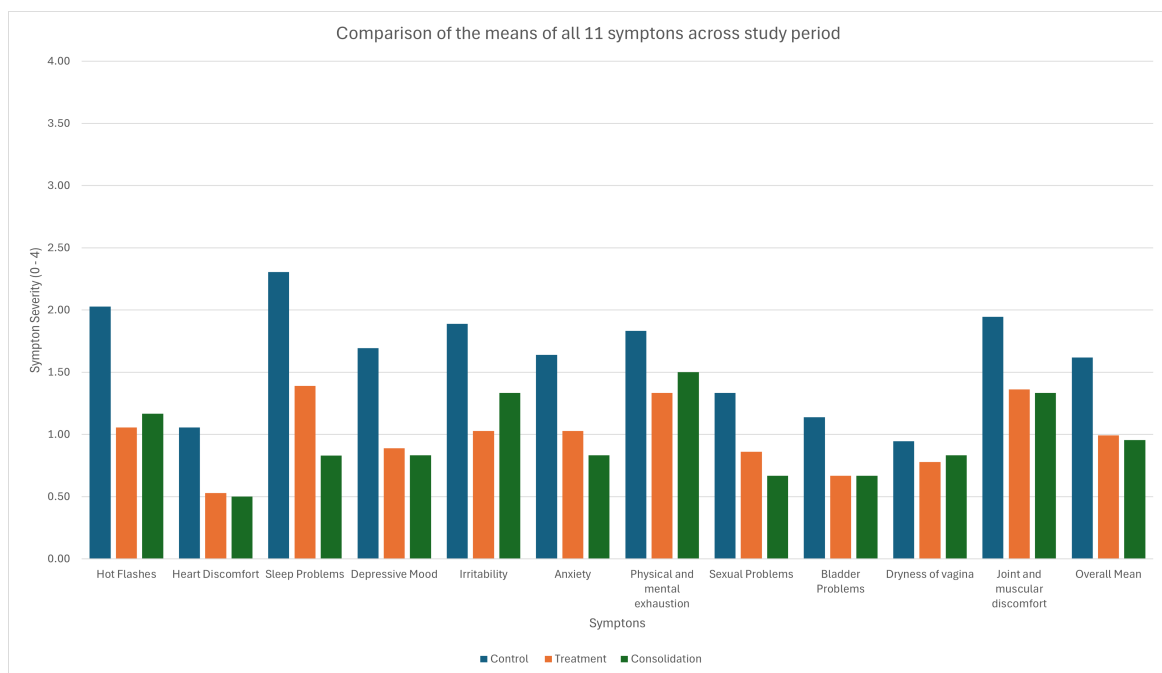


Figure 2 Comparison of means of all 11 symptoms on the MRSQ across the study period.

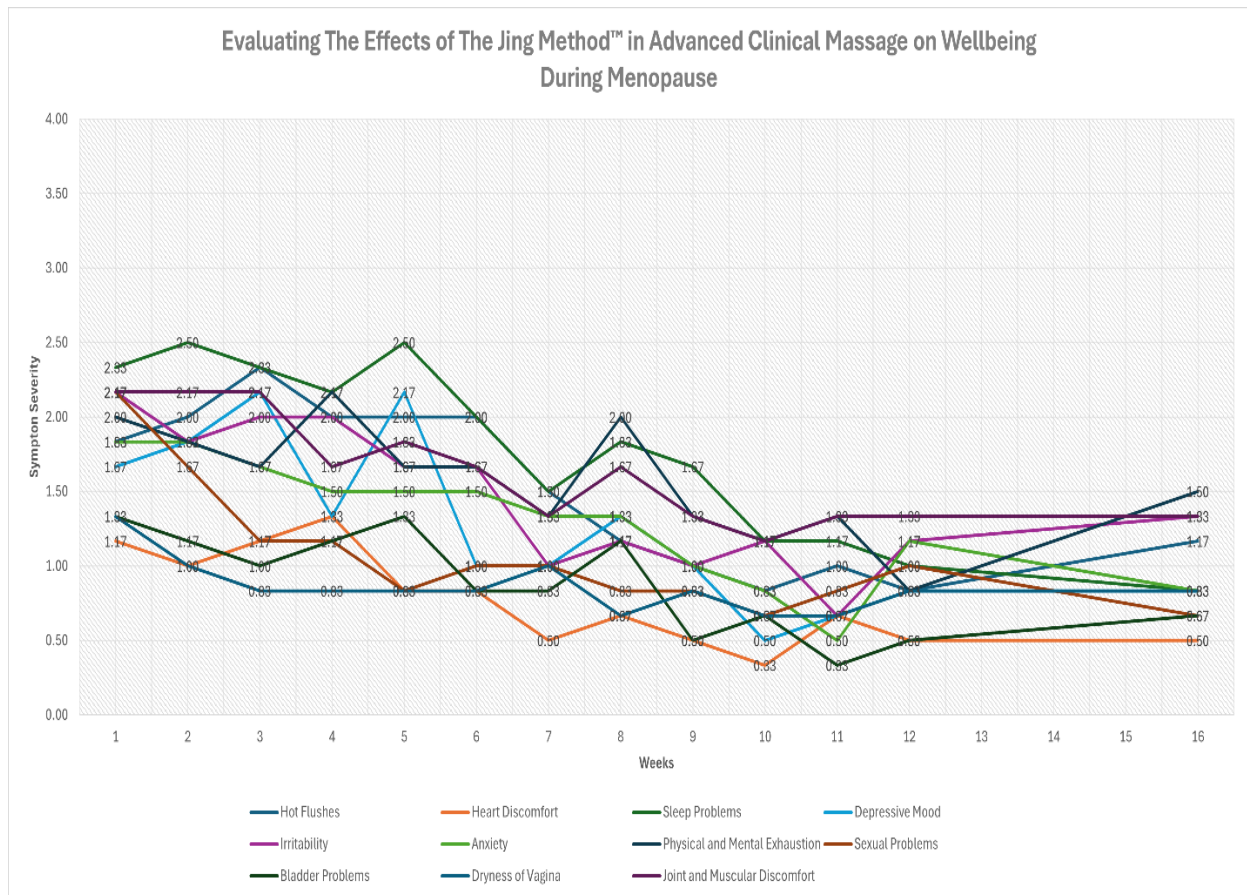


Figure 3 Mean MRSQ scores (11 symptoms) during control VS. intervention phases, and a week 16.

During the 16-week data collection period, symptom severity exhibited notable fluctuations. During the control period, the most pronounced fluctuations were observed in heart discomfort, depressive mood, and hot flashes. Specifically, hot flashes showed considerable fluctuations during the control period. The combined symptom severity of participant’s hot flashes saw an increase of 9.09%. However, symptom severity reports decreased markedly by 58.33% during the treatment period, followed by an increase of 40% during the consolidation phase. The decrease observed over the study was 36.36%.

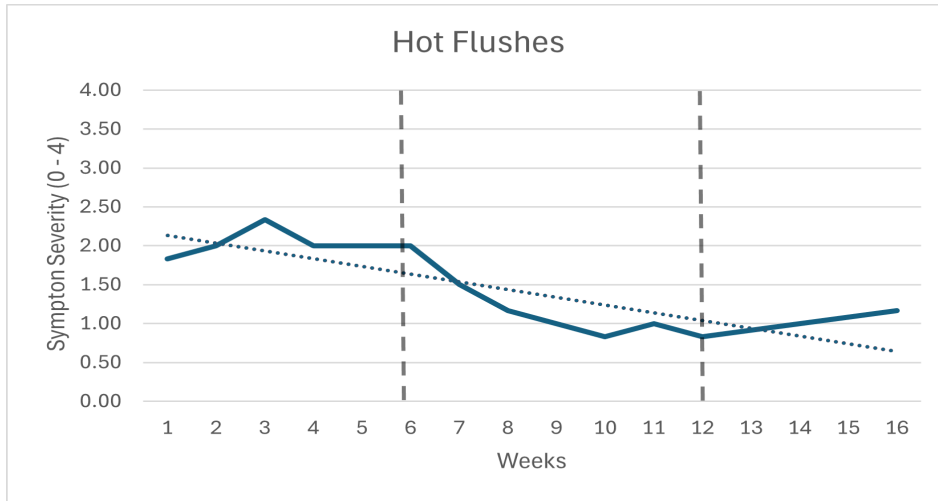


Figure 4 Hot flushes-mean MRSQ scores for hot flushes during the study

Heart discomfort symptom severity also fluctuated during the control period, with a decrease of 28.57% observed. While fluctuations were less pronounced during the treatment stage, we still observe a 40% decrease. Symptom reports showed a certain stability in the consolidation period.

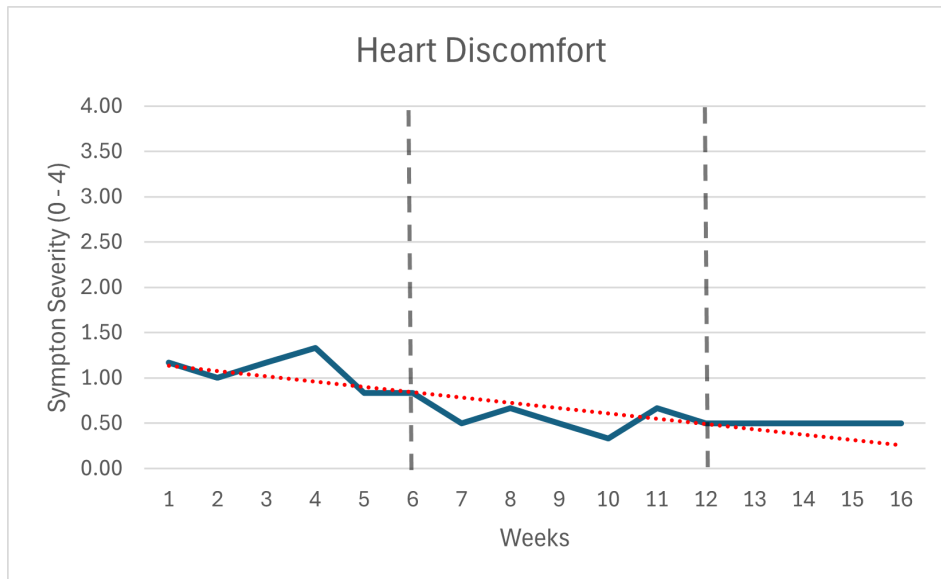


Figure 5 Heart discomfort- Mean MRSQ scores for heart discomfort during the study

Depressive mood demonstrated wide variability in the control period; however, once the treatment period commenced, fluctuations in symptom severity reports decreased and remained relatively stable throughout the consolidation phase.

