

Vertical Reflex Therapy Membership Network Newsletter



No 10. Summer 2005

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Dear VRT Member,

Many of you are about to go off on your summer holidays or are just returning. We have lots of good information for you in this newsletter and excellent advice regarding the prevention of tummy bugs when travelling as well as that thorny, unappealing issue of fungal feet! Christine Roscoe, one of our VRT tutors, has written some excellent advice on infertility and how VRT/reflexology can help you when dealing with clients who are trying to conceive. It may be worth photo-copying this article to give to clients, if appropriate.

It is not too late to book your place on the ICR conference in Amsterdam in September. The next three major reflexology conferences, that attract therapists from all over the world, are in or very near to the UK over the next three years. RiEN is in Eire in September 2006 and the AoR Conference is at Warwick University in September 2007. I would encourage all reflexologists to consider attending a conference if you have never done so before. Reflexologists can lead quite an isolated life either working from home or a single practice. Even if they work in a multidiscipline clinic, with other therapists to relate to, there is likely to be only one other reflexologist there, at most.

I am always interested and excited to hear what research and ideas are developing in the reflexology world. Over the years I have attended many conferences as both a speaker and/or a delegate and have been fascinated to see and hear about different ways of using our techniques. Conferences are certainly not just about sitting in large lecture theatres, however interesting that can be, they are also about socialising and networking through meeting colleagues informally at meals or shared treatments and workshops. Another experience is looking at the exhibition stands at

products/demonstrations that are new, that you did not know existed, or that you did not know you wanted until you found yourself buying something unusual!

A lot of the reflexology conferences can be full of surprises such as one in Denmark where we learnt about reflexology on dogs, in Jamaica there were no fewer than 4 medical doctors speaking, and at Warwick Dr Christine Page gave a wonderful presentation on how our mind/body/spirit dynamic must be recognised and utilised if we are to achieve our full potential.

I am delighted to enclose an article by reflexologist and VRT practitioner Linda Anderson that appeared in the journal; *Nursing and Residential Care July 2005*. It is important that medical carers become more aware of the benefits of reflexology for their clients and staff. Linda also mentions the interest in reflexology within the workplace.

Please send in your articles and comments. **Many of you have found new techniques or ways of enhancing your practice that you wish to share BUT there is not enough material to write an article. So, please send your ideas in and we will print them in a Hints Column. This is one of the ways our reflexology profession can grow and improve.**

Kind regards

Lynne Booth

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Letters from Practitioners

*PLEASE KEEP YOUR LETTER AND
ARTICLESS COMING IN – THEY CAN BE
CONTROVERSIAL AS WELL AS AFFIRMATIVE!*

Dear Lynne

re: VRT Basic/Advanced Course

After the treatment you gave me for my chest infection, by the time I had got home my chest & back were both bright red & the following day I had no congestion at all in my chest. However my nose did not stop running for 2 days & that had not happened before the treatment. But I'm feeling fine now. Thanks again for last weekend, I thoroughly enjoyed both days & am looking forward to doing the next two courses

Regards
A B

Dear Lynne,

Thank you for such a wonderful day. I am sure everyone enjoyed it as much as me and we were amazed at how powerful and quickly VRT worked.

I have been in touch with a reflexologist who attended the work-shop, both she and I have used it on our clients with wonderful results. She also treated her brother who had a painful knee and leg which had been bothering him for a few days. He is a sceptic, and is not keen on her doing a normal treatment on him. But when she said it would only take 5-minutes he agreed. It worked, he couldn't get over it, and she was surprised as well. Good luck with all your wonderful work,

Regards
AoR organiser.

Dear Lynne,

... I continue to be amazed at the benefits achieved for my clients using VRT; I find the results of including a VRT treatment in conjunction with conventional reflexology, invaluable. I use Diaphragm Rocking throughout a conventional reflexology and find that by doing

so I can slow down my client's breathing which in turn allows them to be extremely relaxed.

Thank you for VRT.

Yvonne Vann

Hi Lynne,

Thanks for the lovely informative Newsletter – really good. Keep up the good work.

Sylvia W.

Dear Lynne,

Re: Nico Pauly Nerve Reflexology

It was exciting to be on the first course last year. I hope candidates on subsequent courses have been equally keen and appreciative as it's such a unique kind of opportunity. Do you remember how our first group were still clamouring for more tuition even after an exam and champagne?

