# The efficacy of The Jing Method™ in reducing menopausal symptoms in peri-menopausal women

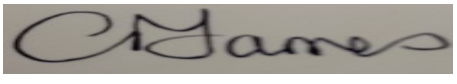
**Gwen James**

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

**March 2026**

**Total word count: 4,339**

*"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 Institute of Massage and Complementary Medicine. 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".*

***Gwen James:*** 

_____

**Date: March 2026**

# Acknowledgements

Right from the start of my journey with Jing I always said I was not doing the BTEC, and here I am 3 years later finishing it!

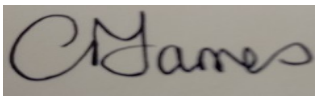
So, who can I blame…… well…..

Andrew my BnB host who was able to provide my accommodation for all the visits required to Brighton. If he hadn't been able to put me up I wasn't doing the BTEC, but he could, so I did. Rachel for saying that it didn't start until the following year – which gave me time to save up, so I did. The ACMT Word Wanglers – you know who you are – for providing laughter and inspiration and "go on then, you know you want to", so I did. And finally, myself for being a serial studier, because, what else was I going to do!

Participants without you there would have been no study so Thank you for taking time out of your busy lives to accommodate my study.

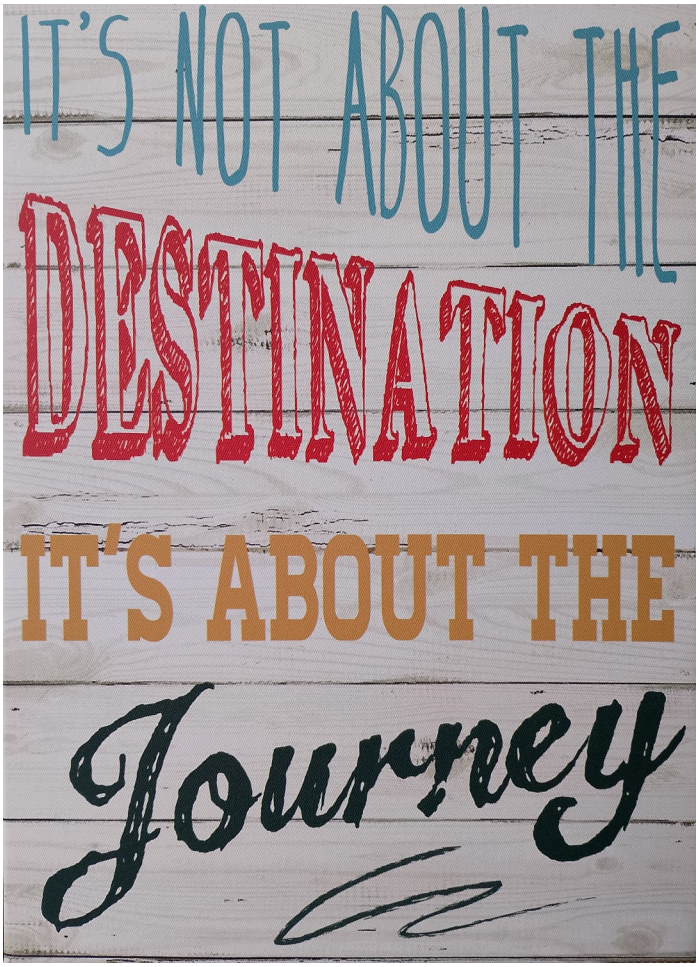
Fellow BTECers you are an amazing bunch. I hope you go to "infinity and beyond" and have enormous success in whichever direction the universe takes you. Meanwhile I'll be retired drinking wine in my garden.

The Not Husband for providing much needed constructive criticism and support.



Date: March 2026

**CREATIVITY PAGE**



## ABSTRACT

**Background:** The menopause is associated with many physical, psychological and vasomotor symptoms. Women experience these with varying degrees of severity. Currently Hormone Replacement Therapy (HRT) is the recommended treatment of choice to effectively manage these symptoms. The other choice is Complementary and Alternative Medicine (CAM) which can include Cognitive Behavioural Therapy (CBT), herbal remedies, acupressure and massage. The purpose of this research study was to evaluate the efficacy of the The Jing Method™ of advanced clinical massage treatment in reducing menopausal symptoms in peri-menopausal women.

**Method:** A group of 7 female participants, aged 41–55, were recruited via social media and word of mouth. The inclusion criteria consisted of participants being peri-menopausal, if taking HRT then to have been taking it for 3 months or longer and to have 3 or more symptoms as per the Menopause Rating Score (MRS) questionnaire.

This was a 16 week in subject design study, comparing a 6 week control period with a 6 week intervention period and a final follow up questionnaire at week 16. A baseline was established during the 6 week control period where the Menopause Rating Scale (MRS) was completed weekly. This continued in weeks 7-12 with the addition of a weekly massage using The Jing Method™ of advanced clinical massage treatment. At week 16, a 4 week post study follow up questionnaire was sent out to ascertain any long lasting benefits from the treatment period.

**Results:** The results were obtained by comparing the mean average scores from the control period (weeks 1-6), versus the mean average scores from the intervention period (weeks 7-12), with all participants showing a reduction in the severity of menopausal symptoms.

**Conclusion:** Overall the results showed a reduction in all physical, psychological and vasomotor symptoms through the addition of massage treatment using The Jing Method™.

## TABLE OF CONTENTS


| | |
|---|---|
| **Acknowledgements** | **2** |
| **Creativity page** | **3** |
| **Abstract** | **4** |
| **Table of contents** | **6** |
| **List of tables** | **7** |
| **List of figures** | **7** |
| **Literature review** | **8** |
| **Method** | **20** |
| **Results** | **23** |
| **Discussion** | **28** |
| **Conclusion** | **34** |
| **References** | **35** |
| **Appendices** | **43** |
| **Appendix 1: Ethics form** | **43** |
| **Appendix 2: Participant letter** | **53** |
| **Appendix 3: Consent form** | **56** |
| **Appendix 4: MRS questionnaire** | **57** |
| **Appendix 5: Week 7&8 interventions** | **58** |
| **Appendix 6: Self care** | **59** |
| **Appendix 7: Anecdotal feedback** | **60** |

# LIST OF TABLES

Table 1: Typical symptoms experienced during menopause

Table 2: The Jing Method (HFMAST)

# LIST OF FIGURES

Figure 1: The Biopsychosocial (BPS) Model of Health adapted from Engel, 1977

Figure 2: Mean average scores at end of Week 6 and Week 12

Figure 3: Percentage reduction of symptoms by Week 12

Figure 4: Comparison of Week 6 and Week 12 for HRT and none HRT participants

Figure 5: Mean average scores of psychological symptoms for Week 6, Week 12 and Week 16

Figure 6: Mean average response of the 11 MRS symptoms from Week 6, Week 12 and Week 16

# LITERATURE REVIEW

Menopause, in most cases, is a natural life transition typically experienced by all women unless the ovaries have been removed before puberty. Menopause occurs at a specific time (Buckler, 2005) i.e. the anniversary of the date of a woman's last period and it lasts for one day only. The period of time leading up to this is referred to as peri-menopause with the time after this anniversary referred to as post-menopause. Peri-menopause is brought about by the decline of ovarian function, producing fewer eggs and, consequently, a decline in the reproductive hormones – oestrogen, progesterone and testosterone. The age at which peri-menopause begins is not so specific but may begin as early as 40 years of age (Honour, 2018) whilst (Davis et al., 2023) agrees with (Gatenby and Simpson, 2023) on a median age of 50-51, whilst the National Health Service states 45-55 (NHS, 2022a).

Menopause can be surgically induced when there is a requirement for the removal of both ovaries. When this is performed prior to the natural age of menopause, the sudden depletion of ovarian sex hormone causes surgical menopause. Menopausal symptoms can be more severe (Kaunitz and Faubian, 2020) and suggest that HRT is recommended.

The peri-menopause brings a host of physical, psychological and vasomotor symptoms (Table 1), although this list is not exhaustive. Most women will experience these symptoms to some degree. How they experience them can be affected by geographical location,

ethnicity influence and socioeconomic status (Monteleone et al., 2018), with up to 30% of women having their quality of life affected (Gatenby and Simpson, 2023).

**Table 1: Typical symptoms experienced during menopause**

| Physical | Psychological | Vasomotor |
|---|---|---|
| Heart discomfort | Brain fog | Hot flushes |
| Sleep problems | Anxiety | Night sweats |
| Sexual problems | Depression | |
| Bladder problems | Irritability | |
| Dryness of vagina | Mood swings | |
| Joint and muscular discomfort | Lack of drive | |
| Mastalgia | Loss of libido | |
| Itchy skin | | |

***(Adapted from Gatenby and Simpson 2023; NHS 2022a)***

As the symptoms experienced during peri-menopause, menopause and post-menopausal are comparable in presentation, they will collectively be referred to as menopausal symptoms throughout this study.

## Management of Peri-menopause

General Practitioner's (GP's) have acknowledged their lack of training in this discipline (Dintakurti et al., 2022) and strongly agree that more is needed in order for them to support women in menopause. The Study of Women's Health across the Nation (SWAN) report (El Khoudary et al., 2019) has aided the medical professions in understanding the menopause transition as it was based on women seeking treatment during the menopausal transition so had no bias towards a particular demographic. Lasting 23years this has had a positive impact on understanding the menopause transition.

There are four holistic tools for measuring menopause symptoms (Sourouni et al., 2021) used by the medical profession. The Greene Climacteric scale (GCS), The Menopause Rating Scale (MRS) and The Menopause Quality of Life Questionnaire (MENQOL). The Kupperman Index (KI) is yet to be validated. The GCS is used widely around the world to assess symptom severity (Geukes et al., 2012; Thakur et al., 2019; Travers et al., 2005).