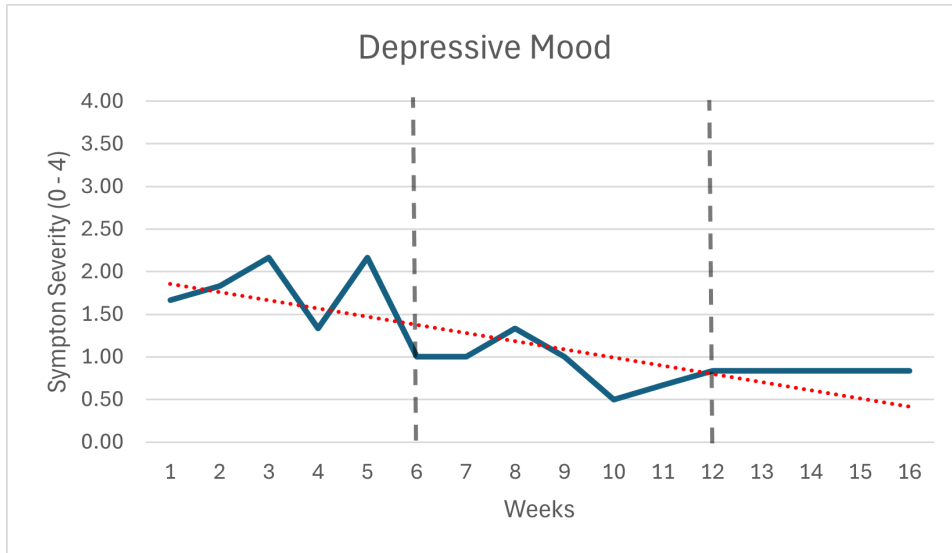


Figure 6 Depressive mood- Mean MRSQ score for depressive mood during the study

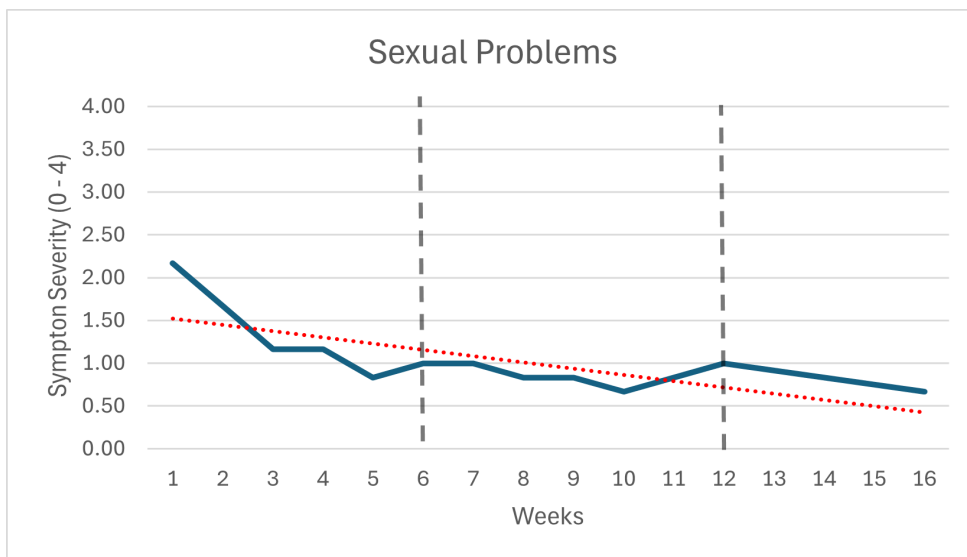


Figure 7 Sexual problems- Mean MRSQ scores for sexual problems during the study

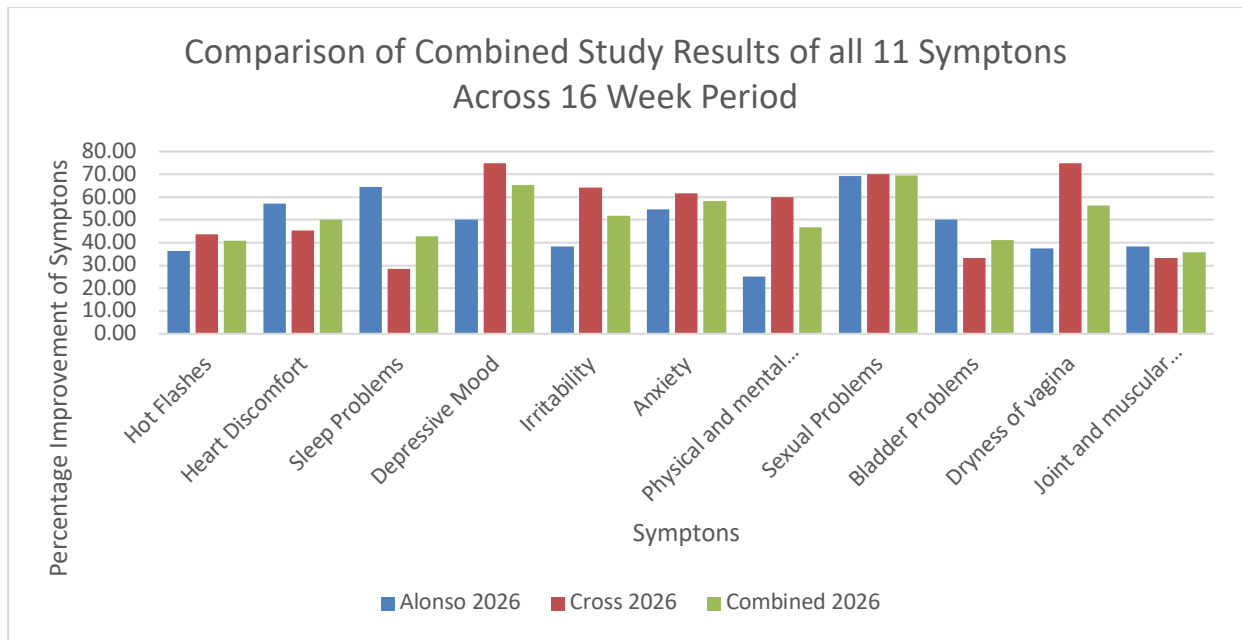


Figure 8 Comparison of combined study results of all 11 symptoms across 16-week period, 2026

DISCUSSION

FINDINGS

This study demonstrated a positive association between the intervention and reductions in menopausal symptoms with all 11 menopausal symptoms measured by the MRSQ showing an overall improvement during the treatment period.

INTERPRETATION AND DISCUSSION

Symptoms severity fluctuated most during the control period, decreased to moderate levels during treatment, and stabilized further during the consolidation phase. This pattern suggests improved symptom manageability and wellbeing. Such improvements may reduce long-term impacts and potentially lower the risk of chronic disease if participants were to continue with treatment over time (Lobo et al., 2014; Yazdkhasti, Simbar and Abdi, 2015; Honour, 2018; Hamoda and Moger, 2022; Kafaei-Atrian et al., 2022).

One the most unexpected findings of this study was the significant improvement in sexual health despite TJM™ intervention not directly targeting sexual functioning. This is noteworthy given that sexual health in general, particularly during the menopausal transition, is widely recognised as a multifactorial and influenced by more than hormonal changes alone. While declining oestrogen levels play an important role in GSM, psychological and social context are also central to sexual wellbeing (Simon et al., 2018; Heidari et al., 2019; Scavello et al., 2019).

The present results are consistent with previous online studies investigating the efficacy of TJM™ in reducing menopausal symptoms, which have similarly reported reductions in GSM symptoms and sexual dysfunction (Hyde, 2021; Hurworth, 2023; Mitchell, 2023). Although these interventions were delivered online, they followed the HFMAST framework, ensuring that the programme maintained a structured informed approach. Similarly, emerging studies

using the HFMAST framework with hands-on treatments have also reported reductions in both sexual dysfunction and GMS symptoms (Cross, 2026; James, 2026). Collectively these findings suggest that enhancements across broader BPS factors may have indirectly improved sexual health symptom severity.

As sexual health is closely linked to psychological and social contexts (Engel, 1977), TJM™'s multimodal approach may have contributed to these improvements by increasing overall wellbeing - specifically a 50% decrease in depression and a 54.55% decrease in anxiety symptom severity (Heidari et al., 2019). This highlights the potential value of interventions that address interconnected factors, rather than focusing on sexual health in isolation (Engel, 1977).

Sexual health, as both a vital aspect of general wellbeing and a woman's fundamental human right, is often overlooked. Moreover, sexual desire, satisfaction, and frequency- commonly underestimated in women from midlife onwards – can influence biological and psychological processes. Reductions in sexual health increases vulnerability to stress and reduces vitality (Heidari et al., 2019).

