



Vertical Reflex Therapy Membership Network Newsletter

No 11. Winter 2005

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Dear VRT Member,

Greetings to you in the run up to Christmas and welcome to the VRT Newsletter that is full of useful information and articles that illustrate the wonderful healing qualities of reflexology especially when they are coupled with VRT. Network member, Rob Wood, has undertaken an interesting study, or audit, of reflexology and VRT in the treatment of anxiety. Rob is a nurse as well as an experienced reflexologist and his findings provide useful information for all practitioners as many of our clients will present anxious states in varying degrees (see page 7). Do continue to use and experiment with the VRT Nail-working techniques which are proving to be one of the most profound and powerful aspects of the VRT repertoire.

I am delighted to announce a one-day Ear Reflexology Course with my colleague, Hedwige Dirx. Spend a fascinating day learning these techniques which you can immediately use on their own or in tandem with VRT. Places are on a first come, first served basis (see page 5).

Ever since I developed VRT I have been very keen to promote the fact that it can immediately be integrated into your practice and the case study by Cheryl Rees illustrates that point. Cheryl was taught by VRT tutor Christine Roscoe earlier this year and she immediately put her new found skills into practice on a miner who had suffered from a chronic condition over 25 years. The results were outstanding and you can read about the case on page 6.

We decided last year that we would not commission a special VRT Christmas card to our members as I felt that the cost of this enterprise could be better used in a charitable way. Last year we sent an equivalent cheque to SightSavers who help to cure and eradicate blindness in many parts of the world. This year it has been decided to give to a well known charity nearer home: The NSPCC. Over the years the NSPCC has worked tirelessly to help and protect young vulnerable children from abusive and neglectful situations. It

is hard to imagine the incalculable damage that adults inflict on defenceless minors.

If you wish to also add a contribution to the NSPCC's campaign please send a donation to: NSPCC, Weston House, 42 Curtain Road, London EC2A 3NH www.nspcc.org.uk. Thank you.

In August the first group of Japanese Reflexologists received their Diploma in Vertical Reflex Therapy from REFLE, the Japanese Reflexology Education College in Tokyo. They had studied all six VRT courses over a period of months culminating in an exam. It was my privilege to work with the REFLE tutors in Tokyo earlier this year. REFLE is the only school in Japan that is authorised to teach VRT and all their tutors have been personally trained by myself. A new course starts next month and coincides with the publication of *Vertical Reflexology* in Japanese. It has been translated by reflexologist and journalist, Mari Orgini, whom I met originally in Rome at an ICR conference and subsequently taught in Nashville, USA.

Finally, why not try some easy Christmas shopping with our special members' offers. Buy someone a VRT book or foot-chart at a special low price. Both the Hand and Foot books have useful self-help chapters for family and friends. Many clients and friends appreciate a small coloured VRT foot-chart to refer to. For example, 2 small A4 charts cost only £5.50 instead of £8.00!

Thank you as always from myself and my tutors for your support and interest in VRT. May Christmas and the coming year bring you, and those you love, good health, happiness and many blessings.

Kindest regards
Lynne Booth

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Letters from Practitioners

Dear Lynne & Gill,

I just wanted to thank you both for the whole phenomenal effort it must have cost you to put on the first part of this wonderful course (*Nico Pauly's Nerve Reflexology Seminar*). I got such a lot out of it personally – development of new technique, meeting new and interesting people, and so much more. Thank you Lynne for initiating the contact and the course and to you both for all your hard work and commitment to the progress of reflexology.

Yours, Rose McMurray

Lynne replies: I want to personally thank my secretary, Gill Voisey, for all her hard work generally. It is heartening to have her mentioned by name so positively on questionnaire evaluations and emails.
Lynne

Dear Lynne

One of our members is reading your book on VRT for the hands and has noted that you state acupuncture is contraindicated with reflexology. The member is querying this and I have to confess, it is the first time I have come across the subject.

Do you know the reasoning behind this, so that I might explain it to our member and Tutors?

Many thanks,

Julie IIR (UK)

Lynne replies: Thanks for your email. In my second book "Vertical Reflexology for Hands" I state that, while acupuncture and acupressure are excellent in their own right, they are contradicted with reflexology and should not be COMBINED. In Appendix 3 page 180 I list therapies that COMPLEMENT reflexology and can therefore be used as an adjunct, i.e. a reflexologist can help ease and free up a neck and shoulders via the feet but the client may also benefit from a hands on massage as well at some point to help ease the tension and increase circulation.