Welcome news is that The Department of Health and Social Care (2025) issued a Press release on 23 October 2025 from Baroness Merron and The Rt Hon Wes Streeting MP, where it was announced that menopause advice will be added to free health checks for women aged 40+.

## Conventional treatments

The conventional treatment is Hormone Replacement Therapy (HRT), however, not all women want to take HRT and some GP's are reluctant to prescribe it, due to a perception that there was an increased risk of developing breast cancer, stroke and blood clots. This belief came from the results of the Women's Health Initiative hormone trial published in The Journal of the American Medical Association (JAMA, 2002), where results were detrimental towards HRT. These results lead to early termination of the trial in 2002.

This particular trial used post-menopausal women within a specific age group as the main demographic. Later analyses showed that the methodology was flawed and that the benefits and risks of HRT was dependant on different variables – age, time of menopause, type of HRT prescribed (Flores et al., 2021). These variables plus ethnicity and socioeconomic status were all recurring themes in the SWAN report (Santoro and Sutton-Tyrell, 2011) which highlights how the experiences of menopause differs between demographics, so how they respond to treatments will also differ.

Flores (2021) suggests that the most effective treatment for menopausal symptoms is HRT, which is also supported by the NICE guidelines (2015). The several papers written by Currie et al (2017 and 2021) support this bias towards HRT, one of the reasons being that prescribing HRT would relieve pressure on the NHS due to the reduced risk of heart disease and bone fractures from osteoporosis.

## Complementary Alternative Medicine (CAM)

CAM falls outside of conventional mainstream medicine (NHS., 2022b). Complementary therapies may be used alongside medical treatment, whereas, alternative therapies would be used instead of medical treatment. These may include Cognitive Behavioural Therapy (CBT), Herbal remedies, Acupressure and Massage.

## Cognitive Behavioural Therapy

The National Institute for Health and Care Excellence (2024) guidelines support "possible use" of CBT for menopause symptoms, with CBT possibly being an option for treating vasomotor symptoms (hot flushes, night sweats) which, in turn, will decrease insomnia and aid quality of sleep. Preliminary studies from the MENOS 1 randomised control trial (Mann et al., 2011) showed group CBT to be beneficial in alleviating hot flushes and night sweats.

The MENOS 2 trial (Ayers et al., 2011) followed on from MENOS 1 to build on its previous research by including a second CBT option of guided self help CBT, with both CBT methods having similar results in alleviating hot flushes and night sweats (Ayers et al., 2012). A randomized controlled trial by Green et al (2019) also supported this therapy. The only similarities in these studies were the objectives and the results. Different methodologies were used in the trials.

Ji-Hyun and Hea-Jin (2024) carried out a systemic review and meta-analysis on the use of CBT for sleep quality and depression and although the results were promising, the use of CBT for sleep quality and depression is still in its infancy and further research is advised.

## Herbal Supplements

Numerous plant extracts have been identified as HRT alternatives for alleviating menopausal symptoms. Isoflavones, derived from soy beans and red clover, are considered natural phytoestrogens which have a similar effect on the body as oestrogen, thus reducing risk of cardiovascular disease and cancer (Nachvak et al., 2019).

Studies into the effectiveness of Black cohosh have produced positive outcomes on alleviating menopausal symptoms (Castelo-Branco et al., 2020; Frei-Kleiner et al., 2005). The limitations with these studies is that the composition of the constituents of herbal extracts vary, even within the same plant, so results cannot be measured or compared accurately.

## Acupressure

Acupressure is a traditional Chinese medicine non-invasive technique believed to restore and regulate the flow of energy through the body. It is applied to specific points on the body. The study by Abedian (2015) was a randomised control trial, with acupressure as a self care technique noted that it was effective for sleep problems in menopausal women and an effective self-care technique.

The use of Sham trials have also been used to study the effectiveness of acupressure for aiding sleep. In such studies a vaccaria seed is applied to a specific acupressure point associated with related symptoms and the sham applied to non-specific areas, unrelated to the symptoms. This methodological approach enables the control group to undergo a comparable procedural experience without receiving the active therapeutic component, thereby helping to minimise bias and enhance internal validity. The study by Zhou et al. (2011) showed that, in using this particular methodology, auricular acupressure was effective in reducing hot flushes, whilst Kim et al. (2023) showed auricular acupressure to aid sleep and reduce stress levels providing both a complementary and alternative treatment for menopausal symptoms.

## Breath work and Meditation

The vagus nerve is an integral component of the parasympathetic nervous system (Ma et al., 2024). Deep breathing stimulates the vagus nerve, which, in turn triggers the parasympathetic nervous system allowing the body to “rest and digest”. Wydro et al. (2025) identified a relationship between deep slow breathing and stimulation of the vagus nerve in reducing stress, inflammation and pain thresholds.

Studies have shown (Jerath et al., 2015; Luo et al., 2025) that psychological symptoms such as stress, anxiety, depression and low mood can be counteracted by breath work, meditation and relaxation. The study by Luo et al. (2025) was a within subject design (ideal for small scale studies, in this study n=27) to investigate the role of slow breathing on anxiety. Participant feedback and EEG results provided evidence of the correlation between slow

breathing and reducing anxiety. Bordoni and Zanier (2013) discuss the influence of how respiration can affect other parts of the body and how it may be related to pelvic floor dysfunction.

## Massage

Massage is seen as a therapeutic tool with many benefits – improved sleep, mental health and reduction in pain levels (Meekings, 2021). Taavoni et al (2013) found that massage was effective in reducing psychological and somatic symptoms, but no effect on genito-urinary symptoms. With (Tandon et al., 2022) reporting that 16-47% of sleep disorders are experienced in peri-menopause. A systematic review by Listiana et al (2022) found that back massage could help reduce menopausal symptoms. The study by Lee et al (2011) used a mechanical massager to provide the massage aspect of treatment, however, a mechanical massager is incapable of developing the therapeutic alliance that is formed from human/therapeutic touch, which is associated with more positive outcomes in the practitioner-client relationship (McParlin., et al, 2022).

Studies by Peng et al (2015) and Field et al (2005) show the effect of massage in reducing cortisol levels and increasing the release of serotonin and dopamine. This led to decreased anxiety, better sleep, reduced heart rate and blood pressure. A study by Pinar and Asfar (2016) also showed that massage had a positive effect on cortisol levels. The study comprised the administration of a 15-minute back massage delivered daily over a seven-day period. However, the highly specific time commitment required by this intervention may limit its

generalizability and practical applicability in real-world settings, particularly with respect to time constraints and cost-effectiveness considerations.

## The Jing Method™ (TJM™)

TJM™ (Fairweather and Mari, 2015a) is a fusion of Eastern and Western massage techniques using the principles of Heat, Fascia, Massage, Acupressure, Stretches and Teaching (HFMAST-Table 2). This is an outcome-based approach, using the biopsychosocial model, therapeutic alliance and appropriate benchmarks to measure effectiveness of treatments.

The use of the biopsychosocial model (Figure 1) and building positive working alliance (Gillingham, 2017) has shown to benefit the clients outcomes from treatments. This forms the foundations of TJM™.

Table 2. The Jing Method™ (adapted from Massage Fusion, Fairweather and Mari, 2015)

| | |
|---|---|
| H | The use of Hot or cold |
| F | The use of Fascial techniques including direct and indirect methods |
| M | Treating Muscles with precise trigger point therapy and specifically treating ALL the muscles around an affected joint to release trigger points |
| A | Treating relevant Acupressure points |
| S | Stretching using techniques such as static, use of passive, proprioceptive neuromuscular facilitation (PNF) or active isolated stretches (AIS) |

| | |
|---|---|
| T | Teaching the client self-help strategies that lie within the massage therapist's scope of practice |

## Biopsychosocial Model

The NHS has medicalised the menopause with GP's and Consultants following the traditional biomedical model in treating illness and disease either medically, with the use of prescriptive drugs or surgical intervention. Engel (1977) identified that there was dissatisfaction with the use of the medical model (diagnosis and treatment) used in illness, where health is defined as absence of illness, and advocated the use of the biopsychosocial model (Figure 1) to approach healthcare. Forty years later, although the BPS model has been validated and is used for the compilation of guidelines, it is still not widely used (Wade and Halligan, 2017).

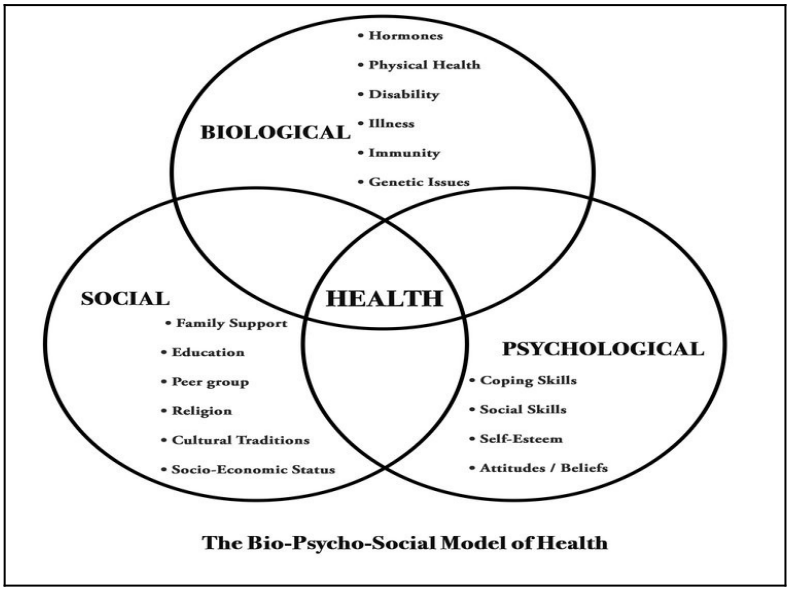



*Figure 1:The Biopsychosocial (BPS) Model of Health adapted from Engel, 1977*

## Therapeutic Alliance

Bordin (1979) suggests that a working alliance comprises of 3 elements – agreement on goals, assignment of tasks and development of bonds. This is reflected in TJM™ – benchmarking, self-care and developing therapeutic alliance. Although the study conducted by Ferreira et al. (2013), was carried out retrospectively, it demonstrated an association with the presence of therapeutic alliance and improved patient outcomes.