The findings above underscore the need for complementary interventions addressing menopause's broader impacts - as other studies have suggested (Kalra, Agarwal and Magon, 2012; Essa and Mahmoud, 2018; Mansour et al., 2024; Simpson, Tuuli and Eate, 2025). This study supports prior research that massage may reduce anxiety and depression in menopausal women, improve sleep quality (Mahmoud et al., 2023; Garibaldi, 2025; Takefuji, 2025), alleviate symptoms such as hot flashes, night sweats, urinary problems, dyspareunia (Mohamed and Allah, 2018; Listiana, Anggorowati and Susilawati, 2022; Garibaldi, 2025), reduce MSK pain (Espírito Santo, Moita and Nunes, 2024) and improve body image (Espí-López et al., 2020), which all contribute to an improved sense of wellbeing.

Reductions in anxiety and depression- linked to amelioration in sexual health – align with research showing that menopause-related declines in oestrogen and neurotransmitters, like serotonin and dopamine, contribute to psychological distress. Massage might support wellbeing by modulating the autonomic nervous system and hypothalamic-pituitary-adrenal axis, lowering cortisol levels. The 58.33% reduction in hot flush severity observed during treatment may reflect the same mechanism (Field et al., 2005; Garibaldi, 2025) and its improvement is supported by the literature that correlates hot flush disturbances with decreased sleep quality (El Khoudary et al., 2019). A contemporary study investigating the efficacy of TJM™ in menopausal populations also reported significant improvements in psychological outcomes, including reductions in anxiety by 81%, depression by 77% and stress by 59% (Jones, 2026).

At week 16, sustained benefits were observed in 4 of the symptoms (heart discomfort, depressive mood, dryness of the vagina and joint and muscular discomfort), alongside continued reductions in 3 additional symptoms (sleep problems -17%, anxiety -28.57%, and sexual problems -33.33%). Although some symptoms increased in severity during the consolidation period (hot flushes 40%, irritability 14.29%, physical and mental exhaustion 80% and bladder problems 33.33%), levels remained below baseline.

Symptoms reductions may reflect the synergistic integration of techniques within TJM™ protocols. While the HFMAST element is individually supported by recognized and emerging research (Fairweather and Mari, 2015), their combined application may yield greater and more sustained outcomes during MT than any single complementary therapy (Aarshageetha, Rani Janci and Devi Tharani, 2023; Eskandari, Keramat and Rohani-Rasaf, 2025).

For this reason, TJM™ appears to be an option to support women's wellbeing, as it can closely align with individuals' needs through the lens of the BPS and TA (Ferreira et al., 2013; Gillingham, 2017; Hyde, 2021; Hurworth, 2023; Mitchell, 2023; Cross, 2026; James, 2026; Jones, 2026) .

LIMITATIONS

Participants reported fewer and shorter hot flushes, but the MRSQ did not capture detailed information on frequency and duration, limiting analysis. More focused questionnaires may better reflect these changes.

Despite the intervention's focus on bodywork, improvements in joint and muscle discomfort were modest (38.46%) compared with reductions in sexual problems (69.23%). This may be related to the standardized treatment protocols and participants existing exercise routines, where delayed onset muscle soreness may have been misattributed to menopausal symptoms. Future research should examine pain quality alongside symptom severity.

Participants found it challenging to implement the self-care component due to established exercise routines and multiple responsibilities during MT. Although all viewed the videos, the suggested routines were not consistently followed, and written accountability of the sessions was not collected to avoid additional burden. Participants responded positively to the videos, particularly their short, equipment-free format, and expressed interest in continuing or fully incorporating HIIT sessions. They valued the sessions' introductions and the researcher's encouragement, including exercising alongside them, which may have contributed to strengthening the TA.

Four participants were off HRT, one on a low dose, and one on a high well-established regimen. Future research comparing these groups may be valuable.

This research was carried out in an upper-middle-class area of London and included ethnically diverse groups, which may affect how the findings apply to other populations. Also, cultural influences were not explored.

A limitation to this study is the relatively small sample size, which may reduce statistical power and make patterns in the data harder to detect. Due to time constraints, the number of participants recruited was limited, so the findings should be interpreted with caution.

However, the Jing Institute has conducted several menopause studies using the HFMAST framework. Across these, the online studies included 40 participants (Hyde, 2021; Hurworth, 2023; Mitchell, 2023), and the hands-on studies involved 21 participants (Alonso, 2026; Cross, 2026; James, 2026). Considering these together helps clearer trends emerge in the data.

James's study (James, 2026) was not included in the combined data because it used a different methodology and reporting format, which limited comparability with the present study results.

This work could be extended through collaboration with women's health charities to translate the findings into education, support, and future research opportunities. Partnering with organisations such as The Menopause Charity, women's Health Concern, or Asociación Española para el Estudio de la Menopausia could help reach diverse communities while developing platforms for education, advocacy, and peer support for women experiencing menopausal symptoms.

CONCLUSION

This study suggests that TJM™ may enhance wellbeing in menopausal women. The findings show a positive association between the intervention and reductions in menopausal symptoms, with improvements observed across all 11 symptoms measured by the MRSQ during the treatment period. Sustained benefits at week 16 indicate lasting positive effects of the intervention. Taken together, these findings indicate that TMJ™ may offer potential long-term benefits for wellbeing during menopause and underscore the importance of addressing broader BPS factors in menopausal care.

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APPENDICES

Appendix 1: Jing Ethics Form – Completed & Signed



	CHECKLIST OF INSTRUCTIONS FOR STUDENTS	X
1	Complete Section 1 to Section 13	X
2	Electronically sign and date	X
3	Participation information form (see separate form)	X
4	Participation consent form (see separate form)	X

Jing BTEC Research Ethics Form

**BTEC Level 6: Professional diploma in
Advanced Clinical and Sports Massage**

Section 1: to be completed by student

Student's name:	NATALIA ALONSO PEREZ
Student number:	RE25691
BTEC Year-group:	2024-2026
Date of application:	28/04/2025
Student e-mail address:	nataliafennelly@hotmail.com
Title of research project:	<i>Evaluating the effect of the Jing Method™ of Advance clinical massage on wellbeing during menopause</i>

Section 2: Does your project involve any primary research using human subjects?

Please indicate as appropriate.

	YES	NO
Does your project involve any primary research using human subjects?	x	
If yes, does it involve children under 16?		x
If yes, does it involve children under 18?		x
Other vulnerable populations (i.e. mental illness, aged subjects)?		x
Does your project involve NHS patients, NHS staff or Local Authority Service Providers?		X
Are you planning to use deception?		x

Are you collecting sensitive personal data such as sexuality, mental health data, etc.?	x	
Does your study involve paying participants or an alternative incentive to participate		X
Could the study put you or someone else at risk of injury?		x
Does your project make use of a validated questionnaire?	x	
<p>If yes, please specify the name of the validated questionnaire you are using and attach a copy here. MENOPAUSE RATING SCALE</p>		

Section 3: Research premises

THE PRACTICE ROOMS, RICHMOND
 1 UNION COURT, SHEEN ROAD RICHMOND
 TW9 1AA

THE PRACTICE ROOMS, TWICKENHAM
 TWICKENHAM GREEN TW2 5AB

THE PRACTICE ROOMS LTD
 REGISTERED IN ENGLAND AND WALES,
 REGISTERED NUMBER 7311013
 WINDSOR HOUSE
 BAYSHILL ROAD
 CHELTENHAM GL50 3AT

<p>If your research is being undertaken outside of your own premises, do you have written confirmation from the establishment involved? If yes, please provide evidence.</p>	<p>Yes. I will attach a copy to the consent email with the form.</p>
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Section 4: Recruitment

1. ASK FRIENDS AND FRIENDS OF FRIENDS – Using soft copy adverts- posters on social media. Facebook, Instagram, WhatsApp groups
2. ASK CLIENTS FRIENDS. Using soft copy adverts- posters on social media. Facebook, Instagram, WhatsApp groups
3. FACEBOOK LOCAL GROUPS. Using soft copy adverts. Hounslow Borough Community Group, Friends of the River Crane Environment, What’s on In Hounslow Uk, What’s on Hounslow, Original Hounslow Borough- Positive Place, Positive People.
4. ASK WITHIN FB MENOPAUSE SUPPOR GROUPS. Using soft copies adverts. 40+ Perimenopause & Menopause Support Group, Menopause Support Group, U.K HRT and Menopause Support Group.
5. LOCAL BUSSINESS. Hard copies posters and email approaches. Bikram Yoga Chiswick, The Practice Rooms LTD. SAINSBURYS, Chiswick, Tesco’s Richmond, Triyoga Ealing. Fusion Gym Hounslow (Feltham, Isleworth, Chiswick locations).

Section 5 Outline your project procedure

This is effectively a draft of your method, include information on when questionnaires will be used, what your intervention will involve, any stimuli used, etc.

1. This study aims to investigate the effect of the Jing Method™ of Clinical Massage on wellbeing during the menopause.
2. Participants will be recruited for this within group study design. There will be face to face treatments. An initial phone call and zoom interview will be required.
3. The aim is to recruit between 6 to 20 participants, women only, age range 40 to 70 years. The investigation will last for the duration of 16 weeks in total (6 weeks baseline + 6 weeks treatment + a follow up after a further 4 weeks with no treatments and no contact but a final questionnaire to assess lasting results).
4. Interested possible participants are required to contact me via WhatsApp or Email first. I

will contact them back and have an initial short conversation explaining the project and I will then ask them to fill in the Menopause Rating Scale Questionnaire which they will receive via email. If they score 14 or more on the questionnaire participants might be eligible.