Enclosed is a summary of work with a client during March - interesting for me as this was the first time of encountering someone with ENT problems. It's rewarding to see her now, compared to her distress when convulsed with coughing and streaming eyes as previously.

With ongoing thanks and warm regards.

Marie Johnson

(Nerve reflexologists, please e-mail Booth VRT for interesting case history with references to nerve reflexes, if you wish.)

Neither hours,
nor days,
nor years
belong to me.
I can only ever
be in charge
of this one single moment

from *Collective Treasures on the
"Foot-path" of Life*, by Hanne Marquardt

A holistic approach to fertility problems

Chris Roscoe B.Ed, Dip Reflex, MIFR

What is Infertility?

'The inability of a couple to achieve conception after a year or more of regular unprotected intercourse'.

The World Health Organisation (WHO) estimates that infertility affects about 10% of couples in Britain and about 8 – 10% worldwide.

Is Infertility Exclusively a Female Problem?

No. The incidence of infertility in men and women is quite similar. It is exclusively a female problem in approximately 30 – 40% of cases, exclusively male one in 20 – 30%. Problems common to both partners 15 – 20% and 'unexplained' in a minority approximately 15 – 20%, although Dr Robert Winston claims that there is no such thing as unexplained infertility, just that there have been an insufficient number of tests to identify it.

What are the most common causes of Infertility?

In Females

1. **Ovulatory disorders** – sporadic or no ovulation
2. **Congenital and Anatomical Abnormalities** – e.g damaged Fallopian Tubes
3. **Disorders caused by infection or developed disorders** – e.g Endometriosis or Pelvic Inflammatory Disease
4. **Polycystic Ovary Syndrome (PCOS)** – a hormonal condition which affects menstruation and fertility amongst other things.
5. **Ectopic Pregnancy** – where fertilisation takes place in the Fallopian tube and often the tube is damaged and has to be surgically removed.
6. **Recurrent Miscarriage** – after two miscarriages, the risk of recurring miscarriage increases to approximately 25 – 30%.
7. **Age** – fertility decreases with age from about a 80% chance of a natural conception in your 20s to only about 5% in your early forties

In Men

1. **About 2/3 due to abnormal sperm** – either an insufficient number, or damaged sperm or mobility problems
2. **About 1/3 due to immune, congenital or endocrine problems** – e.g Cystic Fibrosis where the Vas Deferens is sometimes congenitally missing

My approach

I specialise in treating clients with fertility problems and I find that there are a number of things that can help synergistically ie: they all work together.

- **Reflexology and VRT** are very good and can be incredibly successful. They help to balance hormones, boost the efficiency of body systems and of course, help with the considerable stress involved in infertility. Stress reduction is v. important. I always use VRT and the Endocrine treatments plus conventional RX. I also use Precision RX. I do weekly treatments for approx 8 weeks then monthly around ovulation time. Reiki can also be used in conjunction with RX.
- **Try to treat both partners** regularly if possible - men also suffer hormonal imbalances and stress
- **Talk about diet for both partners** - organic food wherever possible, lots of fruit and veg, fish and not much meat, drink LOTS of water – about 2 litres a day. The pesticides on fruit and veg

are endocrine disrupters and can cause disruption of the reproductive system. The same goes for the chemicals in meat and poultry