Various studies support the use of heat and massage as an effective way to reduce menopausal symptoms (Daraseh et al., 2012; Lee et al., 2011).
Previous Jing research studies on-line (Hurworth, 2023; Hyde, 2021; Mitchell, 2023) support the use of the biopsychosocial model, building therapeutic alliance and empowering women with knowledge and self-care to reduce their menopausal symptoms.
Research by Gilberg (2021) showed that TJM™ reduced musculoskeletal pain.
Rigby (2021) showed that TJM™ reduced symptoms of depression, although this finding was observed in men, a substantial reduction was evident by week 5 of the intervention period which supports the treatment approach recommended by Jing for chronic conditions (Fairweather and Mari, 2015a).

Teaching self care, as shown in the MENOS 2 trial (Ayers et al., 2011), allows the individual to care for themselves and provides women with coping strategies for their symptoms.

This Literature review highlights the different interventions available for treatment of menopausal symptoms. With the exception of studies conducted by previous Jing students,

there appears to be a lack of published research integrating these various interventions within a single, combined framework.

These gaps in the existing literature highlight the need for the present study to investigate the extent to which TJM™ may support women experiencing menopausal symptoms during peri-menopause and to evaluate its potential role as a complementary and/or alternative approach alongside current medical treatments.

# Method

Ethical approval (Appendix 1) was received for the following study from The Jing Institute of Massage and Complementary Medicine on 17th May 2025. The study is to assess the efficacy of The Jing Method™ in reducing menopausal symptoms in peri-menopausal women.

A group of 7 female participants, aged 41–55, were recruited via social media and word of mouth. The inclusion criteria consisted of participants being peri-menopausal, if prescribed HRT then to have been prescribed it for 3 months or longer and to have 3 or more symptoms as per the Menopause Rating Score Quality of Life (MRS) questionnaire. The MRS questionnaire is an internationally recognised tool for assessing health related quality of life for women during the menopause. There are 11 questions ranking from 0 = no symptoms to 4 = extremely severe symptoms.

This was a 16 week in subject design study, comparing a 6 week control period, with a 6 week treatment period and a 4 week post study follow up to ascertain any long lasting benefits from the treatment phase.

After expressing their interest in the study, the participants were contacted by ‘phone in order to assess eligibility and ask questions. They were requested not to start or stop any new treatments for their menopause symptoms, without notifying the researcher, as this may affect

their participation in the study, and had to be available for the intervention weeks. At this stage participants were informed of anonymisation, confidentiality, data storage and their withdrawal rights. Once eligibility was confirmed, participants were then sent the participation letter and consent form (Appendix 2, 3) which reiterated the above and asked to sign and return. Weeks 1-6 acted as the control period, where all participants were asked to complete and return the MRSQ (Appendix 4). The questionnaire was sent out weekly, via email, on a Monday morning, to be completed and returned via email in the same week.

On week 7 all participants had a full consultation prior to the initial treatment as per The Jing Method™. The participants received identical 50 minute weekly treatments. The treatments followed The Jing Method™ of HFMAST principles (Table 2) incorporating heat, amma, myofascial release, massage, acupressure points, stretching and self care. Self care (Appendix 6) was provided weekly in the form of demonstrations and handouts. Participants were asked to carry out their self care 2-3 times a week.

Following their treatments, participants were given a paper copy of the MRSQ which included the date of when it was to be completed. This was usually on day 6 following their treatment. This was then handed in at their next treatment and a note was taken of how often participants had practised their self care.

At week 16 the MRSQ was sent out to all participants along with a feedback form. In order to assess the effectiveness of The Jing Method™ on reducing menopause symptoms, the

average score of the severity of menopause symptoms per question was noted each week over the 12 week period and once again at week 16 to assess any longer benefits.

## Results

The results were measured over a 12 week period, with participants completing the MRS questionnaire weekly for 12 weeks. The results were obtained by comparing the mean average scores from the control period (weeks 1-6) versus the mean average scores from the intervention period (weeks 7-12). Figure 2 shows the comparison of the mean average data for all 11 symptoms at the end of the control (week 6) and intervention phases (week 12).

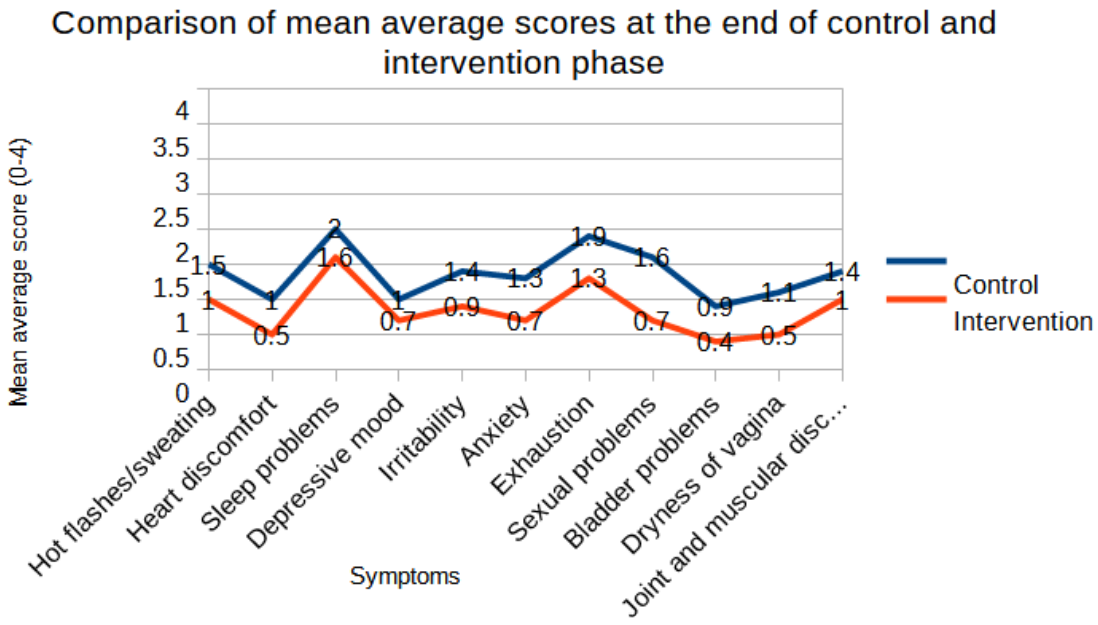



*Figure 2. Mean average scores at end of Week 6 (the control period) and Week 12 (the intervention period).*

At the end of the intervention phase all symptoms were improved and showed, overall, an average reduction of 50% (Figure 3).

The main improvements in symptoms were observed to be in sexual problems (80%), dryness of vagina (78%), depressive mood (69%). Heart discomfort, bladder problems and exhaustion showing the next marked improvement by over 50%.

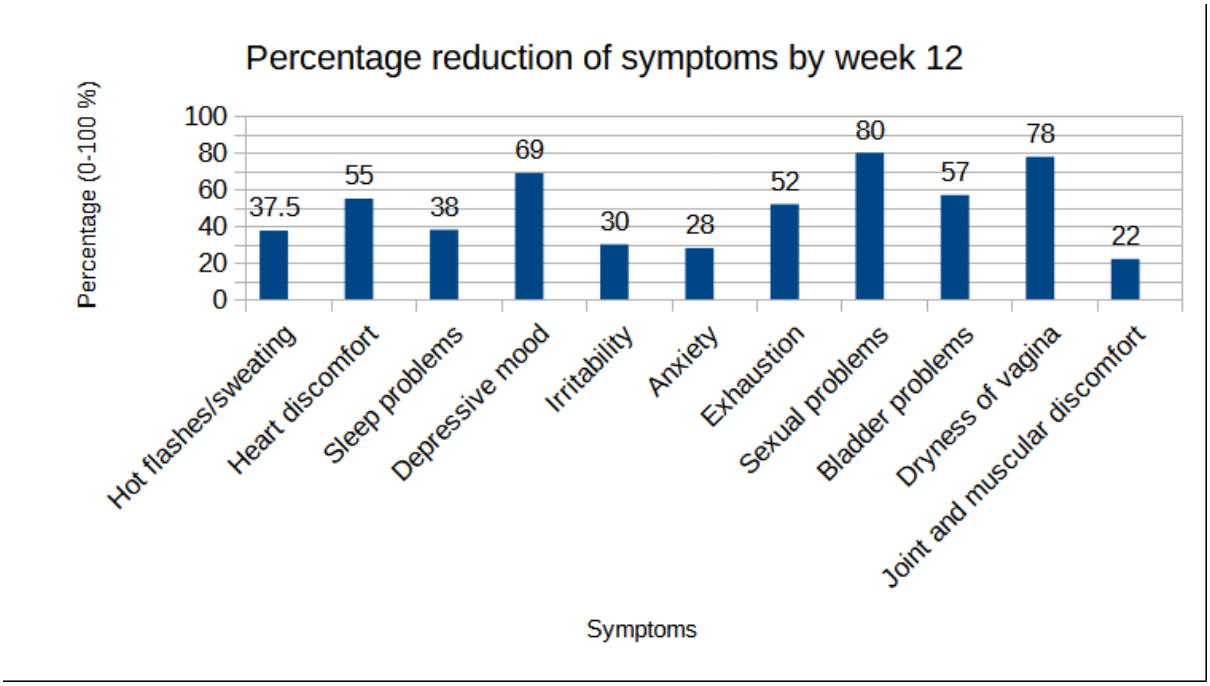



*Figure 3. Percentage reduction of symptoms by Week 12.*

Of the 7 participants in this study, 3 participants were not prescribed HRT and 4 were prescribed HRT. Figure 4 shows the mean average score reduction, approximately 50%, in symptoms for both HRT and none HRT participants.