Acupuncture has many similarities to reflexology as both use energy line (meridians or zones). In my view, and that of many others, it seems unwise to have two such similar techniques/treatments ... during the same period. By all means try a course of acupuncture and if it does not help ... go on and try a course of reflexology or vice versa. But if you had both treatments

(alternating weeks for example) you could not ascertain which one was helping and both would be stimulating the body in a similar way therefore possibly resulting in over-treatment. However, massage/nutrition/homeopathy would all complement reflexology and would help the body in a very different way. BUT ... I would still advise anyone to try ONE new therapy at a time otherwise you cannot judge which one is the one that is helping you the most. I am always pleased when people question concepts and opinions and am delighted the person is reading my book!

Lynne

Hello Lynne

I have been asked to speak to the National Association for Crohns and Colitis. Is there anything specific you would advise? I would be looking at working spine, especially lumbar, colon, adrenals, liver and gallbladder - but what would you concentrate on with VRT?

Eileen Freestone

Lynne replies: You have targeted the correct reflexes but I also always work the entire endocrine system very specifically for conditions that are of an inflammatory nature and concentrate on the pituitary and adrenals (already mentioned). When applying VRT I prioritise the bowel neural pathway with the Zonal Trigger and connect L2 spinal reflex with Zone 5 on the big toe nail. Self-help is directed at the passive hand on the palm for small and large intestine (whole area) and L2 lower lumbar spine. Also work the adrenals and the pituitary on the weight-bearing hands. Hope this helps. However much reflexology/VRT can help – I also get them to look at their diet and towards possible changes where necessary

Dear Lynne,

I have been advised by Chris Roscoe (VRT Tutor) to forward details of the recent success I had with a client. I hope you find it interesting, the results achieved were superb, I knew VRT was good but having used it myself on a client and achieved such results I am amazed. I completed the Endocrine course yesterday and am very keen to specialise in infertility issues and hope that I can have such excellent results in this area also.

Kind Regards,
Cheryl Rees

(See Cheryl's case study on page 6)

VRT IN THE USA

I have just returned from a teaching trip to Portland, Maine and New York and was delighted to share the VRT techniques with two excellent groups of reflexologists. The classes were three day events and included Basic, Advanced and Hand and Nail-Working techniques. During my visit hurricane Wilma struck Cancun and Florida and New England suffered from violent storms although the threat of a depleted Wilma hitting the large local storm failed to materialise at the last minute.



Maine had suffered 14 inches of rain in October and no frosts so the spectacular fall colours of previous years were not so apparent although they looked pretty good to me as I sailed round the islands in the first real sunshine for over 2 weeks! The good standard of training in the USA enabled us to work hard and quickly on the VRT techniques and it was heartening to see some changes and health improvements in various delegates during the courses. Many thanks to Florica Radu, colleagues in New York, Sylvia Young and the Maine Reflexology Association for organising the courses.



After a VRT result the body must take time to heal properly.

A slight correction to the article in the last edition: *The tennis player and a mastectomy*

In the Summer 2005 edition of the VRT newsletter I wrote an article about sports injuries and the role that VRT can play in recovery. It is important to take these comments a little further and to add a

cautionary note regarding the time allowed for recovery once more mobility and pain relief has been obtained. Due to some editing problems an important sentence was omitted and it gives me a good opportunity to expand further my theories on recovery after a VRT treatment. One of the clients featured was Joyce who had a mastectomy and was keen to get back to playing tennis as soon as possible. The article describes how the Synergistic VRT was targeted on the neck, thoracic spine, lymphatic, shoulder and arm reflexes and reports that "*She achieved greater movement immediately and within 4 weekly VRT treatments was playing tennis again with no restriction in her arm.*" It should have read that "*within 12 weeks she was playing tennis again*".

It is important to note that within 4 weeks Joyce had no real pain and much greater movement of her arm and *wanted* to play tennis at that point. In theory this could have been possible and she was able to resume normal activities with virtually no pain but I was insistent that she gave herself a few more weeks for the scar tissue to heal and for the muscles and ligaments to heal and strengthen so that she would not overstrain her arm playing a strenuous sport. VRT is a very powerful technique and has been known to produce instant results but the increase in mobility and decrease in pain does not mean that the organs, muscles or glands have been completely restored at once. The VRT/reflexology has possibly given the body the extra power it needs to heal itself and this will take time at a cellular level.