- **Cutting out toxins** - Advise and encourage both partners to give up smoking, alcohol, caffeinated tea and coffee – all of these can reduce fertility. Avoid workplace and environmental toxins and pollution.
- **Normal weight** - Being overweight is a HUGE factor in fertility problems. Encourage both partners to lose weight - with support of GP if PCOS is involved. Losing weight definitely improves chances of conception – even a weight loss of 10% of body weight can trigger ovulation in women who were not previously doing so.
- **Supplements** - see suggestions in Marilyn Glenville's book. 'Food ain't what it used to be!' We don't get enough in our foods and need a boost. Those trying to conceive need Folic Acid, essential fatty acids, vitamin and mineral supplements etc
- **Exercise** - encourage moderate exercise for fitness, good metabolism and 'feel good' endorphins
- **Seek medical help** - Encourage clients to have any medical problems investigated and treated. RX can be very supportive and complementary to conventional medicine and fertility treatments like IVF etc. For recurring miscarriage, a simple (and cheap) blood test can eliminate Hughes Syndrome or Antiphospholipid Syndrome which is 'sticky blood' – too thick to get through into the tiny foetal veins but, if positively diagnosed, is cured by one baby aspirin a day!
- **Magnets** - I sell a magnet which is good for period problems, hormonal imbalances and fertility problems (and also lower back problems!) - 'The Senza' from Norstar Biomagnetics. It velcros into underpants and works with the iron in the blood to encourage greater blood flow and greater removal of toxins and cell repair.
- **Crystals** - Encourage clients to buy a small rose quartz - for love, support, self nurturing - and a small moonstone - works with feminine side, menstruation etc - and wear them close all the time e.g in the bra.
- **Positive affirmations** - Encourage clients to repeat positive affirmations many times per day e.g 'I am healthy and I can get pregnant' rather than "I WILL get pregnant" as this puts pressure on themselves.
- **Positive colours** - Wear some orange and red somewhere - the colours work with and enliven the two lowest chakras which relate to the reproductive system etc.
- **Sex sex sex !!** - Encourage clients to have lots of sex !! Robert Winston says lots of sex all through the month, not just at ovulation time! His statistics are
 - if couples have sex 1 x per month it will take on average 43m to conceive
 - if 3 x per month, average is 15m to conceive
 - if 10 x per month average is 5m to conceive
 - and if 15+ x per month average is 3.5 months to conceive..... food for thought!!!!

Some helpful books – for clients (& therapists)

- Prof Robert Winston - 'Getting Pregnant',
- Marilyn Glenville - 'Natural Solutions to Infertility',
- Human Fertilisation & Embryology Authority - 'Your Guide to Infertility' - the HFEA will send you free copies of this substantial guide which you can give to clients. It discusses fertility problems, causes, treatments and what's offered by which clinics and success rates throughout the UK. see their website (address below)
- **For Reflexologists** - Suzanne Enzer - 'Reflexology - A Tool for Midwives'

Useful websites

- www.foresight-preconception.org.uk . This organisation talks of the importance of pre - conception care and preparing for getting pregnant for both partners - maximising health and fertility etc. They will organise (paid) tests on hair samples to check mineral / vitamin deficiency etc. Good advice on site and they will send free leaflets. www.fertilityfriends.co.uk is a support site for people with fertility problems - very good and full of advice etc too.
- www.marilynglenville.com - gives details of her courses, tests available, products, books etc. She will do consultations by post.

- www.repromed.com – another support site for people with fertility issues
- www.norstarbiomagnetics.co.uk - sell various high grade, high strength magnets
- www.hfea.gov.uk - for free copies of their 'Guide to Infertility'

Courses –

- **Suzanne Enzer** does courses on Maternity Reflexology - Tel 01252 629744 as does **Renee Tanner** who is the head of IFR - www.intfedreflexologists.org .
- **Lena Chandler** does courses on Pregnancy and Reflexology - e.mail lena.chandler@ntlworld.com
- I am hoping to organise a course on Infertility led by Dr Marilyn Glenville in the Autumn – anyone interested, please e.mail me at chris.roscoe.1@blueyonder.co.uk

Chris Roscoe

I am a Reflexology practitioner with a busy practice in Bristol. I specialise in treating clients with Fertility problems and Maternity Reflexology is also a specialism. I also practice Indian Head Massage, Reiki and Thermal Auricular Therapy.

I am a VRT tutor for Booth VRT and teach courses all over the UK. I also teach traditional Reflexology for The Bristol School of Holistic Therapies and am an approved tutor of Precision Reflexology as developed by Jan Williamson.

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A real cure for Fungal Toenails – yes, honestly!

I had had fungal toenails on all 10 toes for at least 15 years. I had tried various essential oils, topical creams, dietary approaches and was definitely not going down the road of conventional medicine's 2 years of low dose antibiotics.

I was resigned to forever painting my toenails while occasionally thinking 'Wouldn't it be nice if

Then a friend suggested **CITRICIDAL**. This is concentrated Grapefruit seed extract and it is an incredibly powerful antiseptic, anti-fungal, anti everything it seems. You can use it to wash residue from fruit and vegetables, clean worktops, as a mouthwash, as a Candida treatment, on animals and much more. Loads of info on The Internet.