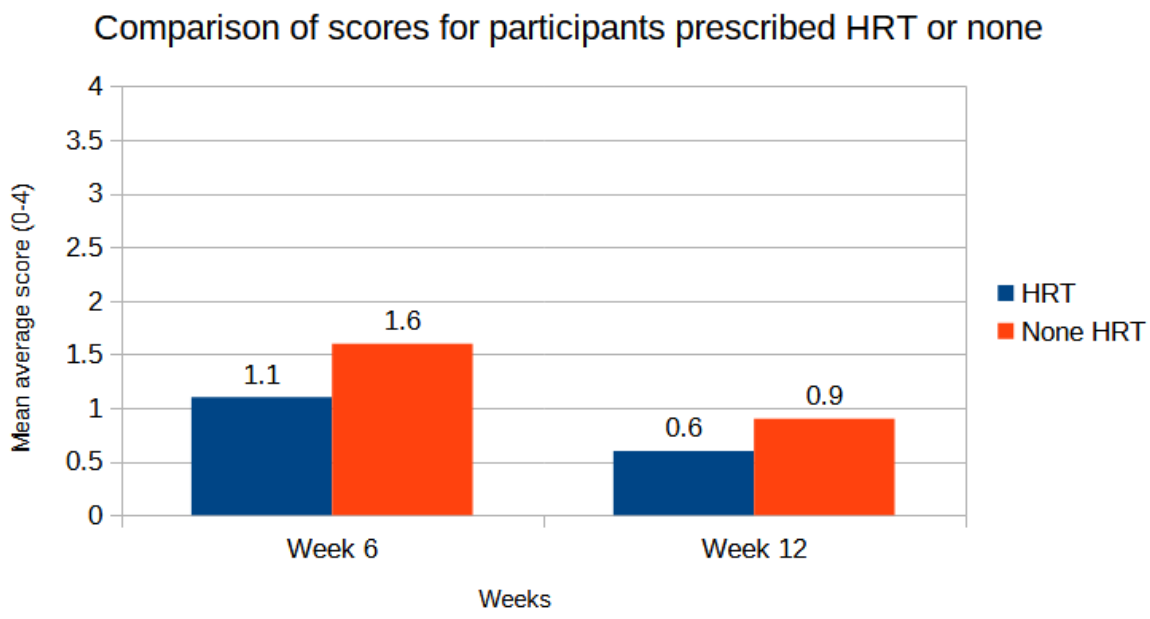



*Figure 4. Comparison of Week 6 (end of control period) and Week 12 (end of intervention period) for HRT and none HRT participants.*

The comparison of psychological symptoms (as per Table 1. Typical symptoms experienced during menopause) at week 6 (the end of the control period) and week 12 (the end of the intervention period) shows an average percentage reduction of 42%. Psychological symptoms continued to improve from week 12 into week 16 with depression and irritability scoring 0 and anxiety reduced by 50%. (Figure 5).

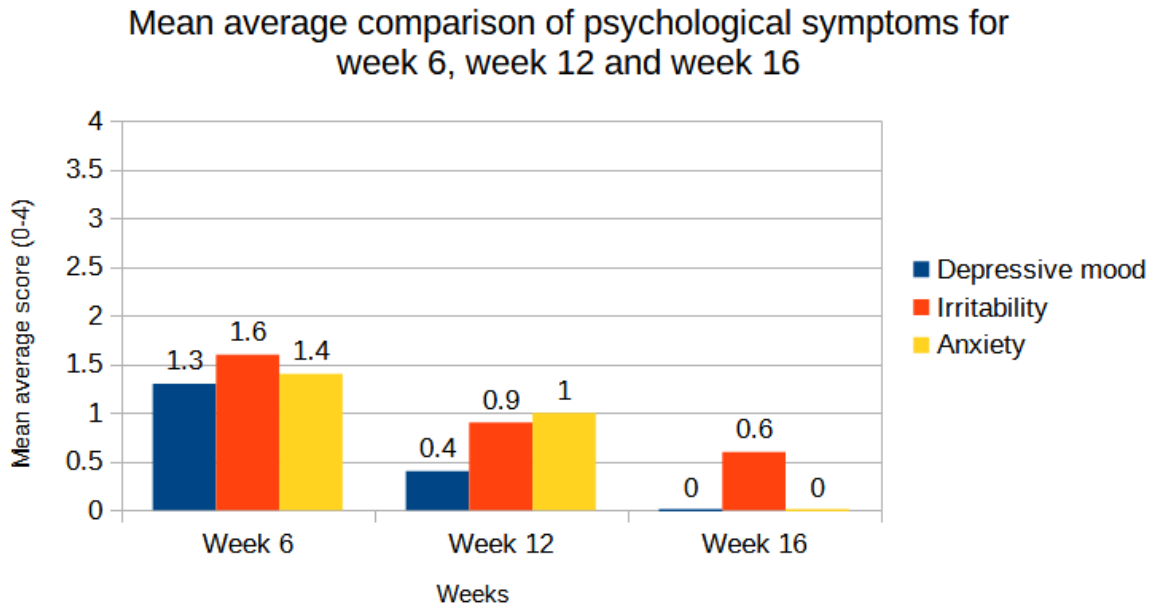



*Figure 5. Mean average scores of psychological symptoms for Week 6 (the last week of the control period), Week 12 (the last week of the intervention period) and Week 16 (the last week of the study).*

All participants were sent out the MRS questionnaire at week 16 of which 5 were completed and returned. Figure 6 shows shows the reduction in mean average scores of the 12 MRS symptoms from week 6 (end of control period) to week 12 (end of intervention period) and into week 16 (end of study). Showing that by week 16 the overall score remained the same as week 12.

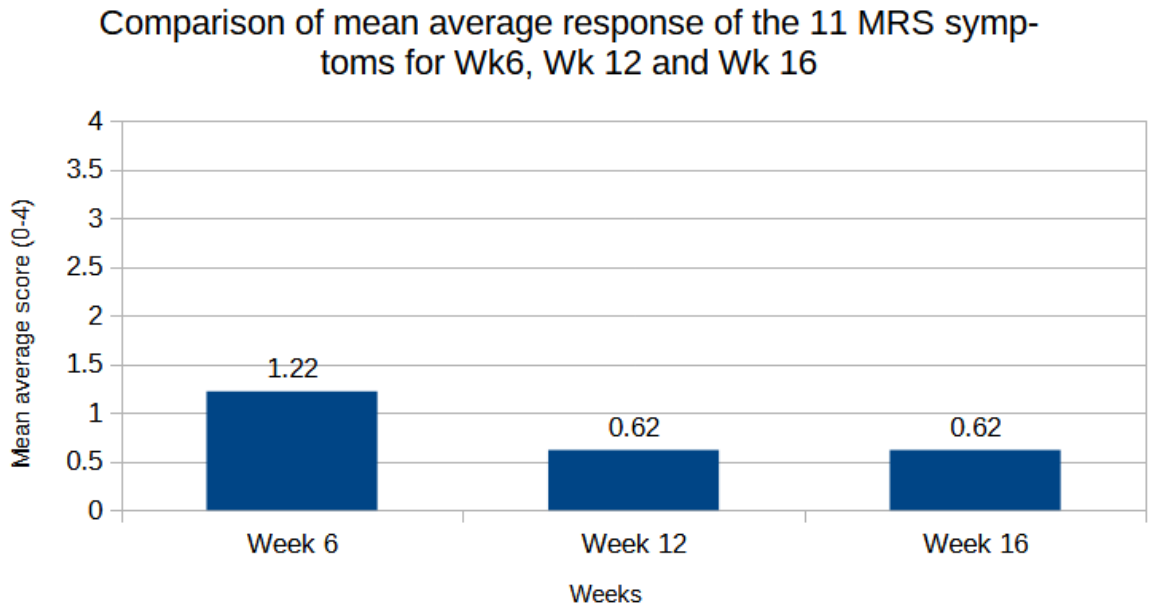



*Figure 6. Mean average response of the 11 MRS symptoms from Week6 (the last week of the control period), Week 12 (the last week of the intervention period) and Week 16 (the last week of the study).*

# Discussion

## Key Findings

The aim of this research study was to evaluate the efficacy of the TJM in reducing menopausal symptoms in peri-menopausal women. All participants showed a reduction in their mean average scores. Of the eleven questions the main improvements in symptoms were observed to be in genito-urinary scores, similar to the findings of Hurworth (2023) and Mitchell (2023) in their on-line studies. These results contrast with the findings of Taavoni et al (2013), who concluded that massage had no effect on genito-urinary symptoms. Joint and, muscular discomfort scored lowest at 22%, in comparison to Hyde's (2021) study where this was the biggest improvement at 42%. It is worth noting that Hyde's study took place during the Covid pandemic when there were many restrictions on using public spaces and this might be a factor in those results.