What has been very interesting, however, over the years is that many people after a treatment are immediately able to walk and stretch further and that this mobility continues while the body strengthens in a permanent way over a period of time. In the case of serious or chronic conditions the above comments and cautions are very appropriate. In acute injuries such as sport, VRT can help to correct or accelerate the healing in a very short space of time and, as there is no long-term denegation, the person can very quickly resume their activities. For example, a professional footballer, had strained his neck muscles during a practise session when he turned to head a ball. He felt his muscle go into spasm and was in considerable pain when I treated him a couple of hours later. The use of the Zonal Trigger/Neural pathway reflexes on the weight-bearing foot, plus some nail working, caused him to feel immediate warmth in his neck and by the end of the half hour treatment he was able to move his neck freely again with no pain and he played as normal the next day.

By all means encourage your clients to gently exercise and move their limbs after a VRT

treatment to help post-operative and chronic conditions to recover after injury but caution them about resuming strenuous activity until consolidated healing has taken place over a period of time.

Colour Me Good

The Co-op has become the first supermarket to ban a range of commonly used colours and monosodium glutamate (MSG) in its own-brand products in their 'Concern for Community' campaign.

Food has been under the microscope in recent years – the rise in obesity, the health and environmental issues surrounding genetically-modified (GM) foods and now the concerns raised over the effects that food additives may have on health.

Amid all the speculation, the Group has emerged as a pioneer in responsible retailing, calling for a Europe-wide ban on the feeding of animal waste to farm animals following the BSE crisis and launching its honest food-labelling campaign, among other high profile trail blazing actions.

In July 2005, the Co-op became the first supermarket to ban MSG, a salt of glutamic acid commonly used as a flavour enhancer. It also banned 12 additional colours, taking the total number of colours banned by the Co-op to 21 – all of which should be avoided by children and those sensitive to additives according to the Hyperactive Children's Support Group (HACSG).

Research was undertaken on behalf of the Co-op in May 2005 to ascertain parents' levels of understanding and attitudes towards additives in children's foods. 629 people, 92 of them Co-op shoppers, were asked a number of questions.

The research discovered:

- 34% of Co-op parents link their children's diets with hyperactivity, naughtiness, anger and lack of concentration.
- 64% of Co-op shoppers believe that children's diets are worse than they were 10 years ago.
- 92% of parents who shop at the Co-op think that artificial additives should be banned if there is the slightest risk to children's health.
- On learning the possible health affects between MSG and food intolerance, 76% of parents say they may at least re-think their food purchasing for children.

It was revealed that the majority of parents questioned (62%) wanted to see stricter controls on the use of artificial additives in foods that were regularly consumed by children, with 60% wanting artificial additives to be clearly labelled on the packaging.

This research was also backed up by the Co-op's 'Shopping with Attitude' survey in which 82% of consumers said they found it difficult to trust the food

they bought. Christine Clarke, head of Co-op brand, explains: 'Today's consumers want and expect higher standards of food integrity, and as a responsible retailer we are determined to meet these expectations by delivering food they can trust by removing unnecessary additives without compromising on safety and taste'.

Following a comprehensive review of its entire own-label food range of over 3,000 products, the Co-op has replaced the colours with alternatives where possible and de-listed products where there were no acceptable alternatives. For example, Co-op crisps are now free from added MSG, Co-op sausages no longer contain Carmines, and Tartrazine and Green S have been removed from own-brand peas. Many sweets have also been reformulated, including wine gums and fruit pastilles, which no longer contain Quinoline Yellow, Carmoisine and Green S.

What has the Co-op banned?

The table below lists the names and E numbers of MSG and all the colours banned by Co-op.

Tartrazine	E102	Indigo Carmine	E132
Quinoline Yellow	E104	Brilliant Blue FCF	E133
Sunset Yellow	E110	Green S	E142
Cochineal,		Brilliant Black	E151
Carmines,		Brown FK	E154
Carminic Acid	E120	Brown HT	E155
Carmoisine	E122	Aluminium	E173
Amaranth	E123	Silver	E174
Ponceau 4R	E124	Gold	E175
Erythrosine	E127	Litholrubine	E180
Red 2G	E128	Monosodium	
Allura Red	E129	Glutamate	E621
Patent Blue V	E131		

For further information, please contact Co-op's Customer Relations Team on 0800 0686 727, or by mini-com on 0800 0686 717, or visit their website: www.co-op.co.uk.