For fungal toenails, I had to put some of the thick liquid under the edge of each nail and some on each cuticle twice a day for 2 – 3 months. I did this (fairly!) consistently and the nails went a very slightly honey colour and the surrounding skin was very slightly soggy but both these symptoms disappeared within a week of discontinuation.

Best of all, the nails grew healthy and pink and white in about 2 and a half months. I am really thrilled and am looking admiringly at my 'new' toenails at every opportunity! (sad really isn't it?)

Seriously though, I would recommend it to clients and friends (and no, I'm not on commission!).

Chris Roscoe

Lynne's Travel Tips

Chris Roscoe's useful advice on Citricidal for Fungal Toenails has reminded me of another effective use for Citricidal: is keeping bowel disorders at bay when travelling. It is also a very strong antiseptic.

I always advise people to take a combination of Biocare Acidophilus capsules (Travel Pack) and Citricidal drops when travelling to foreign countries where there is a high risk of consuming contaminated food and water. An elderly friend took this advice when travelling by minibus through South America and she was the only member of the trip, which included a local driver, who did NOT suffer from diarrhoea. My daughter, Alice, and two friends have just spent 3 weeks back-packing through India and I virtually insisted that they started taking Acidophilus a week prior to their journey and then continue to take it each day along with 6 - 12 drops of Citricidal in bottled water. They reported that they must have been the only slightly constipated people in the whole of India at one point!

However, on a serious note, none of them suffered from the crippling effects of violent gastro-intestinal problems that had literally gripped most of their fellow travellers causing distress, discomfort and embarrassment. It is worth continuing to take this combination for a week after your return from holiday. This recommendation applies to all travelling destinations where the food or standards

of hygiene may be very different to the UK.

One of the problems with Acidophilus is that it needs to be refrigerated, once opened, to maintain its potency. Biocare have overcome this problem by providing their travel capsules in blister-packs so each one remains air-tight until required.. The combination of Citricidal and Acidophilus has a two-fold action. The Acidophilus replaces and increases the natural gut flora and Citricidal helps to kill parasites. It can also be used as an antiseptic gargle.

Travel Acidophilus is available from Biocare Price: approx £15.00
Biocare: Tel 0121 433 3727
www.biocare.co.uk

Citricidal Price from approx.£5.00 - 3 sizes sold in many health food shops or can be obtained from Higher Nature
www.highernature.co.uk

Reflexology in Singapore and Australia

In May I enjoyed a wonderful two and a half week teaching trip to Australia where I taught the Endocrine and Hand and Nail courses with my excellent tutor Chere Sue Waters. Chere organised the complicated trip brilliantly and I taught in Brisbane, Sydney, Melbourne and Adelaide. We ran courses on Friday and Saturday in one State and then we would race to the airport and catch a plane on the Saturday night and arrive at about 10.00 pm in, say Sydney, ready to teach the following morning for another 2 days. Mid week I had a little break in Canberra with friends and also enjoyed the wine growing Barossa Valley near Adelaide at the end of the trip

and the Gold Coast of Brisbane at the beginning. It was great to meet up and teach for two excellent reflexologists and friends, Dee Leamon and Carol McBain in Melbourne who run the Australian School of Reflexology and Relaxation (ASRR). In each State I had meals out with groups of reflexologists where I learned about their country, their work and we compared notes on the recognition of reflexology. In both the States and Australia they are still a long way from real recognition in hospices, medical centres or the workplace. In the UK I believe we are slowly making more progress.

In Brisbane we wandered into the State Parliament Building – a grand Victorian piece of architecture complete with a defunct Upper House and active Lower House. Surprisingly, an employee offered to take us on a private guided tour which was fascinating and certainly would not have happened at our own parliament in Westminster. We briefly nodded hello to the Speaker, a senior M.P. who happened to be in pottering around the empty chamber. We were quietly told to watch the newspapers as this sprightly man may be “resigning due to ill health”. He did not get the chance, as 5 days later it was headline news that he had been removed and criminal charges were being served about irregular expense claims over many years!