5. The next step will be a 20-minute Zoom consultation with participants to ensure they meet the inclusion criteria, understand the research study and provide consent to take part.
6. Week 1 to 6 the study will form the control period and give a baseline of the client's menopausal symptoms. During this time, participants will complete the Menopause Rating Scale questionnaire once a week but there will be no intervention. The questionnaire would be sent by email.
7. Weeks 7 to 12 will be the intervention period. During this time, participants will receive 50 minutes, hands on treatment of clinical massage once a week. Treatments will be a blend of the Jing Method™ chronic pain & stress protocol (see Massage Fusion, page 355 to 369).
8. Each week treatments will be slightly different from the previous week to cover/ focus on different aspects of the Jing Method™. Adapted protocols will follow the HFMAST approach which include AMMA, grounding techniques, hot stones, effleurage, myofascial release, soft tissue massage, trigger points release, passive stretches and teaching. Details on each weekly treatment will be added as an appendix. Each participant will receive the exact same treatment.
9. There will be some background music played throughout the treatment. Some music with words and some without words. Same playlist will be played for all participants.
10. After sessions 8, 9 and 12, the participants will be given a self-care video to follow. It will take about 15 minutes to complete the routine. These videos will be put on a private YouTube link that only participants can access. This
11. Self-care will be performed three times per week. Details of self-care routine will be added as an appendix to the study.
12. Participants will receive a login sheet via email. This sheet will include the date and the duration they exercise for. Its primary purpose is to promote accountability and to encourage participants to complete their exercises.
13. Six days after treatment, the Menopausal Rating Scale questionnaire will be sent to participants to complete and return prior to the next treatment or within 24 hours. At the same time, participants will be asked to inform the researcher how many times the self-care routine was performed that week.
14. At week 16, a follow up of the Menopausal Rating Scale questionnaire will be sent to participants to assess if they were any longer-term changes because of the intervention period.

Section 6: Describe what your participants need to do

1. Participants will first complete an online questionnaire and brief consultation form to check whether they meet the inclusion criteria. The criteria are women experiencing menopause symptoms who are required to complete the Menopause Rating Scale (MRS) Questionnaire. This questionnaire assesses the severity of menopausal symptoms: a higher score suggests a greater impact on women's quality of life. A score of 14 or more is often used to indicate the need for treatment.
2. If eligible, participants will then complete a 20 minute one to one zoom interview to confirm contact details, discuss relevant medical history, explain the study process, and answer questions. Participants must also inform the researcher about any ongoing therapies or medication they are receiving, such as HRT or supplements. Participants will be explained that they can leave the project at any given time without any explanation.
3. Participants will be sent via their preferred method of communication (email or WhatsApp) a PDF explaining the details of the study, details of the Jing Method™, the protocols and the techniques used. Treatment sessions will involve massage using various techniques such as applying gentle heat through hot stones, fascial release work, slow stretching, breath work, and stimulation of acupuncture points.
4. If Participants are happy to go ahead with the study, they will be sent a consent form that they are required to sign and send back to me before starting the study.
5. Throughout the study, participants are required to complete the MRS Questionnaire once a week. After the initial 6-week observation period without hands on treatment, participants will move into a 6-week treatment phase, where they will be receiving hands on therapy following the Jing Method™ for Chronic pain and stress protocol. Jing massage treatment using the HFMAST MODEL.
6. After each treatment, participants must complete the MRS questionnaire 6 days after each treatment and before the next treatment session.
7. Participants will also have to complete a self-care, three times a week. It will take about 15 minutes to do this. A video link to the self-care routine will be given to participants on weeks 8, 9 and 12. Participants will keep a record of how many times they complete the self-care and inform the researcher.
8. The final MRS questionnaire will be completed 4 weeks after the last treatment in week 16. This final questionnaire is to assess any longer-term effects of the study.
9. At the same time, a brief feedback form will be sent to the participants so they will have the opportunity to express what they enjoy the most from this experience and what they found most helpful.

10. Participants are required to inform the researcher if there are any changes in their personal circumstances, such as starting new medication, therapies or treatments during the study. The researcher will also check with participants to ensure that they do not begin any new therapies or treatments unrelated to the study during the project period.
11. Additionally, participants should refrain from discussing the details of the project with other participants, especially in cases where they may know each other, to maintain the integrity of the study and prevent any biases on the results.
12. Participants can withdraw at any time without explanation or consequences.

Section 7: Respecting confidentiality and ethical issues for participants

1. Participants details will be kept fully confidential, securely stored, and handled in accordance with GDPR regulations, supported by signed GDPR and confidentiality agreements.
2. All participant data, including sensitive information on menopause symptoms and mental health, will be kept strictly confidential and securely stored on a password protected computer.
3. To ensure confidentiality, participants names, dates of birth, and addresses will be recorded initially, and each participant will be assigned a unique number. All sensitive data will be stored separately under the assigned participant number, ensuring it is anonymized.
4. Data will be securely stored on a password- protected computer and will only be accessible by the researcher. All data will be complied with the GDPR regulations and will not be shared with third parties. The data will be deleted immediately after the study is completed.
5. Soft copies will be double security protected with passwords and hard copies stored in a locked filing cabinet in my house.
6. All data stored will be deleted and or destroyed once the study is completed.
7. The researcher will remain sensitive to any emotional issue or possible distress that may arise during interviews and or treatments, offering support and active listening – creating a safe environment. If needed, participants will be referred to their GP or the NHS Wellbeing Service

for additional help/ support.

8. I am a fully qualified and fully insured advance clinical massage therapist and first aid trained.

Section 8: Inclusion and exclusion criteria

The study will include biological born women between 40 and 70 years. Experiencing menopause-related symptoms such as:

Hot flashes, sweating (episodes of sweating)

Heart discomfort

Sleep problems

Depressive mood

Irritability

Anxiety

Physical and mental exhaustion

Sexual problems

Bladder problems

Dryness of vagina

Joint and muscular discomfort

INCLUSION CRITERIA

1. Biologically born women, individuals assigned female at birth.
2. A score of 14 or more on the Menopause Rating Scale (MRS) indicating severity of symptoms and a significant impact on quality of life.
3. If on HRT (hormone replacement therapy, participants must have been using HRT for at least 4 months prior to the study. Ensuring that the effects of HRT are stable for accurate results.

EXCLUSION CRITERIA

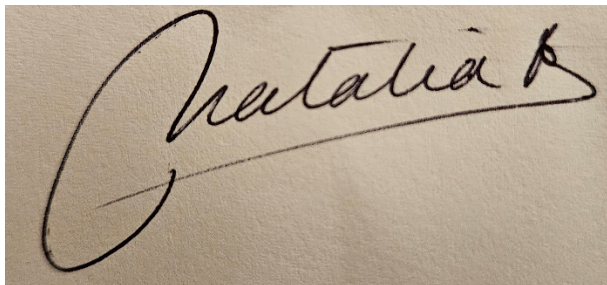
1. Biological born men/ transgender women.
2. Women under 40 years old or over 70 years old.

3. A score of less than 14 on the Menopause Rating Scale (MRS).
4. If on HRT, participants will be excluded if they are taking HRT for less than 4 months, as HRT effects might not be settled and results might not be accurate.
5. The study will exclude women whose menopause symptoms are induced by medical treatments, such as oncology treatments (chemotherapy, radiotherapy, hormone therapy for cancer).
6. The study will exclude women whose menopause symptoms are induced by medical treatment as they are receiving fertility treatments (IVF procedures).

Section 9: Student declaration:

I understand that I can only start my project, once this ethical application has been approved. This applies to ALL projects, whether using human participants or not.	YES x	NO
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Student's handwritten signature:



Print Name: Natalia Alonso

Date: 29/05/2025

ONCE YOU HAVE COMPLETED THE ABOVE ETHICS DETAILS, THEN YOU CAN PROCEED TO PARTICIPANT INFORMATION AND CONSENT FORMS, SO READ BELOW AS IT IS IMPORTANT TO BE CLEAR ABOUT WHAT YOUR PARTICIPANTS NEED TO DO.

Informed consent must be obtained for all participants before they take part in your project. The Consent Form should clearly state the parameters and content of the research. It should explain what is expected of the participants and what they will be doing. It should

draw specific attention to any elements that could conceivably cause subsequent objections, and the measures you are taking to ensure the confidentiality of their data. It should also state that the participants are free to withdraw from the study at any time.

Studies should not involve participants under 18 without express permission from your supervisor. Studies carried out in schools require the permission of the head-teacher, and of any responsible adults as per the head teachers' recommendation. Minors aged over 14 years should also sign an individual consent form themselves. If you are planning to carry out a project whereby you will be in contact with minors, you must establish from the head-teacher or other responsible adult whether the work proposed will require you to have the relevant DBS disclosure. Please seek advice from your Local Authority.

You must complete a consent form for every participant involved in your study.

Jing's assessment (to be signed by Jing after ethics and participant information details completed)

EITHER:

This project is not designed to include fieldwork with human participants. Insofar as secondary data are to be used, I am confident that appropriate procedures are in place for data protection and non-disclosure of any personal or confidential data.

Signature:date:

OR:

This project is designed to include fieldwork with human participants.
(please circle yes or no)

YES All necessary statutory, legislative or other formal external approvals have been obtained (e.g., permissions, police checks, external research ethics and governance approvals in the case of research involving NHS staff or patients or Local Authority service providers or users).

YES The design of this study ensures that the dignity, welfare and safety of the participants will be ensured and that if children or other vulnerable individuals are involved they will be afforded the necessary protection.

YES I am confident that participants will be given all necessary information before the study, in the consent form, and after the study if necessary.

YES I am confident the participants' confidentiality will be preserved.