Chris Roscoe VRT Tutor writes:

No More mosquito bites!

I read and tried this tip to try to avoid mosquito bites which plague me on holiday in certain countries - and it works! For about a week before you go, and during your holiday, take a Vitamin B6 tablet every day. That's it!

On a previous holiday in Turkey, I was eaten alive by the dreaded mozzies - one morning waking up with 19 new bites just on one foot! I couldn't even get a flip flop on. This year, with Vitamin B6, I only got one bite the whole week - and that was the day I forgot to take the tablet.

This is a good tip to remember for next summer or if you are going on a warm winter holiday.

**STOP PRESS! EAR REFLEXOLOGY
COURSE WITH HEDWIGE DIRKX**
The Ear Reflexology course with Hedwige Dirkx
Friday 24th OR Saturday 25th March 2006
in Bristol

We are delighted announce a special one-day Ear Reflexology Course in Bristol next March with Hedwige Dirkx. Many of you have studied with Hedwige on her excellent Lymphatic Stimulation course in the past. Now VRT members have the first opportunity to study her Ear Reflexology Course which is not only an introduction to a fascinating adjunct to your reflexology but you will also go home ready to immediately integrate techniques into your practice.



Hedwige Dirkx, the experienced Belgium Reflexologist and VRT tutor, will introduce auriculotherapy and an overview of its history. Hedwige has spoken internationally at reflexology conferences and taught her acclaimed Lymphatic Stimulation course in the UK and Europe.

Different techniques will be shown for using ear reflexology. The four parts of the ear will be examined with charts and the correct names will be identified

using the French ear map and projection of the body. The skeleton, vertebrae, muscles and joints will be identified. Sample treatments on the spine will be shown and, such is the precise working of the ears, that even the genital organ ear reflexes, for example, can be identified and worked. Treatments will be demonstrated for hernia, backache, knee and wrist problems.

Techniques include the different finger and thumb holds plus the working position for warming up the ears. Tiny *earseeds* will be provided and therapists will learn to use these on various body systems. Those who are familiar with Vertical Reflex Therapy will be able to combine the foot and ear reflexes synergistically for more powerful results.

Ear charts will be provided and the skills and techniques learnt on this one day course can be immediately integrated into your practice to enhance your reflexology work.

Ear Reflexology places are limited to 24 per class and offered on a first come first served basis. Bristol is served by high-speed trains from London (1.5 hours), 4 motorways converge at Bristol including the M4 and M5 and accommodation is much cheaper than London. We study at the beautiful St. Monica Trust site in 40 acres of grounds, excellent food and swimming and gym are on offer at the end of the course if required.

Booking form enclosed with VRT Newsletter

Ear Reflexology - Case Study by Hedwige Dirkx

Description of the person: Woman, married, mother of two teenagers, works as maintenance personnel, her hobby is teaching dance, she is severely overweight.

Actual problem: Inflammation for 6 months on her right foot of aponeurosis (fascia) plantaris. This inflammation prevents her from dancing for more than half an hour, doing her maintenance work for a whole day and also disturbs her sleep at night.

Anti-inflammatory agents and an injection with corticoids had no result.

Earlier problems: she had earlier problems with inflammation in several joints, her digestive system is disturbed regularly and she uses drugs to support her hypothyroidism.

Treatment:

A visual and tactile diagnosis told me not to work on the right foot. I saw a red, swollen and warm area at the medial plantar aspect of the foot. Light pressure on that area was very painful; treating this zone should only activate the local inflammation and make it worse.

I decided to work on both ears. I did a firm warming up and a full ear treatment working on all zones for a total of 30 minutes. This made the client totally relax. Then I gave extra attention to the zones which are neurologically related with the lower limbs and the feet. The lumbar and sacral vertebrae, hips, legs, knees, ankle joints and the calcaneus area. Most areas were sensitive and the small point of the anklebone (which I could only find with a fine, round-ended stick) was very painful. I treated this point specifically for a short time. Comparing the left ear zone with the right one, I discovered that the same point was sensitive which informed us that both feet were overloaded. These small sensitive auricular points became an earseed. This is a small hard little ball shaped seed that glues on a plaster. Pressing on that plaster gives the same

pressure as a stick and replaces an acupuncture needle we reflexologists may not use. The earseeds give the client the opportunity to maintain the local treatment every day.