Brisbane Reflexology Group



The stop-over in Singapore was time for relaxation with my husband which included tea at the world famous Raffles Hotel and an excellent reflexology treatment in a “Reflexology Shop” where up to 6 reflexologists worked on the clients who lay in a row in the only room. This clinic was in one of the many large retail centres and was very basic compared to the luxurious rooms in the reflexology clinic I visited in the Tokyo department store. No case history was taken but each client was given a very thorough and professional general treatment. We chose a half hour session but we could have had 15 minutes or an hour. Our feet were wrapped in very warm towels and the girls thumbs were incredibly strong. There was only a little conversation mainly due to the language barrier. At the end each leg – from knee to ankle- was squeezed and then pummelled with their fists in a rather forceful but stimulating way that left the feet and legs feeling amazingly toned and my whole body felt invigorated. The cost was about £10.

Singapore Reflexology Shop



“Concentration simplifies, simplicity concentrates.”

*from Collective Treasures on the
“Foot-path” of Life, by Hanne Marquardt*

Watch Out – Baby on Board!

In May this year I flew to Australia to teach VRT. Our first sector flight was greatly disturbed by the loud and continuous screams of a tiny baby. The cabin was in semi-darkness and few people managed to get any sleep. After 10 minutes or so the baby was getting even louder and my husband suggested that I offer my reflexology/VRT skills as I had experience in treating small babies.

I had hesitated to offer to help as I felt that it may be seen as interference by the crew and parents who may not be receptive to complementary therapies. (When travelling I usually keep myself to myself and speak to no-one – with one exception see page 9!) My husband simply said, “The worse that can happen is that they say no. Surely you are able to take rejection?” Very salutary!”

I went into the crew’s cabin where the 6 month old baby girl was bright red and screaming hysterically while getting hotter by the minute. Both crew and mother were by then willing to try anything. I first worked the entire pelvic area of both feet round the ankles then gently felt the tiny stomach reflexes and then the bowel but they did not seem particularly tender. I synergistically worked first the stomach on hand and foot and then the bowel. The baby stopped crying for two seconds and then began louder than ever. The breakthrough then followed when I began to lightly work the spine in tiny light caterpillar bites. (NEVER work a baby’s toes as they are too small and fragile). The spinal reflexes were absolutely rigid even when the foot relaxed. C6 (neck) and the thoracic reflexes were particularly tender. I then held the lateral and medial spinal reflexes in a pinch and very lightly pressed and slightly turned her little feet, one by one, as I worked down to the sacrum/coccyx reflexes. Four minutes into treatment the little girl had stopped crying. Her face was no longer red and her temperature was normal. I then continued to stroke and gently work her feet for a further 2 minutes as her whole body relaxed.

She began to turn to look for a feed from her mother’s breast. I commented that the baby’s upper torso, neck and spine seemed jarred and

she probably had a headache. At this point the young mother, aged about 20, commented that her little boy aged 2 had hit the baby on the head with a picture frame several hours before they caught the flight.....”but my baby didn’t cry much so I thought that no harm was done”. This unfortunate accident was obviously the cause of the child’s acute distress. Both myself and the crew made it clear to the parents that they should have the baby medically examined as soon as they landed.

The baby then slept peacefully and only woke when it needed a feed five hours later. I was relieved to see her on her father’s shoulder, smiling and looking round, as they left the plane.

Lynne Booth

Vertical Reflex Therapy (VRT) and its use with Sports Injuries By Lynne Booth

Reflexology and Vertical Reflex Therapy (VRT) are a powerful combination when working with sports injuries. I have used these techniques successfully over many years with professional and amateur sports persons and many VRT practitioners have reported equally good results including a reflexologist who gave her son, an accomplished amateur rugby player, regular VRT for minor and more serious injuries throughout a season. She reported that he had experienced less pain, ongoing injuries or time off than in any previous year. In this article I look at methods and examples of treating sports injuries including Self-help between treatments as I am sure this is one of the most powerful ways of accelerating recovery. In a small survey I conducted in the workplace in 2002 six employees who had suffered a chronic health problem for 6-12 months, were given one half-hour reflexology/VRT treatment a week for 4 weeks. They had to work their 3 priority reflexes on their weight-bearing hands for 2 minutes twice a day for 4 weeks. After one month all six people reported an 80 – 100% improvement to

their chronic condition. The exceptional results achieved encouraged me to give all clients, including sports persons, a short specific homework sheet of instructions. Many VRT practitioners give their clients routine homework. (see *Vertical Reflexology for Hands* – Appendix Published by Piatkus)