Psychological symptoms continued to improve from week 12 into week 16 with anxiety and depressive mood reducing to a score of zero.

There was a positive effect on reduction of symptoms whether participants were prescribed HRT or not.

## Massage and TJM™

As far as can be ascertained this is one of the first hands on methodologies for appraising TJM™, previous studies by Jing students have adapted TJM™ to use on-line (Hurworth, 2023; Hyde, 2021; Mitchell, 2023), to assess the efficacy of advanced clinical massage for reducing menopausal symptoms. initially as a result of adapting to Covid restrictions.

The emphasis for the first 2 weeks (weeks 7 and 8) of interventions (Appendix 5) was to focus on decompressing the nervous system and reduce the psychological symptoms associated with peri-menopause (Taavoni et al., 2013). Stress whether acute and/or chronic triggers the sympathetic nervous system. Cortisol and adrenaline are released into the body as part of the "fight or flight" response. Field et al (2005), showed that massage reduces cortisol levels by an average of 31%, increases the release of dopamine by 28% and serotonin by 31%. A short 7 day study by Pinar and Afsar (2016) also showed that massage had a positive effect on cortisol levels. In comparison to their 15 minute massage, this study implemented weekly 50 minute, whole body treatments. It is reasonable to hypothesise that a 50-minute, whole-body massage intervention would be expected to yield comparable outcomes.

The aim of the teaching aspect, in this study, was to introduce self care that would be unobtrusive and could be practised at anytime, anywhere, as and when required. The self care teaching focused on meditation, breathing techniques and acupressure (Appendix 6). These techniques have been shown to reduce anxiety, elevate mood and aid sleep (Jerath et al., 2015; Luo et al., 2025).

From weekly feedback and the follow up questionnaire at week 16, all participants practised the breathing techniques and some techniques were used to help initiate sleep (Appendix 7). Deep breathing stimulates the vagus nerve, which, in turn triggers the parasympathetic nervous system allowing the body to “rest and digest” (Wydro et al., 2025). Figure 5 shows a reduction in scores for anxiety and depressive mood to zero. It is possible that the self care aspect of the study played a major role in this (Jerath et al., 2015; Luo et al., 2025).

The researcher found one study (Meier et al., 2020) that directly investigated massage and its effect on the vagus nerve, using the similar techniques to those found in the Neck and shoulder pain protocol (Fairweather and Mari, 2015b), however, if the individual studies of the positive effect of massage on the parasympathetic nervous system (Field et al., 2005; Pinar and Asfar, 2016) are combined with the studies above re breathing and the vagus nerve, then it would be reasonable to assume that there would be a reduction in psychological scores.

Due to the innervative reach of the vagus nerve there would also be an impact on genito-urinary symptoms as low vagal tone causes pelvic floor dysfunction (Bordoni and Zanier, 2013). The diaphragm and pelvic floor move in correlation with each other, as one contracts the other relaxes, regulating intra-abdominal pressure. The genito-urinary symptoms seen in menopausal women could partly be caused by low vagal tone. Having noted the relationship between breath work and the vagus nerve, the researcher introduced breath work from week 7 as an integral part of the participants self care, initially, to decompress the nervous system.

Unintentionally, this factor played a significant role in influencing the results related to the genito-urinary system.

## Strengths of the study

This study was an in subject design which is ideal for small scale studies. The same group of participants is used for both the control and intervention period which allows the researcher to measure a direct comparison and a valuable insight into any hormonal fluctuations. The participants in this study had age ranges 41-55 which supports the age range at which peri-menopause begins (Davis et al., 2023; Gatenby and Simpson, 2023; Honour, 2021).

As participants could be prescribed HRT or not, it was possible to compare results between the HRT participants and none HRT participants, which the researcher had not considered prior to evaluating the results.

The researcher and the therapist remained the same throughout so all participants received the same experience, conditions and treatments which reduces variability in results.

## Limitations

A small number of participants were recruited for this study (n=7), larger numbers would produce more data. Further studies using TJM™ and the same rating scale (MRS

questionnaire), are being performed (Cross, 2026; Alonso 2026) and in the future the combined results would form meta-data for analysis.

Participant numbers were limited due to practical constraints, as a single researcher can only allocate a finite number of hours per week to study alongside existing professional commitments

TJM™ approach is to tailor massage treatments to an individual, starting with a thorough consultation using the Biopsychosocial Model (Engel, 1977) and, as Bordin (1979) suggests, building therapeutic alliance through agreement on goals, assignment of tasks and development of bonds. The researcher had to develop a generic intervention treatment for 7 participants dealing with 11 symptoms of varying severity prior to undertaking the study. The same generic intervention had to be implemented for all participants therefore treatments were not being tailored or evolving throughout the intervention period. Some participants may have benefited from other treatment protocols from within TJM™.

The main constituent of the interventions was the use of direct and indirect myofascial release techniques based on the pain and chronic stress protocol (Fairweather and Mari, 2015). With hindsight the researcher may have been more inclined to use more massage techniques and less myofascial techniques. Overall, all participants derived benefit from this generic treatment approach.

## Future Studies

The researcher for this study accepted participants with 3 or more symptoms as per the MRS rating scale (Appendix 4). Participants did not have to score highly, with hindsight this may not have been the best way to approach the study. It may be prudent for future studies in advanced clinical massage to homogenise the pool of participants by perhaps researching a group who score similar in their severity of symptoms e.g. participants scoring 14 or more on the MRS questionnaire (Alonso, N., 2026).

There is potential of collaboration and sharing of this study with the local council who have trained ‘menopause champions’ who provide support for women within the workplace during the menopause transition. The researcher has been invited to present and share the findings of this study at one of their ‘Pause for thought’ meetings later in the year. There will also be a presentation of this study at the Annual Jing Conference in June where it will be presented to peers, tutors and external attendees.

# Conclusion

The aim of this study was to evaluate the efficacy of The Jing Method™ in reducing menopausal symptoms in peri-menopausal women.

The results indicate that by using all the elements of TJM™ of advanced clinical massage treatment that this represents an effective method of reducing menopausal symptoms. Furthermore these findings suggest that TJM™ may have a potential role as a complementary and alternative therapeutic approach in women irrespective of whether HRT is prescribed.

The present findings from these results when considered alongside previous research conducted by Hurworth 2023, Hyde 2021, and Mitchell 2023, as well as the current studies by Cross, 2026 and Alonso 2026 collectively these findings contribute to a growing body of evidence suggesting that TJM™ is both effective and replicable.

# References


Abedian, Z., Eskandari, L., Abdi, H. and Ebrahimzadeh, S. (2015). The effect of acupressure on sleep quality in menopausal women: A randomized control trial. *Iranian Journal of Medical Sciences*, 40(4), pp.328–334.

Alonso, N. Evaluating the Effects of The Jing Method™ in Advanced Clinical Massage on Wellbeing during Menopause (2026) BTEC Level  Dissertation. Jing Advanced Massage and Complementary Medicine. Brighton.

Ayers, B., Mann, E. and Hunter, M.S. (2011). A randomised controlled trial of cognitive-behavioural therapy for women with problematic menopausal hot flushes: MENOS 2 trial protocol. *BMJ Open*, 1(1), pp.e000047–e000047. doi:https://doi.org/10.1136/bmjopen-2010-000047.

Ayers, B., Smith, M., Hellier, J., Mann, E. and Hunter, M.S. (2012). Effectiveness of group and self-help cognitive behavior therapy in reducing problematic menopausal hot flushes and night sweats (MENOS 2). *Menopause: The Journal of The North American Menopause Society*, 19(7), pp.749–759. doi:https://doi.org/10.1097/gme.0b013e31823fe835.

Bordin, E.S. (1979). The Generalizability of the Psychoanalytic Concept of the Working Alliance. *Psychotherapy: Theory, Research & Practice*, 16(3), pp.252–260. doi:https://doi.org/10.1037/h0085885.

Bordoni, B. and Zanier, E. (2013). Anatomic connections of the diaphragm influence of respiration on the body system. *Journal of Multidisciplinary Healthcare*, p.281. doi:https://doi.org/10.2147/jmdh.s45443.

Buckler, H. (2005). The menopause transition: endocrine changes and clinical symptoms. *British Menopause Society Journal*, 11(2), pp.61–65. doi:https://doi.org/10.1258/136218005775544525.

Castelo-Branco, C., Gambacciani, M., Cano, A., Minkin, M.J., Rachoń, D., Ruan, X., Beer, A.-M. ., Schnitker, J., Henneicke-von Zepelin, H.-H. . and Pickartz, S. (2020). Review & meta-analysis: isopropanolic black cohosh extract iCR for menopausal symptoms – an update

on the evidence. *Climacteric*, 24(2), pp.1–11. doi:https://doi.org/10.1080/13697137.2020.1820477.

Cross, J. (2026). Evaluating the effects of The Jing Method™ of Advanced Clinical Massage on menopause symptoms in perimenopausal and menopausal women. BTEC Level Dissertation. Jing Advanced Massage and Complementary Medicine. Brighton.

Currie, H., Abernethy, K. and Gray, S. (2017). British Menopause Society vision for menopause care in the UK. *Post Reproductive Health*, 23(3), pp.105–109. doi:https://doi.org/10.1177/2053369117717207.

Currie, H., Abernethy, K. and Hamoda, H. (2021). Vision for menopause care in the UK. *Post Reproductive Health*, [online] 27(1), pp.10–18. doi:https://doi.org/10.1177/2053369121989230.

Darsareh, F., Taavoni, S., Joolaee, S. and Haghani, H. (2012). Effect of aromatherapy massage on menopausal symptoms. *Menopause: The Journal of The North American Menopause Society*, 19(9), pp.995–999. doi:https://doi.org/10.1097/gme.0b013e318248ea16.