In the second session the client told me that the points on her ears became gradually more painful. One night she even couldn't sleep on her right ear. Later on the sensitivity decreased remarkable. She experienced lesser pain during night and day. But after her work and especially after the dance activities (twice a week) the pain came back very suddenly and persistently. Then she worked harder (every hour) on her earseeds, easing the pain a little bit.

I explained to her that we had better tackle the problem holistically, starting by the source of it. This foot ligament (aponeurosis plantaris) works as a cushion for the body weight. It forms a functional unit with the fascia, fascia partitions, muscles, fat tissues and skeleton of the foot. This unit is very strongly developed and keeps the longitudinal arch (arbalest) in position. But once the ligaments are permanently overstretched (overweight & overload), they won't re-find their originally strength again without medical intervention!

So, I suggested the following advice:

1. Weekly treatments on the ears to fight the inflammation, support the metabolic processes and recovery, ease the pain and relax the person.
2. Daily treatments by the client herself of 30 seconds on her earseeds, stuck on the calcaneus zone were the inflammation appears. She can repeat the pressure during the day as much as she wants.
3. No dance activities for six weeks to provide the feet for overloading the ligaments.
4. Cooling down the inflammation with ice-compresses for 20 minutes a day, especially in the evening.
5. Starting a food programme for at least 6 weeks avoiding animal food products, saturated fats and all kind of sugar. This diet will suppress the acid condition of her body which maintains the inflammation, and the woman will hopefully lose weight.
6. Clinical examination of the foot movements in running position.

Luckily, this client realised the complications of her condition. She was willing to follow the whole programme.

In the weekly sessions, I concentrated myself on the general condition by working manually on all zones of the ears. Just at the end of the session, I treated and checked the condition of her lower limbs and feet with a fine stick.

We both noticed that the sensitivity on her ears decreased during six weeks and her energy levels increased gradually. Between the sessions the client 'played' with the earseeds twice or three times a day. Even when the points weren't sensitive anymore she maintained the bloodstream to the affected area.

Meanwhile the examination of the foot movements showed that both foot arches were weakened and the right calcaneus bone deviates for 60% of the normal running movements! This problem could be taken care of by wearing adjusted soles in the shoes.

After eight weeks, this slimmer woman could resume her normal course and slowly her teaching dance activities. She kept working a part of ears which she already knew very well.

Hedwige Dirx, October 2005

VRT Case Study – by Cheryl Rees

Client: Male **Age:** 61

Condition: Mining accident in 1980, both legs crushed, spinal injuries, major operations to repair damage. Left with restricted movement, steel rods in right leg in constant pain

Duration of illness (approx.): 25 years. No. of VRT/reflexology treatments: 4.

Background

Client does not ever gain pain relief from pain killers. His aim was to be free from pain for as long as possible. Client has spent thousands of pounds in the past on pain killing injections with little effect.

Client approached me 3 days before I was due to attend the Basic VRT course. Initial advice for client was to have an intensive programme of Reiki as I have achieved successes previously with Reiki in the use of pain relief. A 4-day intensive programme was due to start on the Monday

The client had no contraindications.

Treatment Details and Results

Following the first Reiki treatment the client remained pain free for approximately 1 hour.

On day 2, I incorporated the VRT treatment with Reiki and for the next 3 treatments I carried out VRT first followed by approx 30 minutes of Reiki. He was completely pain free after the end of the second treatment and remained pain free. By the end of the 4 days he was standing more upright, sleeping better, he commented that it had turned his life around and he hadn't felt this good in years!

We agreed upon a maintenance programme of one treatment per week. On my return the following week he was in excellent shape, he had been pain free for over a week now and had started to do little jobs around the home with no aggravation. About a week later (still pain free) he unfortunately had a fall in the garden. The pain returned, we programmed another 4 day intensive programme. However, on this occasion the pain diminished after treatment one and did not return, he has now gone on holidays for the first time in years. VRT has changed this man's life around.

I am looking forward to working more and more with VRT in the future as this result has also proven to me how excellent it is.

Cheryl Rees, Swansea

Reflexology in the treatment of anxiety

By Rob Wood MIFR;RMN;Dip.Couns.

Since March 2004, reflexology has been available at The Elms* as a treatment option for clients with a primary diagnosis of anxiety. Any member of the clinical team based at The Elms can make referrals in writing. (*The Elms is a community-based Mental Health Unit in Thornbury, near Bristol. It provides a multi-disciplinary assessment and treatment service for the adult population in the South Gloucester catchment area).