A few years ago, on a long-haul flight, I used the time to type part of a chapter for my book, "Vertical Reflexology for Hands". The passenger next to me was a young man nursing a bandaged arm. He asked me about my work and told me he was a professional sportsman who had recently experienced a fall and badly hurt his arm and shoulder. He was too polite to request a treatment and merely asked what parts of his hands he could work to ease the pain. I treated his hands for 10 minutes, both passive and weight-bearing, and within ten minutes he had fallen into a very deep sleep. On waking an hour later he remarked that he had rarely slept so deeply on a plane and also that felt he now had less pain and a little more mobility. I commented that it was interesting to work on such a super-fit person as every key reflex responded very specifically to the pressure and his body therefore seemed able to give me more information.

Short Treatment Method

My method, on the plane, was to work the athlete's spine, hip and pelvic hand passive reflexes first and he instantly reported a wave of tiredness which I assumed to be the body reacting and relaxing after the jarring he suffered from the recent fall. After I had treated his neck and thoracic spine on both hands, with the edge of my knuckle, I proceeded to gently work into all the lateral shoulder and dorsal arm reflexes. Once I had pin-pointed the exact shoulder reflex that related to the clavicle I was able to connect it to the VRT nail reflex and held the nail while I worked the reflex, both passively and weight-bearing. He was receptive to complementary treatments as he said his coaches frequently looked to homeopathy, osteopathy and other treatments that were non-invasive and did not involve medication. Interestingly, it was only later, when I recounted this episode to a friend and mentioned the athlete's name, that I was told that my fellow passenger is an Olympic gold medallist. This no doubt explained why his reflexes were so vital and responsive!

Professional Athlete Age 20

He had sprained his left ankle training that morning and his foot had been in a bucket of ice immediately before I saw him. He experienced a lot of pain and could not put his full weight on his foot – he could walk slowly on tiptoe. I worked his right foot standing for a minute and his left weight-bearing hand. He then lay on the couch and I spent about 20 minutes working his passive left wrist on all the referral reflex ankle points. I moved his wrist in a gentle clockwise and anti-clockwise movement. I then worked the left weight-bearing hand again with VRT. He was immediately able to fully weight-bear his left foot and walk relatively normally with greatly reduced pain. At no time did I touch his left ankle at all. This was an exceptional result.

How does VRT work?

Reflexology appears to be extremely effective in accelerating the healing processes in sports injuries in Vertical Reflex Therapy can take this healing process one step further when the feet (or hands) are in a weight-bearing position. The stimulation of the reflex and the body's, sometimes immediate, response, suggests that a more powerful force comes into operation. The reflexes are more tender to the touch and some deeper ones can be accessed that cannot be found when the feet are in a reclining position. With VRT all reflexes, including those on the plantar can be accessed through the dorsum as well. A plausible and anatomical explanation for VRT's efficacy is that the nerves on the passive hands and feet are naturally desensitised. But as soon as a hand or foot becomes weight-bearing, then the nerves become sensitised. As the reflexes used in reflexology must work on some impulse between the foot and a particular organ, for example, it must follow that once the reflexes are sensitised they must be capable of send a stronger impulse to an organ, gland, muscle or vertebra. The Ingham zones in the body appear to be "cleared" so the stimulated reflexes send a more energetic impulse to heal and balance the body. When a frozen shoulder or stiff knee has freed up during a VRT workshop after a brief demonstration we have debated the reason for this and it is suggested that the body has in some way gone into *neutral* so that the degeneration and natural resistance is by-passed to allow direct access to the original problem. In VRT we connect deeper *Zonal Trigger* reflexes round the weight-bearing

ankle or wrist, to a particular priority reflex, and this appears to make a more powerful connection through the entire Zone to a particular part of the body.

Start all reflexology/VRT treatments by working the pelvic/lumbar spine area.

I always commence treating *all* sports injuries from a fixed starting point which comprises working the hip, pelvic and lower lumbar spine *first*. to adjust and balance the entire body prior to specifically targeting the reflex points connected with the injury. This has proved very successful and I use this premise of adjust the entire body via the pelvis as a blue-print now for all my reflexology/Vertical Reflex Therapy treatments. Many manual therapists recognise this need to first make corrections to the lumbar spine area in the belief that once stability returns to the lower part of the body, then the glands, organs and muscular and skeletal systems throughout the body are in a better position to respond.