Davis, S.R., Pinkerton, J.V., Santoro, N. and Simoncini, T. (2023). Menopause—Biology, consequences, supportive care, and therapeutic options. *Cell*, 186(19). doi:https://doi.org/10.1016/j.cell.2023.08.016.

Department of Health and Social Care, 2025 menopause advice will be added to free health checks for women aged 40+. UK Government Press release (online) Available at https://www.gov.uk/government/news/major-nhs-update-brings-menopause-into-routine-health-checks. Accessed 24th October 2025

Dintakurti, N., Kalyanasundaram, S., Jha, P. and Talaulikar, V. (2022). An online survey and interview of GPs in the UK for assessing their satisfaction regarding the medical training curriculum and NICE guidelines for the management of menopause. *Post Reproductive Health*, 28(3), p.205336912211060. doi:https://doi.org/10.1177/20533691221106011.

El Khoudary, S.R., Greendale, G., Crawford, S.L., Avis, N.E., Brooks, M.M., Thurston, R.C., Karvonen-Gutierrez, C., Waetjen, L.E. and Matthews, K. (2019). The menopause transition and women's health at midlife. *Menopause*, [online] 26(10), pp.1213–1227. doi:https://doi.org/10.1097/gme.0000000000001424.

Engel, G.L. (1977). The Need for a New Medical Model: a Challenge for Biomedicine. *Holistic Medicine*, 4(1), pp.129–136.

Fairweather, R. and Mari, M.S. (2015a). *Massage fusion : the Jing method for the treatment of chronic pain*. Edinburgh: Handspring Publishing.

Fairweather, R. and Mari, M.S. (2015b). 'Neck and shoulder pain protocol' in Wolfaard, S *Massage fusion : the Jing method for the treatment of chronic pain*.. Edinburgh: Handspring Publishing.. (2017). pp. 225-245

Ferreira, P.H., Ferreira, M.L., Maher, C.G., Refshauge, K.M., Latimer, J. and Adams, R.D. (2013). The Therapeutic Alliance Between Clinicians and Patients Predicts Outcome in Chronic Low Back Pain. *Physical Therapy*, [online] 93(4), pp.470–478. doi:https://doi.org/10.2522/ptj.20120137.

Field, T., Hernandez-Reif, M., Diego, M., Schanberg, S. and Kuhn, C. (2005). Cortisol decreases and serotonin and dopamine increase following massage therapy. *The International journal of neuroscience*, [online] 115(10), pp.1397–413. doi:https://doi.org/10.1080/00207450590956459.

Flores, V.A., Pal, L. and Manson, J.E. (2021). Hormone Therapy in Menopause: Concepts, Controversies, and Approach to Treatment. *Endocrine Reviews*, [online] 42(6), pp.720–752. doi:https://doi.org/10.1210/endrev/bnab011.

Frei-Kleiner, S., Schaffner, W., Rahlfs, V.W., Bodmer, Ch. and Birkhäuser, M. (2005). Cimicifuga racemosa dried ethanolic extract in menopausal disorders: a double-blindplacebo-controlled clinical trial. *Maturitas*, 51(4), pp.397–404. doi:https://doi.org/10.1016/j.maturitas.2004.10.003.

Gatenby, C. and Simpson, P. (2023). Menopause: physiology, definitions, and symptoms. *Best Practice & Research Clinical Endocrinology & Metabolism*, [online] 38(1), pp.101855–101855. doi:https://doi.org/10.1016/j.beem.2023.101855.

Geukes, M., van Aalst, M.P., Nauta, M.C.E. and Oosterhof, H. (2012). The impact of menopausal symptoms on work ability. *Menopause: The Journal of The North American Menopause Society*, 19(3), pp.278–282. doi:https://doi.org/10.1097/gme.0b013e31822ddc97.

Gilberg, J. (2021) Effects of The Jing Method™ of Clinical Massage for Treating Musculoskeletal Pain in Post-Menopausal Women. BTEC Level 6 Dissertation. Jing Advanced Massage and Complementary Medicine. Brighton.

Gillingham, T. (2017) A comparative analysis of the significance of the positive working alliance in the treatment of chronic low back pain, specifically within the framework of 'The Jing Method' for Low Back Pain. BTEC Level 6 Dissertation. Jing Advanced Massage and Complementary Medicine. Brighton.

Green, S.M., Donegan, E., Frey, B.N., Fedorkow, D.M., Key, B.L., Streiner, D.L. and McCabe, R.E. (2019). Cognitive behavior therapy for menopausal symptoms (CBT-Meno). *Menopause*, [online] 26(9), pp.972–980. doi:https://doi.org/10.1097/gme.0000000000001363.n.

Honour, J.W. (2018). Biochemistry of the menopause. *Annals of Clinical Biochemistry: International Journal of Laboratory Medicine*, 55(1), pp.18–33. doi:https://doi.org/10.1177/0004563217739930.

Hurworth, M.(2023). Evaluating the efficacy of The Jing Method™ of advanced clinical massage online to treat menopause symptoms. BTEC Level 6 Dissertation. Jing Advanced Massage and Complementary Medicine. Brighton.

Hyde, J. (2021). Evaluating the efficacy of The Jing Method™ of advanced clinical massage online to treat menopause symptoms. BTEC Level  Dissertation. Jing Advanced Massage and Complementary Medicine. Brighton.

Jerath, R., Crawford, M.W., Barnes, V.A. and Harden, K. (2015). Self-Regulation of Breathing as a Primary Treatment for Anxiety. *Applied Psychophysiology and Biofeedback*, 40(2), pp.107–115. doi:https://doi.org/10.1007/s10484-015-9279-8.

Ji-Hyun, K. and Hea-Jin, Y. (2024). The Effectiveness of Cognitive Behavioural Therapy on Depression and Sleep Problem in Climacteric Women:A Systematic Review and Meta-Analysis. *Journal of Clinical Medicine*, 13(2). doi:https://doi.org/10.3390/jcm13020412.and Alternative Medicine for Menopause. *Journal of Evidence-Based Integrative Medicine*, [online] 24(24), p.2515690X1982938. doi:https://doi.org/10.1177/2515690x19829380.

Kaunitz, A.M. and Faubion, S. (2020). Surgical menopause: health implications and hormonal management. *Menopause*, 28(1), pp.1–3. doi:https://doi.org/10.1097/gme.0000000000001680.

Kim, B. and Park, H. (2023). The Effects of Auricular Acupressure on Menopausal Symptoms, Stress, and Sleep in Postmenopausal Middle-Aged Women: A Randomized Single-Blind Sham-Controlled Trial. *Journal of Midwifery & Women's Health*. [online] doi:https://doi.org/10.1111/jmwh.13554.

Lee, Y.-H., Park, B.N.R. and Kim, S.H. (2011). The Effects of Heat and Massage Application on Autonomic Nervous System. *Yonsei Medical Journal*, 52(6), p.982. doi:https://doi.org/10.3349/ymj.2011.52.6.982.

Listiana, E., Angorowati, A. and Susilawati, D. (2022). Massage Therapy to Relieve Menopausal Symptoms: A Systematic Review. *Jurnal Kebidanan*, 11(1). doi:https://doi.org/10.26714/jk.11.1.2022.9-20.

Luo, Q., Li, X., Zhao, J., Jiang, Q. and Wei, D. (2025). The effect of slow breathing in regulating anxiety. *Scientific Reports*,15(1). doi:https://doi.org/10.1038/s41598-025-92017-5.

Ma, L., Wang, H.-B. and Hashimoto, K. (2024). The vagus nerve: An old but new player in brain–body communication. *Brain Behavior and Immunity*, 124, pp.28–39. doi:https://doi.org/10.1016/j.bbi.2024.11.023.

Mann, E., Smith, M., Hellier, J. and Hunter, M.S. (2011). A randomised controlled trial of a cognitive behavioural intervention for women who have menopausal symptoms following breast cancer treatment (MENOS 1): Trial protocol. *BMC Cancer*, 11(1). doi:https://doi.org/10.1186/1471-2407-11-44.

McParlin, Z., Cerritelli, F., Friston, K.J. and Esteves, J.E. (2022). Therapeutic Alliance as Active Inference: The Role of Therapeutic Touch and Synchrony. *Frontiers in Psychology*, 13. doi:https://doi.org/10.3389/fpsyg.2022.783694

.Meekings, T. (2021). Social prescribing and the benefits of massage. *European Journal of Integrative Medicine*, 48, p.101951. doi:https://doi.org/10.1016/j.eujim.2021.101951.

Meier, M., Unternaehrer, E., Dimitroff, S.J., Benz, A.B.E., Bentele, U.U., Schorpp, S.M., Wenzel, M. and Pruessner, J.C. (2020). Standardized massage interventions as protocols for

the induction of psychophysiological relaxation in the laboratory: a block randomized, controlled trial. *Scientific Reports*, [online] 10(1), p.14774. doi:https://doi.org/10.1038/s41598-020-71173-w.

Mitchell, E., (2023) Evaluating the efficacy of The Jing Method™ of advanced clinical massage online to treat menopause symptoms. BTEC Level 6 Dissertation. Jing Advanced Massage and Complementary Medicine. Brighton.

Monteleone, P., Mascagni, G., Giannini, A., Genazzani, A.R. and Simoncini, T. (2018). Symptoms of menopause — global prevalence, physiology and implications. *Nature Reviews Endocrinology*, 14(4), pp.199–215. doi:https://doi.org/10.1038/nrendo.2017.180.