YES I consider that any risks involved to the student, the participants, and any third party are minimal.

YES I consider that Departmental approval should be given, since ethical risks have been appropriately addressed in the proposal and I am confident that steps will be taken to minimise any risks.

Signature:Susan Harrison..... date:4/7/25.....

If a second opinion was sought from a research ethics expert, the advisor should also sign this form below:

Advisor's name (please print):

Advisor's signature: date:

Once the Jing's signature has been obtained, the student must return the completed form to the Jing Office.

Appendix 2: Participants Letter

Dear all,

Thank you so much for your interest in my study- I truly appreciate you taking the time to respond and your willingness to take part.

I'd like to briefly introduce myself and give you a clearer idea of what the study involves. I have been working as a massage therapist since 2017, and over the years I have specialised in the treatments of chronic pain. My work takes me all over London, providing mobile treatments, and I also work for private clinics and spas. Recently, I joined The Practice rooms in Richmond and Twickenham, where I am now building my own practice.

My clients come from all walks of life and often present with acute injuries or long-standing chronic pain. I regularly treat people with conditions such as migraines, shoulder injuries such as frozen shoulder, chronic fatigue, fibromyalgia.

In 2024, I began an advanced degree qualification- BTC level 6 in advanced clinical and sports massage – through Jing Advance Massage™. This is the highest level of education currently available in the UK, and the course is overseen by experts in musculoskeletal pain, Education, Sports, Science, and Psychology.

As a part of this qualification, I have the opportunity to design and conduct a study evaluating the effects of the Jing method™ in advanced clinical massage on wellbeing during menopause – and that is where your participation is incredibly valuable.

For this study, I am specifically looking for biological born women between the ages of 40 and 70 who are currently experiencing menopausal-related symptoms. These may include,

- Hot flashes or sudden episodes of sweating.
- Heart discomfort (unusual awareness of heartbeat, heart skipping, heart racing, tightness)
- Sleep disturbances (difficulty in falling sleep, difficulty in sleeping through the night, waking up early)
- Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings)
- Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness)
- Sexual problems (change in sexual desire, in sexual activity or satisfaction)
- Dryness of vagina (sensation of dryness or burning on the vagina, difficulty in sexual intercourse)
- Joint and muscular discomfort (pain in the joints, rheumatoid complaints)

If you identify with these symptoms, your involvement could be especially meaningful.

If you decide to participate, the study will officially begin the last week of July 2025.

To start, prior to the official starting date, I will send you a short questionnaire – the Menopausal Rating Scale (MRS)- which is a standard tool used to assess the severity of menopausal symptoms. This will help determine whether your experiences align with the focus of the study. If your responses fall within the criteria, I will reach out to schedule a 20 minutes one to one zoom call. During this session, we will have the chance to meet, go over the study in more details, gather your contact information and do a brief consultation form. I will introduce you to the Jing Method™. And You will also have the opportunity to ask any questions you may have.

The study itself begins with an initial 6-week observation phase focused on understanding your menopause symptoms. Every Monday during this period, you will be asked to complete the MRS questionnaire and send it to me via email, it should only take about five minutes. I will send you a reminder each week to help keep things on track.

Once the data is collected and we have a clear understanding of your symptoms, we will begin the next phase, the hands-on treatment phase. - where we work together to make a difference.

From week 7 to 12, commencing the week of September the 8th, 2025, we will begin the hands-on treatment phase. During this period, you will receive a weekly 50-minutes Jing Method™ of Advance Clinical Massage. The Jing Method™ combines a range of techniques which incorporates a blend of:

- Amma techniques
- Heat and hot stones
- Acupressure
- Myofascial release
- Effleurage
- Soft tissue massage
- Trigger point release
- Grounding techniques
- Gentle stretching
- Teaching

These treatments are aimed at addressing both the physical and mental aspects of menopause, supporting your journey towards relief and better wellbeing. On weeks 8, 9 and 12 of the study I will provide you with a link to a private YouTube channel. This will grant you access to a video featuring a simple yet effective strength training

exercise routine, which is designed to be performed at your own pace. These exercises are intended to complement the hands-on treatment and help you enhance your overall progress. The duration of these exercises will vary depending on your abilities but should take around 15 minutes, and you will be encouraged to perform them 3 times a week at times that fit your schedule.

To help keep you motivated and accountable, I will provide you with a log sheet, where you can record the details, dates and duration of each session. This will allow you to remain accountable and track your progress.

During the 6-week treatment period, I will also ask you to continue filling the MRS questionnaire the day before your massage session. This will help track your symptoms throughout the course of the study.

Once the exercises are introduced, I will also ask you to share your log in times and duration of the exercises with me. This will help me assess and record your progress and symptomology.

Finally, 14 days after the treatments are finished, I will ask you once again to fill in the MRS questionnaire to assess any long-lasting effects after treatment. Also, a brief feedback form will be sent to you, giving you the opportunity to tell us what you enjoy the most and what could be improved for future studies.

Your data will be mathematically analysed alongside all the other participants data, and the findings will be shared with my project supervisor. All your information will be kept strictly confidential. Once the research is complete and published, I will share the findings with you and invite you to attend the final conference, where my colleagues and I will present the results of various studies.

It is very important that, during the course of the study, you don't engage in other pain-relieving activities, including the use of new pain medications, therapies or wellbeing stress treatments without first informing me. This helps maintain consistency and reliability of the study.

Also, if by any chance you know other participants, I kindly ask that you refrain from discussing your treatments with them, maintaining the integrity of each individual experience.

These sessions are being offered to you at the significantly discounted rate of £120 for the six treatments- reduced from the standard cost of £420. This fee reflects your invaluable contribution to the study and acknowledge the time, commitment, and feedback you are providing to support the research and my academic development.

Thank you again for your interest, I am looking forward to working with you and contributing together to understanding and support for menopause and chronic pain.

Please call me with any questions. please note that you might at any time withdraw from the project without notice or explanations.

Sincerely,

Natalia Alonso ACMT, Advance Clinical Massage Therapist.

PARTICIPANT CONSENT FORM

Title of the study:

Evaluating the effect of the Jing Method TM of Advance Clinical Massage on wellbeing during menopause.

Name of the student: Natalia Alonso Perez

- I have read the information sheet about this study
 - I have had an opportunity to ask questions and discuss this study
 - I have received satisfactory answers to all my questions
 - I have received sufficient information about this study
 - I understand that I am / the participant is free to withdraw from this study
 - At any time (until such date as this will not longer be possible, which is once data has been anonymised and merged.
 - Without giving a reason for withdrawing.
 - That I am free to refuse to answer any question without saying why.
 - That the services I am receiving will not be affected whether I participate or not.
-
- I understand that my research data may be used for a further project in anonymous form, but I am able to opt out of this if I so wish by ticking here.....
 - I agree to take part on this study.

Signed (participant):

Date:

Name in block letters:

BTEC Students contact details (including telephone number and e-mail address):

07728592250

nataliaalonsoacmt@gmail.com

Appendix 3: Menopause Rating Scale

Menopause Rating Scale (MRS)

Which of the following symptoms apply to you at this time? Please, mark the appropriate box for each symptom. For symptoms that do not apply, please mark 'none'.

Symptoms:

	none	mild	moderate	severe	very severe
	-----	-----	-----	-----	-----
Score =	0	1	2	3	4
1. Hot flushes, sweating (episodes of sweating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sleep problems (difficulty in falling asleep, difficulty in sleeping through, waking up early)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Irritability (feeling nervous, inner tension, feeling aggressive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Anxiety (inner restlessness, feeling panicky).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sexual problems (change in sexual desire, in sexual activity and satisfaction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Joint and muscular discomfort (pain in the joints, rheumatoid complaints)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPOWER YOUR MENOPAUSE JOURNEY THROUGH MASSAGE. JOIN THE MOVEMENT.



NATALIA ALONSO

ALL MASSAGE SESSIONS
WILL TAKE PLACE AT THE
PRACTICE ROOMS IN
RICHMOND TW91AA
EACH SESSION WILL BE £20
- £120 TOTAL
(HEAVILY DISCOUNTD).

DO THESE SYMPTOMS SOUND FAMILIAR?

Hot flashes, sweating
Heart discomfort
Sleep problems
Depressive mood
Irritability
Anxiety
Physical and mental exhaustion
Sexual problems
Bladder problems
Joint and muscular discomfort

IF INTERESTED PLEASE

Phone or email:

07728 592250

nataliaalonsoacmt@gmail.com

Join Now!

As part of my final Jing
Massage Btec level 6
Massage degree I will be
evaluating the effects of
massage on wellbeing during
menopause.

Join my 12 weeks study:

6 weeks of symptom tracking
(5 minute weekly
questionnaire) starting the
end of July 2025.

Followed by 6 weeks of weekly
massage treatments starting
the beginning of September
2025

Plus: A final 5 minute
questionnaire to be completed
on week comencing the end of
October to access the long term
effects of the study.



QUALIFIED AND INSURED WITH THESE
PROFESSIONAL ORGANISATIONS

CNHC Complementary & Natural
Healthcare Council



Appendix 5: Chronic Stress Protocol example

2nd treatment chronic stress protocol combined with lower back protocol - 60 minutes

Heated blanket and hot stones.