VRT and reflexology for sports injuries is a powerful tool in accelerating recovery and complements other modalities such as massage and physiotherapy. When combined with self-help VRT between treatments the sports-person can anticipate a possible quicker recovery as well as helping prevent recurrence of old injury problems.

Footballer Age 32

He suffered from a thickened medial tendon on his left knee for 5 months and had been unable to play. He kicks with his left knee. I worked the knee reflexes very carefully and specifically also hip and elbow reflexes to consolidate. At the end of the treatment I asked him to move his left leg slowly as if to kick a ball and he could feel it move very slightly further and more easily Using Nico Pauly's nerve reflexology techniques (he is medical Belgium manual-therapist, physiotherapist) while weight-bearing, I worked the nerve reflex for the Obturator nerve reflex (that supplies the medial nerve) on his ankle. He began playing again within 4 weeks rather than the predicted 2 – 3 months. He was also having physiotherapy during the reflexology treatments.

Footballer Age 17

He had badly hurt lower back three weeks before . He felt it "twist" in a training session. He had been unable to train at all. He could not kick but could just about run for a short period and had constant pain.

I treated him for ¾ hour and by the end of the session he had considerably less pain and was able to bend and move. He was able to resume training a day or two later. He used the VRT self-help techniques on the lower lumbar hand reflexes whenever his back became painful.

The tennis player and a mastectomy

Joyce was a good amateur tennis player who underwent a total left mastectomy including removal of the under arm lymph nodes.

Although her arms were strong and pain free, she experienced swelling and tightness in the armpit which meant that she could not raise her arm. The neck, thoracic spine reflexes were targeted as well as synergistic VRT

(simultaneously working the identical hand and foot reflexes) on the lymphatic, shoulder and arm reflexes. She achieved greater movement immediately and within 4 weekly VRT treatments was playing tennis again with no restriction in her arm.

N.B. When treating sports injuries, especially when VRT is used, it is recommended that the client's range of mobility is tested prior to, and after, the reflexology treatment so the therapist and client can monitor any immediate change and the client has also a bench-mark to work towards when applying Self-help VRT on their hands between treatments.

This is a similar article to one that is appearing in the next edition of the Journal of the International Council of Reflexologists (ICR).

**For more details of membership contact ICR:
email: icr@mountaincable.net
Website: www.icr-reflexology.org**

This article, sent to me by an American Reflexologist, may be of interest to some of you as it presents an opportunity to see surgery on the parathyroid glands. Those who have seen it, say it is absolutely fascinating. Many of us deal with clients who have thyroid or parathyroid problems and this will give you an amazing insight into the intricacies of general surgery.

Times, Florida, June 2005

REFLE

Congratulations to the 21 Japanese reflexologists from the Japan Reflexologist Education College (REFLE) who complete their VRT training in all 6 VRT courses on August 7th 2005 in Tokyo and Osaka.

Booth VRT is delighted to have established firm contacts with REFLE and fellow reflexologists in Japan. We are also pleased to announce that *Vertical Reflexology* is due to be published in Japanese in September 2005.

Dates for your diary Reflexology Conferences

International Council of Reflexologists
Conference, Amsterdam
16th - 18th September 2005

email: icr@mountaincable.net
Website: www.icr-reflexology.org

The RiEN Conference is being held in
September 2006 in Eire

The next AoR Conference
will be held at Warwick University, UK
September 2007

"ICE - A Really Good Idea"

East Anglian Ambulance Service has launched a national "In case of Emergency (ICE)" campaign with the support of Falklands war hero Simon Weston and in association with Vodafone's annual life savers award.

The idea is that you store the word "ICE" in your mobile phone address book, and against it enter the number of the person you would want to be contacted "In Case of Emergency". In an emergency situation ambulance and hospital staff will then be able to quickly find out who your next of kin are and be able to contact them. It's so simple - everyone can do it. Please do. Please pass this on to your contacts.

It really could save your life.

Membership Renewal

**SAVE £5 - now only £20
(£25 outside UK)**

For those members whose annual subscription is due on 1st July 2005, you will find a blue renewal form enclosed. Please post this with your cheque or fax with a card number.

Thank you.