Nachvak, S.M., Moradi, S., Anjom-shoae, J., Rahmani, J., Nasiri, M., Maleki, V. and Sadeghi, O. (2019). Soy, Soy Isoflavones, and Protein Intake in Relation to Mortality from All Causes, Cancers, and Cardiovascular Diseases: A Systematic Review and Dose–Response Meta-Analysis of Prospective Cohort Studies. *Journal of the Academy of Nutrition and Dietetics*, 119(9), pp.1483-1500.e17. doi:https://doi.org/10.1016/j.jand.2019.04.011.

NHS (2022a).Menopause. [online] NHS. Available at:https://www.nhs.uk/conditions/menopause/. [Accessed 24 June 2025]

NHS (2022b). Tests and Treatments A-Z. Available at: https://www.nhs.uk/tests-and-treatments/complementary-and-alternative-medicine/ [Accessed 19 November 2025]

NICE (2015).Recommendations | Menopause: diagnosis and management | Guidance | NICE. [online] www.nice.org.uk. Available at:https://www.nice.org.uk/guidance/ng23/chapter/Recommendations [Accessed 19 November 2025]

NICE (2024) NICE guidance | Conditions and Diseases | Gynaecological conditions | Menopause [online]. Available at : https://www.nice.org.uk/guidance/ng23/resources/access-to-cognitive-behavioural-therapy-cbt-13553197309 [Accessed 19 November 2025]

Peng, W., Sibbritt, D.W., Hickman, L. and Adams, J. (2015). Association between use of self-prescribed complementary and alternative medicine and menopause-related symptoms: A cross-sectional study. *Complementary Therapies in Medicine*, 23(5), pp.666–673. doi:https://doi.org/10.1016/j.ctim.2015.07.004.

Pinar, R. and Afsar, F. (2016). Back Massage to Decrease State Anxiety, Cortisol Level, Blood Prsessure, Heart Rate and Increase Sleep Quality in Family Caregivers of Patients with Cancer: A Randomised Controlled Trial. *Asian Pacific Journal of Cancer Prevention*, 16(18), pp.8127–8133. doi:https://doi.org/10.7314/apjcp.2015.16.18.8127.

Rigby, T. (2021) Effects of The Jing Method™ in treating symptoms of depression in men. BTEC Level 6 Dissertation. Jing Advanced Massage and Complementary Medicine. Brighton.

Santoro, N. and Sutton-Tyrrell, K. (2011). he SWAN Song: Study of Women's Health Across the Nation's Recurring Themes. *Obstetrics and Gynaecology Clinics of North America*, 38(3), pp.417–423. doi:https://doi.org/10.1016/j.ogc.2011.05.001.

Sourouni, M., Zangger, M., Honermann, L., Foth, D. and Stute, P. (2021). Assessment of the climacteric syndrome: a narrative review. *Archives of Gynecology and Obstetrics*, 304(4), pp.855–862. doi:https://doi.org/10.1007/s00404-021-06139-y.

Taavoni, S., Darsareh, F. and Haghani, H. (2013). 2342 – Effect of massage therapy on menopausal symptoms: a randomized clinical trial study. *European Psychiatry*, 28(12), p.1. doi:https://doi.org/10.1016/s0924-9338(13)77183-9.

Tandon, V., Sharma, S., Mahajan, A., Mahajan, A. and Tandon, V. (2022). Menopause and sleep disorders. *Journal of Mid-life Health*, 13(1), pp.26–33.

Thakur, M., Kaur, M. and Sinha, A.K. (2019). Association of menopausal symptoms as assessed from Greene Climacteric scale with body mass index and osteoporosis among rural women of North India. *Anthropologischer Anzeiger*, 76(4), pp.293–304. doi:https://doi.org/10.1127/anthranz/2019/0940.

Travers, C., O'Neill, S., King, R., Battistutta, D. and Khoo, S. (2005). Greene Climacteric Scale: norms in an Australian population in relation to age and menopausal status. *Climacteric*, 8(1), pp.56–62. doi:https://doi.org/10.1080/13697130400013443.

Wade, D.T. and Halligan, P.W. (2017). The Biopsychosocial Model of Illness: a Model Whose Time Has Come. *Clinical Rehabilitation*, [online] 31(8), pp.995–1004. doi:https://doi.org/10.1177/0269215517709890.

Writing Group for the Women's Health Initiative Investigators (2002). Risks and Benefits of Estrogen Plus Progestin in Healthy Postmenopausal Women: Principal Results From the Women's Health Initiative Randomized Controlled Trial. *JAMA: The Journal of theAmerican Medical Association*, [online] 288(3), pp.321–333. doi:https://doi.org/10.1001/jama.288.3.321.

Wydro, M., Grotowska, M., Łukasiewicz, M. and Strawińska, A. (2025). The Role of Controlled Breathing in Pain Management. *Quality in Sport*, 37, p.57777. doi:https://doi.org/10.12775/qs.2025.37.57777.

Zhou, J., Qu, F., Sang, X., Wang, X. and Nan, R. (2011). Acupuncture and Auricular Acupressure in Relieving Menopausal Hot Flashes of Bilaterally Ovariectomized Chinese Women: A Randomized Controlled Trial. *Evidence-Based Complementary and Alternative Medicine*, 2011, pp.1–8. doi:https://doi.org/10.1093/ecam/nep001.

# Appendices

## Appendix 1:Ethics form


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

**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: | Gwen James |
| Student number: | PF69857 |
| BTEC Year-group: | 2024-2026 |
| Date of application: | 28th April 2025 |
| Student e-mail address: | rgjam@blueyonder.co.uk |
| Title of research project: | *The efficacy of The Jing Method™ in reducing menopausal symptoms in peri-menopausal women* |

## 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.?<br>*Questions relating to this are included in the MRS questionnaire* | 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 | |

| |
|---|
| If yes, please specify the name of the validated questionnaire you are using and attach a copy here. Menopausal Rating Scale (MRS) https://www.myhormonetherapy.com/wp-content/uploads/2012/06/Menopause-Rating-Scale.pdf |

## Section 3: Research premises

| | |
|---|---|
| Where is your research being undertaken?<br>My clinic:<br>Rear 12 Lorne Road<br>Bispham<br>Lancashire<br>FY2 0RT | |
| 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. | ~~Yes /~~<br><br>~~No /~~<br><br>Not applicable |

## Section 4: Recruitment

How will you recruit subjects for this research study?

- Social media – Facebook Post
- Lancashire Women.org (Blackpool Hub) – email & in-person approach with poster. The charity is starting Menopause mornings in April which is a support group designed specifically for women experiencing perimenopause and menopause
- Blackpool council menopause champions (each department has its own champion) – email approach
- Word of mouth – in person/email

## 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

This study aims to investigate the effect of The Jing Method™ of clinical massage on the efficacy of reducing menopausal symptoms in peri-menopausal women

Upon ethical approval either 1st or 8th May 2025, begin to recruit up to 20 peri-menopausal female participants for this within group study design who have at least 3 self diagnosed menopausal symptoms as per the Menopause Rating Scale -Hot flushes (sweating, episodes of sweating),Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness),Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings), Irritability (feeling nervous, inner tension, feeling aggressive), Sleep problems (difficulty in falling asleep, difficulty in sleeping through the night, waking up early, Anxiety (inner restlessness, feeling panicky), Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness), Sexual problems (change in sexual desire, in sexual activity and satisfaction), Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence). Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse) Joint and muscular discomfort (pain in the joints, rheumatoid complaints) and can commit to the 16 week study.

There will be an initial telephone call with participants to establish the inclusion criteria (at least 3 menopausal symptoms), ask questions, understand the research study and provide consent to take part.
Once eligibility confirmed, participant letter and consent sent out, completed and returned by 28th May 2025 prior to commencement of study

2nd June 2025 - 13th July 2025 – weeks 1-6 will form the control period and give a baseline of the client's menopausal symptoms, during this time participants will be asked to complete and return the MRS questionnaire once a week. There will be no intervention during weeks 1-6

14th July 2025 – 24th August 2025 – weeks 7-12 will be the intervention period.
Week 7 (90mins)– full consultation, assessment and treatment as per The Jing Method™
Week 8-12

- During this time participants will each receive the same 50-minute clinical massage once a week with 10 mins for check-in and self-care following treatment. The treatment will include breath work, amma massage techniques, myofascial release techniques, massage, acupressure points, stretching and self-care.
- There will be some background music played throughout the treatment. After each session, the participants will be given a 3-5 minute self-care routine to follow. This self-care will be performed three times per week.
- Details of each weekly treatment plus self-care routine will be added as an appendix to the study.
- Six days after treatment the MRS questionnaire will be sent to participants to complete and return prior to their next treatment or within 24 hours.
- At the same time, participants will be asked to inform the researcher how many times they performed the self-care that week.

At week 16, a follow up of MRS questionnaire will be sent to participants to assess if there were any longer term changes as a result of the intervention period.
A feedback form will also be sent at the same time.

## Section 6: Describe what your participants need to do

- Participants are required to participate in a telephone call to ask any questions and confirm that they meet the inclusion criteria, have the study explained to them so they can give consent to take part in the study
- Read and complete participant information letter and consent form
- Be available for the 16 week study period
- Participants are required to inform the researcher of any changes to medication or any other relevant treatments throughout the duration of the study.
- Weeks 1-6, Participants are required to complete and return the MRS questionnaire once a week for 6 weeks with no intervention.
- Weeks 7-12, attend my clinic where participants will receive a standardised 50 minute Jing clinical massage treatment once per week for the duration of 6 weeks.
- The treatment will include breath work, amma massage techniques, myofascial release techniques, massage, acupressure points, stretching and self-care.
- The self-care is to be performed 3 x per week and will take 3-5 minutes to perform, you will be asked by the researcher how many times you completed it each week
- Six days after each treatment the participant is required to complete the MRS questionnaire and return the questionnaire to the researcher prior to the next treatment.
- Week 16 – complete and return the final MRS questionnaire and fill out a feedback form
- Participants can leave the study at any time, no explanation needed and with no consequences for leaving

## Section 7: Respecting confidentiality and ethical issues for participants

How will you manage participant confidentiality? Ensure that the information refers to GDPR and is compliant with this legislation. What ethical considerations are there?