Prone position

- Prone position -Preparatory work over drape - Deep grounding and relaxation. Encourage breathing. Rocking the hips and body- gently.
- Over the towel- double palming erector spinae. Climb the table, double palming on erectors. Acupressure points-Shu points. Double palming gluteus, acupressure point bladder 36 bilaterally, double palming on hamstrings, gastrocnemius. Acupressure point kidney 1.
- Towel off back - direct fascial work- fist down the erectors to lower back.
- Fascial hand cross stretches lower back – hold and wait.
- Fascial work- fascial finger work over the sacrum.
- Wax. Single forearm effleurage – each side.
- Dynamic stone work, hot stones- down the arms, back up to the neck X2. 3rd time down erectors, back up down the arms. Place hot stones on each hand. New hot stones. Arms, neck, back- place them under belly. New hot stones. Arms, neck, back-around the sacrum and QL. Repeat on each side.
- Treat the transverse processes of the QL, 12th rib attachment of the QL. Muscle strip the entire QL inferior attachment point QL. Iliac scissors.
- Deep forearm effleurage.
- Towel on- QL stretch both sides. Opening the gluteal at the lateral rotators- over towel. Broad work to gluteal area
- Finger strip friction over the edge of the sacrum- over the towel.
- Treating trigger points in the gluteal/ piriformis- over the towel.
- STR of the piriformis- over the towel
- Grounding.

Supine

- Grounding over the towel
- Stone placement on the centre line of the body. Breastbone, solar plexus. Grounding.
- Fascial leg pulls – each leg- one at the time.
- MFR pelvic transverse plane release- tummy sandwich- over the towel.
- Releasing the iliacus's, psoas. Psoas positional release- each side. towel off.
- Cover with towel- grounding.
- MFR arm pull.
- Neck work- deep work to the posterior neck, cervical mobilisation, holding the head and grounding. Face massage Acupressure points GB 20, CV17
- Finishing with spinal twist.
- Holding the feet- gentle stretch – bilaterally -spleen 6 follow kidney 3
- Grounding hara.

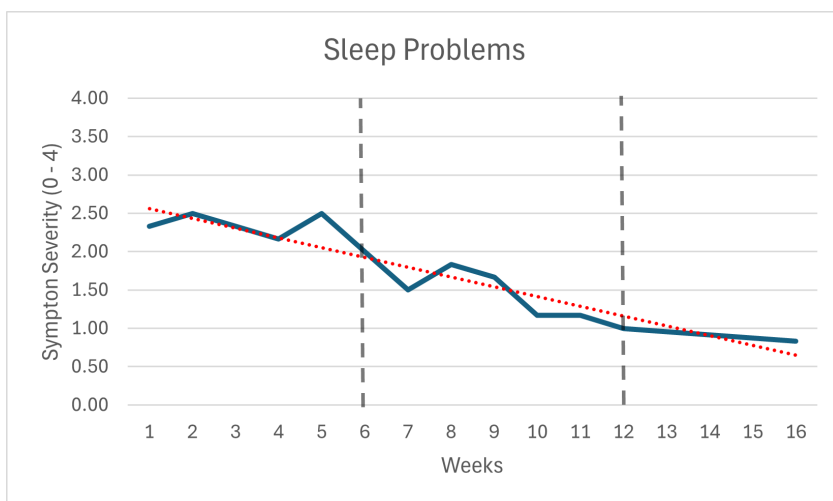
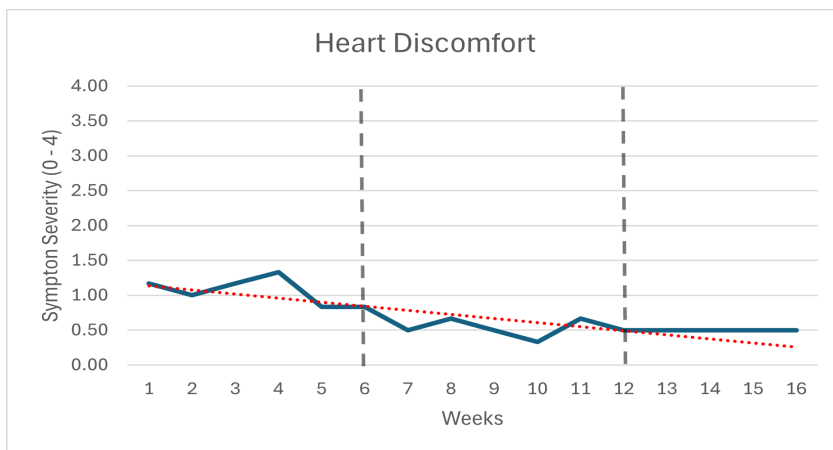
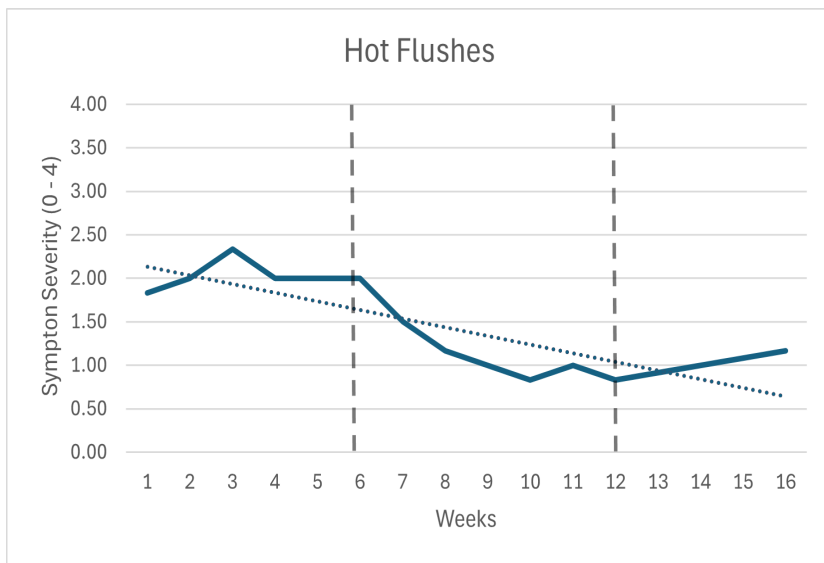
Appendix 6: Self Care – HIIT Training Videos