- All data to be held in accordance with GDPR and be compliant with this legislation.
- Inform participants on initial sign up that their information will not be available to third parties and will not be seen by anyone else other than the researcher (me).
- Confidentiality agreement to be signed by participant and researcher (me)
- Where participants are known to each other, they will be requested to maintain confidentiality and respect the confidentiality of others
- Consent to take part in the study is freely given with consent form signed by participant
- Participants can leave the study at any time, no explanation needed and with no consequences for leaving
- All participants will be allocated a number, for anonymity, and data received will be stored against said number.
- Only the necessary data needed to complete the study will be collected.
- Emotional well-being is paramount throughout the study and where deemed necessary clients will be signposted to a relevant healthcare practitioner
- All data stored on my personal computer will be password protected in accordance with GDPR.
- Upon completion of the study all data will be deleted.
- Any paper copies will be held in a locked filing cabinet and destroyed upon completion of the study.
- Researcher is a fully qualified massage therapist.

## Section 8: Inclusion and exclusion criteria

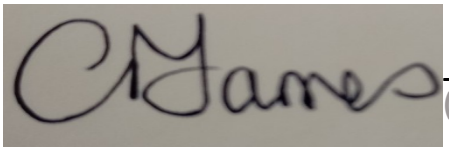
What sort of people will the subjects be?
The study will include: peri-menopausal women with at least 3 self diagnosed menopausal symptoms as per the Menopause Rating Scale – Hot flushes (sweating, episodes of sweating),Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness),Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings), Irritability (feeling nervous, inner tension, feeling aggressive), Sleep problems (difficulty in falling asleep, difficulty in sleeping through the night, waking up early, Anxiety (inner restlessness, feeling panicky), Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness), Sexual problems (change in sexual desire, in sexual activity and satisfaction), Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence). Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse) Joint and muscular

| |
|---|
| discomfort (pain in the joints, rheumatoid complaints) and can commit to the 16 week study.<br><br>The study will exclude: transgender men, non-binary people registered female at birth, women who have commenced HRT within the last 3 months, women with other symptoms not measurable by the MRS questionnaire. |

## 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 | ~~NO~~ |

**Student's handwritten signature:**



_____

**(To be completed, once ethical approval has been provided)**

**Print Name: Gwen James** **Date: 18/05/2025**

**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: .....17/5/25.....**

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: Participation letter


Study Name: The efficacy of The Jing Method™ in reducing menopausal symptoms in peri menopausal women

Student Name: Gwen James

Study Location: Rear 12 Lorne Road, Bispham, FY2 0RT

Tel: 07902 449903

Email: rgjam@blueyonder.co.uk

*Menopause – It's not just hot flushes*Dear

Thank you for showing interest in my study

I am an Advanced Clinical Massage Therapist, studying with The Jing Institute of Massage and Complementary Medicine for the BTEC Level 6 Professional Diploma in Advanced Clinical Massage and Sports Massage (the highest level of qualification in the UK and Europe). As part of our course-work we are given an opportunity to design and carry out a study into the effects of a clinical massage wellness programme. Now in my final year I'm conducting a 16 week research study on the efficacy of The Jing Method™ in reducing menopausal symptoms in peri-menopausal women.

I am looking for women who are experiencing 3 or more menopausal symptoms, which can include any of the following:

Hot flushes (sweating, episodes of sweating),Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness),Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings), Irritability (feeling nervous, inner tension, feeling aggressive), Sleep problems (difficulty in falling asleep, difficulty in sleeping through the night, waking up early, Anxiety (inner restlessness, feeling panicky), Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness), Sexual problems (change in sexual desire, in sexual activity and satisfaction), Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence). Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse) Joint and muscular discomfort (pain in the joints, rheumatoid complaints) and can commit to the 16 week study.

**What does the study involve?**

The study takes place over 12 weeks. (2nd June 2025-24th August 2025) with a follow up questionnaire at week 16 (22nd September 2025)

The first 6 weeks involves you completing a recognised questionnaire – The Menopause Rating Scale (MRS) – consisting of 11 questions used to assess your menopausal symptoms. It shouldn't take more than a few minutes to complete. These 6

weeks act as a baseline before the 6 weeks of intervention (massage treatments). During the intervention weeks you will continue to complete the questionnaire 6 days after your treatment and before your next treatment. There is a small charge of £10 per treatment for weeks 7-12 to support the costs associated with the study.

**What is expected of you the participant**

- An initial phone call to have the study explained to confirm eligibility for the study, ask questions and discuss any current treatments, therapies and/or medication you may be taking.

- Read the participant information letter and complete and return the consent form

- Be available for the 16 week study period
- Participants are required to inform the researcher of any changes to medication or any other relevant treatments throughout the duration of the study.
- Weeks 1-6, Participants are required to complete and return the MRS questionnaire once a week for 6 weeks with no intervention.
- Weeks 7-12, attend my clinic where participants will receive massage treatment (approx 60 mins) once per week for the duration of 6 weeks, plus completion of the MRS questionnaire 6 days after your treatment and before your next treatment.
- The treatment will include grounding, breath work, amma massage techniques, myofascial release, massage, acupressure points, stretching and self-care, which will be provided for you to practice at home.
- Six days after each treatment the participant is required to complete the MRS questionnaire and return the questionnaire to the researcher prior to the next treatment.
- Week 16 – complete and return the final MRS questionnaire in order to assess any lasting effects and fill out a feedback form
- You agree not to discuss this study with other participants until completion of the study

**Are there any risks to taking part?**

I do not anticipate any risks in your taking part in this study, however, if you press too hard with self-care massage, potentially, you might bruise yourself. I am a fully qualified, insured practitioner in my own right. I always put the well-being of my clients as a top priority. All data collected is anonymised, confidential and stored according to GDPR legislation.

**Are there any benefits to taking part?**

Yes, all the benefits that massage brings, plus, hopefully, as this is what my study is about, a reduction in your menopausal symptoms. Plus that 1 hour of quality time out just for you.

**How the results of the study will be used**

Your anonymised data will be mathematically analysed together with all the other participants' anonymised data, and the findings from this analysis will be communicated to the project supervisor and possibly other practitioners. The communication will be in the form of my dissertation and presentation at The Jing annual conference.

Once my research is published, I will share with you my findings and invite you to the conference, where my colleagues and I will be presenting all our findings.

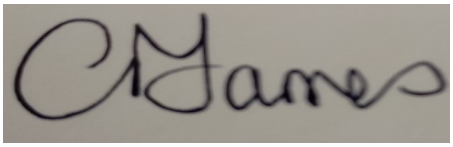
If you decide to participate the study, it will begin 2nd June 2025. Participation is completely voluntary and you can withdraw from the study at any time without giving a reason. All your information will be kept confidential and your data will be anonymised.

If you have any questions please get in touch via phone or email and I will happily answer them.

Contact details are at the top of this letter

Thank you again for considering this project, your participation will make a difference to your menopausal symptoms, and going forward, provide an alternative option for peri menopausal women in reducing their symptoms.

Yours sincerely



Gwen James

Advanced Clinical Massage Therapist

## Appendix 3. Consent form

# PARTICIPANT CONSENT FORM

## Title of study: *The efficacy of the Jing Method™ in reducing menopausal symptoms in peri-menopausal women*

**Name of student: Gwen James**

| | Yes | No |
|---|---|---|
| I have read the information letter 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:<br>• At any time (*until such date as this will no longer be possible, which is once all anonymised data has been merged*)<br>• Without giving a reason for withdrawing<br>• That I am free to refuse to answer any question without saying why<br>• 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 'No' here. | | |
| I agree to take part in this study | | |
| **Signature (participant)** **Date:** | | |
| **Name: (BLOCK LETTERS)** | | |
| BTEC student contact details (including telephone number and e-mail address):<br><br>**Gwen James**<br>**Tel no: 07902 449903**<br>**Email: rgjam@blueyonder.co.uk** | | |

# Appendix 4: Menopause rating scale questionnaire

## Menopause Rating Scale Questionnaire

Which of the following apply to you at this time?

*Mark one box for each symptom – for symptoms that do not apply, please mark none* * *Denotes required field*

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

## Appendix 5: Week 7 & 8 interventions

Week 1&2

Prone

Forearm grounding

Double palming Erector Spinae

Shu points

X hand stretches

Broad effleurage to back

Supine

MFR transverse fascial release

Solar plexus fascial release

Working the conception vessel

Leg pulls/gluteal stretch, spinal twist,

Acupressure point Kidney 1

Arm pulls

Neck work & cervical mobilisations

## Appendix 6: Self care

The self care consisted of:

Week 1 – 10 minute mindfulness meditation

Week 2 – acupressure point Heart 8

Week 3 – square breathing to a count of 4

Week 4 – combination of the first 3 weeks together in a practice

Week 5 – Alternate nostril breathing

Week 6 – Loving Kindness meditation/use of a spiky massage ball to neck and shoulder area.

## Appendix 7: Anecdotal feed back on breath work

“It did relax me and the breathing calms me, especially before sleep”

“ The breathing I have used just before bed to calm down and relax my mind”

“I was able to sleep a bit longer after the exercises”