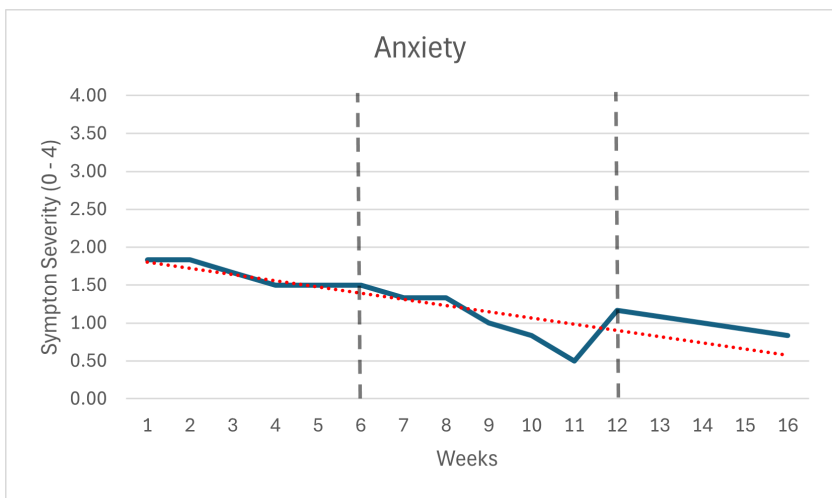
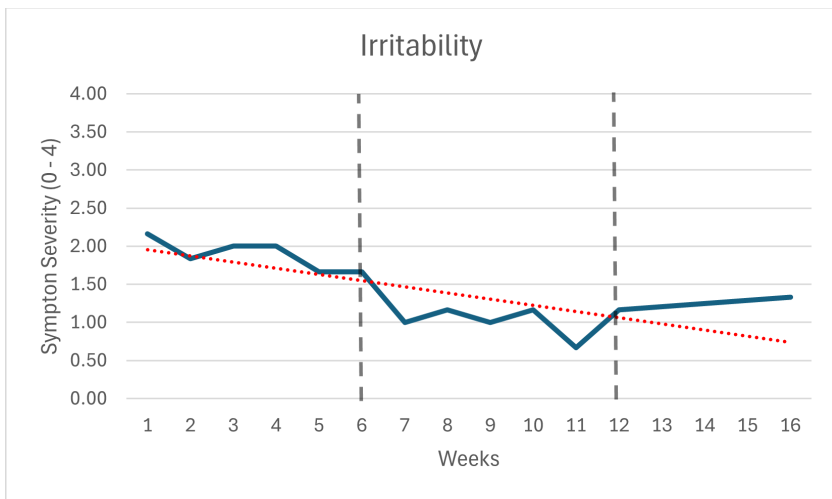
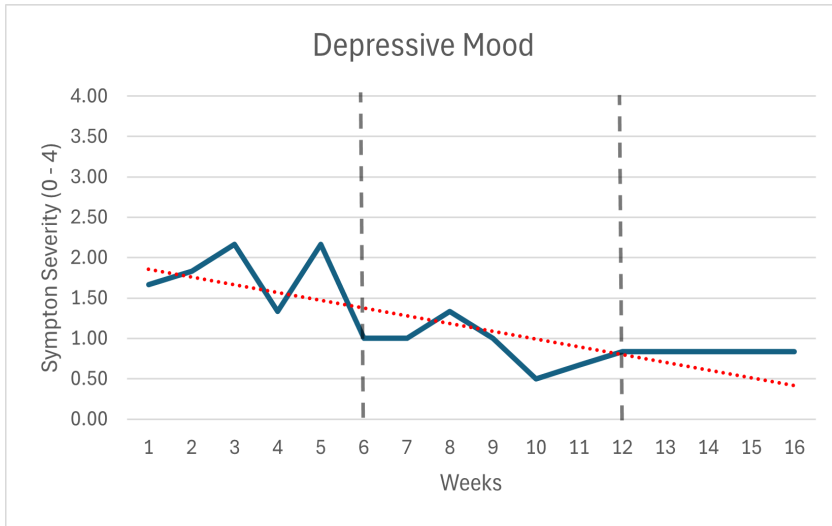
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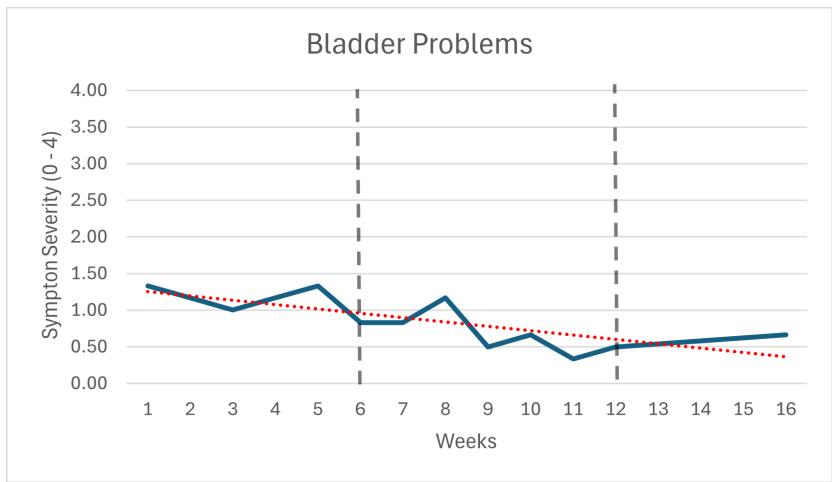
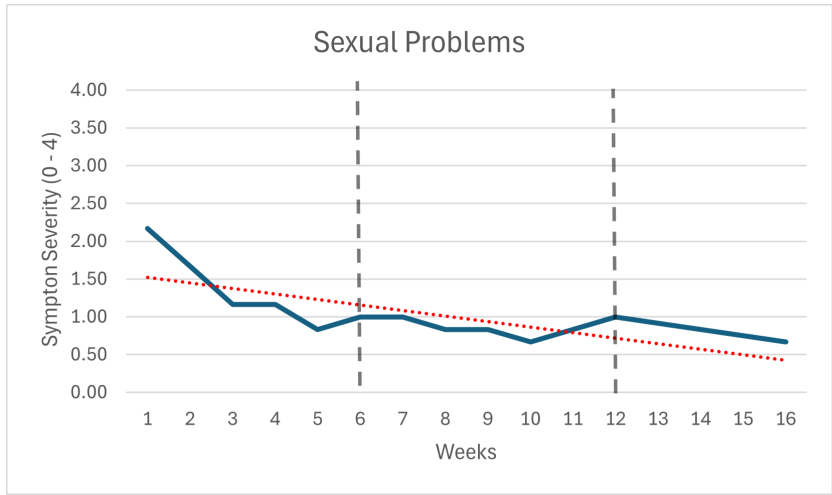
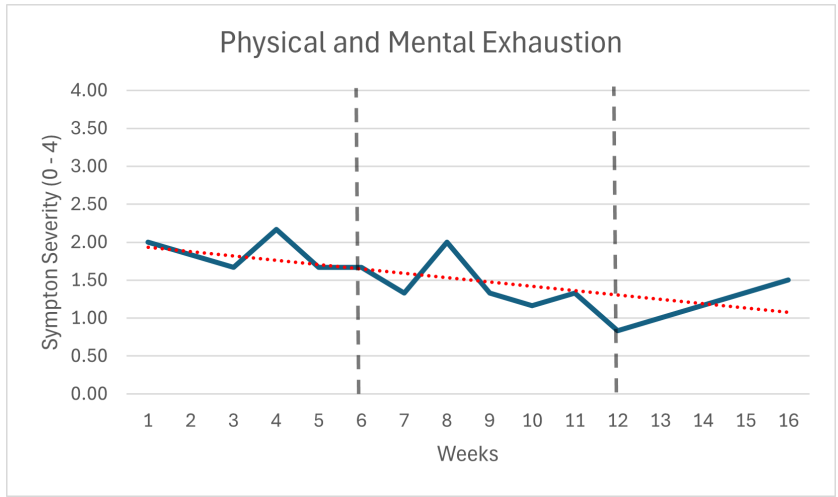
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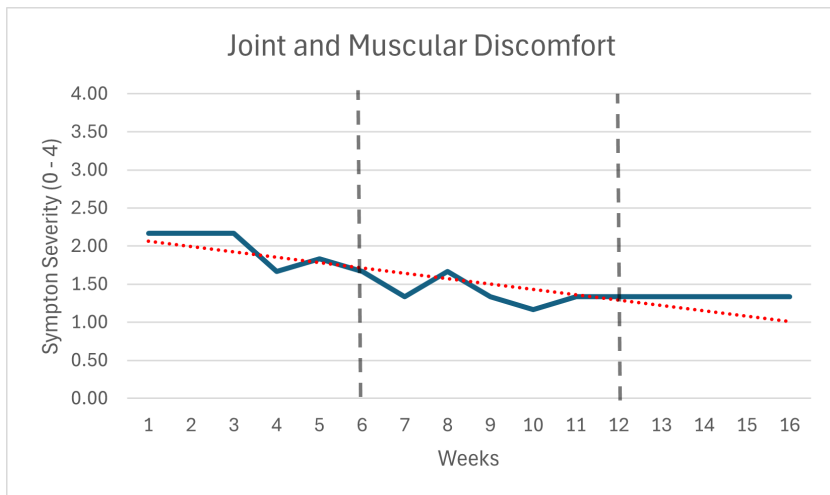
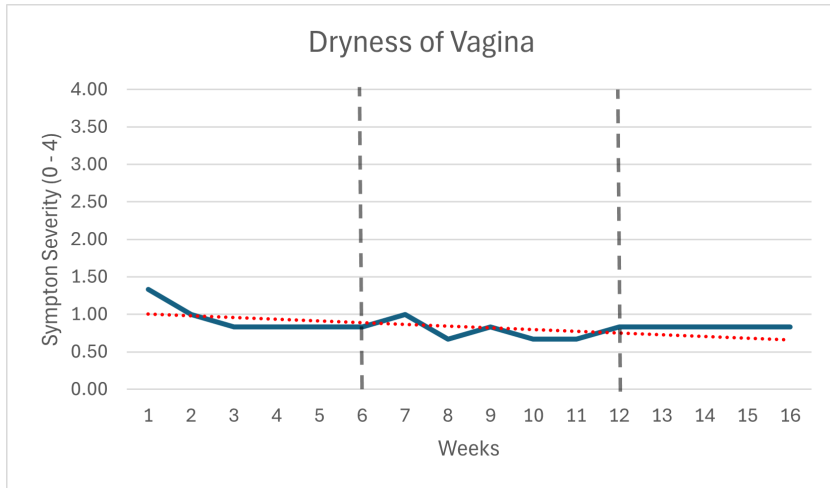
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Appendix 7: Tables and Figures

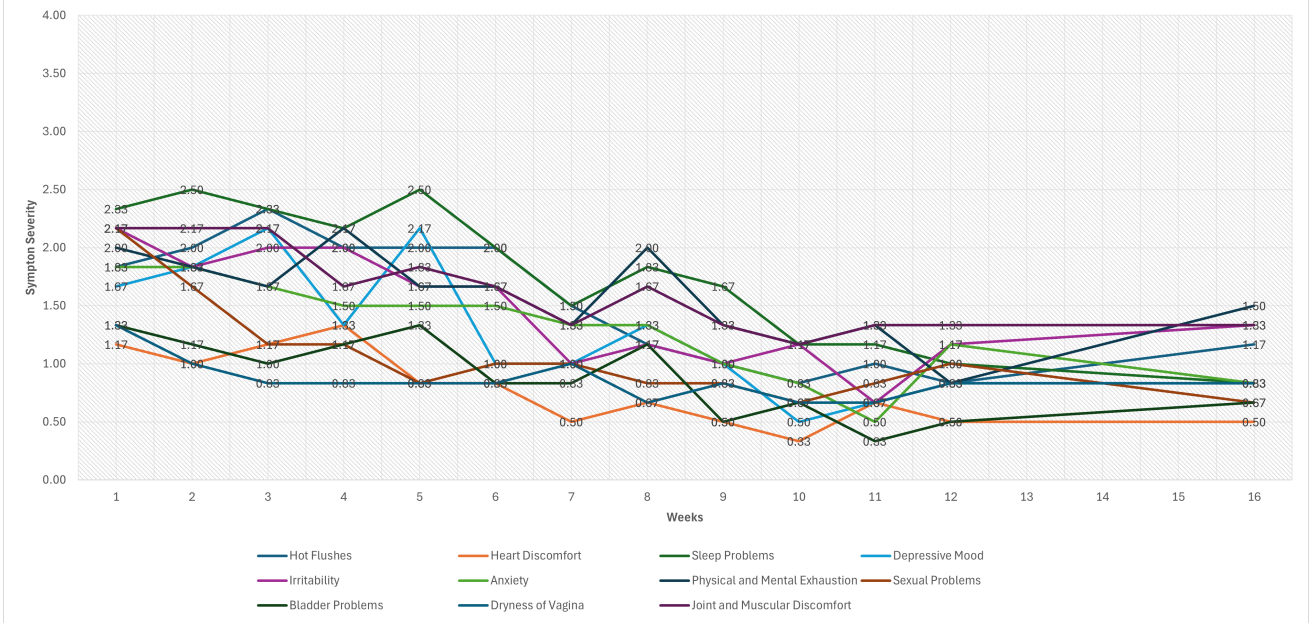




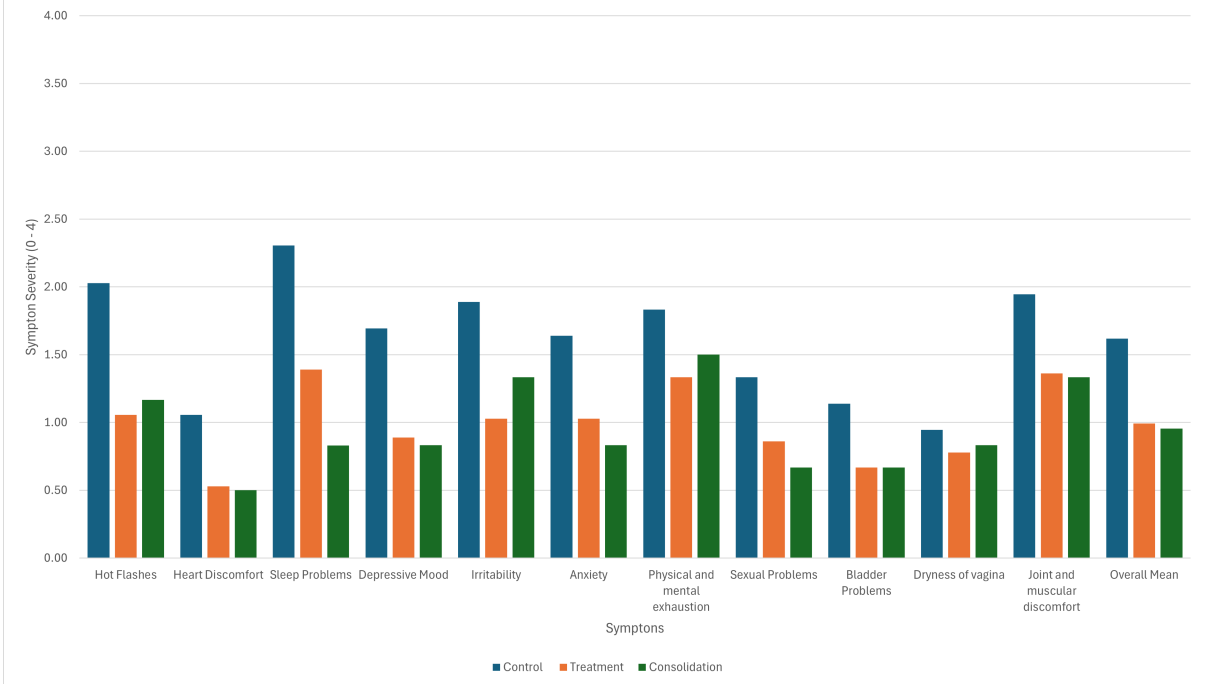


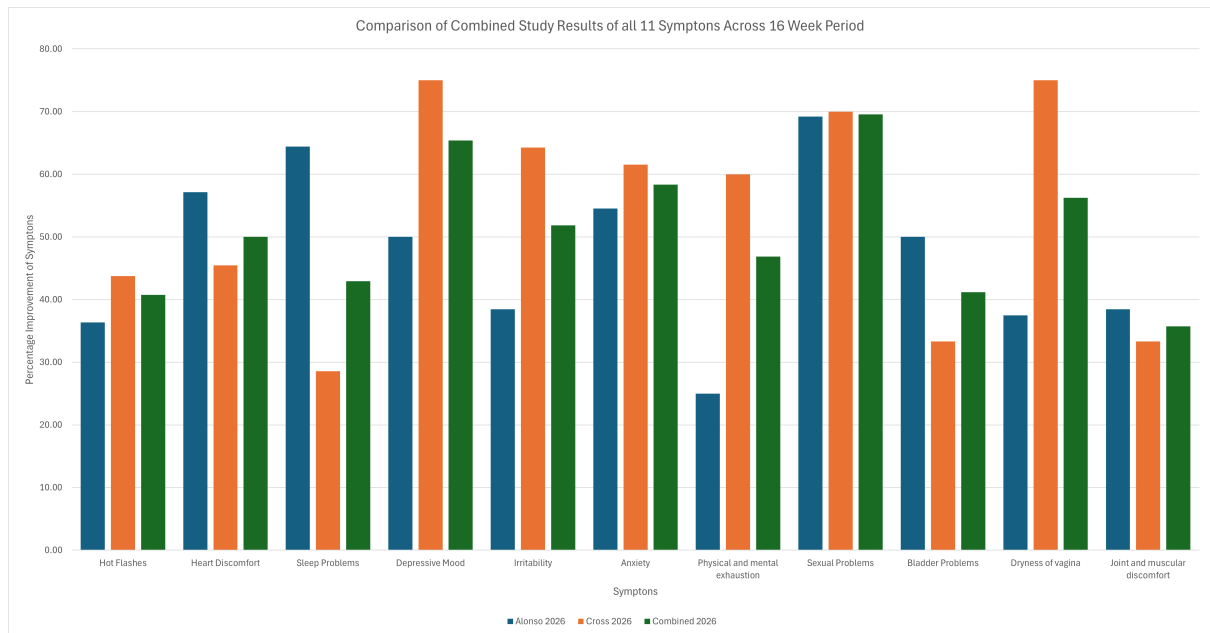


Evaluating The Effects of The Jing Method™ in Advanced Clinical Massage on Wellbeing During Menopause



Comparison of the means of all 11 symptoms across study period





Symptoms	Alonso 2026									
	Consolidation	Week 1	Week 6	Week 12	% Control	%treatment	%consolid	% overall	%Improvement	
Hot Flashes	1.17	1.83	2.00	0.83	9.09	-58.33	40.00	-36.36	36.36	
Heart Discomfort	0.50	1.17	0.83	0.50	-28.57	-40.00	0.00	-57.14	57.14	
Sleep Problems	0.83	2.33	2.00	1.00	-14.29	-50.00	-17.00	-64.43	64.43	
Depressive Mood	0.83	1.67	1.00	0.83	-40.00	-16.67	0.00	-50.00	50.00	
Irritability	1.33	2.17	1.67	1.17	-23.08	-30.00	14.29	-38.46	38.46	
Anxiety	0.83	1.83	1.50	1.17	-18.18	-22.22	-28.57	-54.55	54.55	
Physical and mental exhaustion	1.50	2.00	1.67	0.83	-16.67	-50.00	80.00	-25.00	25.00	
Sexual Problems	0.67	2.17	1.00	1.00	-53.85	0.00	-33.33	-69.23	69.23	
Bladder Problems	0.67	1.33	0.83	0.50	-37.50	-40.00	33.33	-50.00	50.00	
Dryness of vagina	0.83	1.33	0.83	0.83	-37.50	0.00	0.00	-37.50	37.50	
Joint and muscular discomfort	1.33	2.17	1.67	1.33	-23.08	-20.00	0.00	-38.46	38.46	
Overall Mean	0.95	1.82	1.36	0.91	-25.00	-33.33	4.97	-47.52	47.52	

Cross 2026										
Consolidation	Week 1	Week 6	Week 12	% Control	%treatment	%consolid	% overall	%improvement		
1.13	2.00	2.00	0.88	0.00	-56.25	28.57	-43.75	43.75		
0.75	1.38	0.88	0.63	-36.36	-28.57	20.00	-45.45	45.45		
1.88	2.63	2.25	1.63	-14.29	-27.78	15.38	-28.57	28.57		
0.50	2.00	1.50	0.63	-25.00	-58.33	-20.00	-75.00	75.00		
0.63	1.75	1.25	0.75	-28.57	-40.00	-16.67	-64.29	64.29		
0.63	1.63	1.50	0.75	-7.69	-50.00	-16.67	-61.54	61.54		
1.00	2.50	1.75	0.88	-30.00	-50.00	14.29	-60.00	60.00		
0.38	1.25	1.25	0.38	0.00	-70.00	0.00	-70.00	70.00		
0.75	1.13	0.88	0.63	-22.22	-28.57	20.00	-33.33	33.33		
0.25	1.00	0.63	0.25	-37.50	-60.00	0.00	-75.00	75.00		
1.25	1.88	2.00	1.13	6.67	-43.75	11.11	-33.33	33.33		
0.83	1.74	1.44	0.77	-16.99	-46.46	7.35	-52.29	52.29		

Combined 2026										
%improvement	Consolidation	Week 1	Week 6	Week 12	% Control	%treatmer	%consolid	% overall	%Improvement	
43.75	1.14	1.93	2.00	0.86	3.70	-57.14	33.33	-40.74	40.74	
45.45	0.64	1.29	0.86	0.57	-33.33	-33.33	12.50	-50.00	50.00	
28.57	1.43	2.50	2.14	1.36	-14.29	-36.67	5.16	-42.91	42.91	
75.00	0.64	1.86	1.29	0.71	-30.77	-44.44	-10.00	-65.38	65.38	
64.29	0.93	1.93	1.43	0.93	-25.93	-35.00	0.00	-51.85	51.85	
61.54	0.71	1.71	1.50	0.93	-12.50	-38.10	-23.08	-58.33	58.33	
60.00	1.21	2.29	1.71	0.86	-25.00	-50.00	41.67	-46.88	46.88	
70.00	0.50	1.64	1.14	0.64	-30.43	-43.75	-22.22	-69.57	69.57	
33.33	0.71	1.21	0.86	0.57	-29.41	-33.33	25.00	-41.18	41.18	
75.00	0.50	1.14	0.71	0.50	-37.50	-30.00	0.00	-56.25	56.25	
33.33	1.29	2.00	1.86	1.21	-7.14	-34.62	5.88	-35.71	35.71	
52.29	0.88	1.77	1.41	0.83	-20.51	-41.01	6.23	-50.19	50.19	