At the initial consultation a brief history is taken and the treatment goals are agreed with the client. They then have their first treatment with a further 5 follow-up sessions, usually at weekly intervals. VRT is usually introduced in session 2, and involves giving an 'endocrine flush', paying particular attention to the adrenal glands. This is followed with a conventional treatment, with emphasis on diaphragm rocking and the harmonising/consolidating techniques. I also do extra work on boosting and strengthening the immune system, which has often become weak from the effects of chronic stress.

It was agreed when setting up this service that some form of evaluative data should be collected to measure the effectiveness of reflexology in the treatment of anxiety. Prior to starting treatment

clients are asked to sign a consent form stating they have had reflexology satisfactorily explained to them, and are willing to complete questionnaires before, during, and after treatment finishes. In addition clients are invited to make comments on the effect reflexology has had on them.

The treatment process

While anxiety has a range of common symptoms, each person's experience is unique to them. Therefore although a standard treatment regime is followed, this is inevitably adapted to suit the particular needs of the client. It is emphasised to each client that although they are likely to experience an immediate sense of relaxation after each treatment, it is the cumulative effect on their anxiety symptoms that is the main purpose of the treatment. This is why they are offered 6 sessions, and asked to state treatment goals that can be reviewed on completion.

Each client is shown VRT self-help techniques that they can use in situations where they feel stressed or anxious. Clients value this, as one of the reasons anxiety escalates is the feeling of not being in control. These techniques give a degree

of control, (as well as actually having an effect!). The one that clients find most useful is 'nail-on-nail' on the pituitary. This can be applied 'anytime/anywhere', and done inconspicuously.

One of the main principles of the holistic approach to health-care, is that the healing process works from within, outwards, as the body adjusts to its own innate level of optimum health. Each client's response to their 6 reflexology sessions has certain common factors, e.g. a beneficial shift in their subjective feeling of anxiety after each treatment; a direct physical experience of relaxation through release of muscle tension. However it is important to realise the healing process that reflexology can initiate is unique to each client, i.e. while there are some immediate common reactions to a treatment, the cumulative effects can vary considerably. My impression as to the factors that determine how a client is likely to respond are as follows:

- The causes of anxiety are many and varied but are essentially either a reflection of someone's psychological make-up, and/or stressful life events.
- Anxiety is often tied up with other psychological conditions such as low self-esteem, depression, obsessional traits, etc.
- Clients whose anxiety levels are largely a direct response to stressful life events will inevitably feel better or worse to some extent dependent upon these trigger factors.
- Other treatments a client may be receiving will play an important role in anxiety levels, such as medication, individual and/or group therapy.

Summary

The evaluation of the effect reflexology is having as an effective treatment option for anxiety is influenced by a number of variables as outlined. While the attached information from completed questionnaires and clients comments, certainly gives a positive picture of its value, it is not possible to state that it is reflexology per se that is making the distinct improvement most clients report on completion of their treatment sessions. Obviously the way to test its effectiveness thoroughly is to undertake more detailed research such as a randomized control trial.

However there is sufficient feedback information using current methods to state:

- a) The clients feel it makes a positive difference to their experience of stress and anxiety,
- b) Having reflexology available at The Elms gives both staff and clients a treatment option as an alternative to, or to complement conventional treatments for anxiety, i.e. it provides increased patient choice, one of the government's aims for the NHS.
- c) A full course of 6 reflexology sessions costs £155. Given the positive client feedback so far, (whilst acknowledging the other variables affecting anxiety levels), this seems to be a cost-efficient treatment option.
- d) While the feedback shows some clients did not complete their course of treatment, and a small proportion reported minimal change, there are no reports of any negative treatment consequences.

Conclusion

I have some mixed feelings on using VRT in the treatment of anxiety. I think its main value is the client being taught self-help techniques, because it gives them something that works when needed and a degree of control over their anxiety. When used during a session, the client's reactions can be unpredictable. For most it is beneficial and aids the healing process. However some clients can find it too much, too soon. One of the things I have learned from this work is that generally the more severe the anxiety, the harder it is for the client to, physically and mentally, let-go. Therefore because a reflexology session will induce relaxation of the muscles, paradoxically this sensation can temporarily make the client feel uncomfortable. So VRT in the treatment of anxiety will certainly bring positive results, but from my experience should not be used in the first treatment, and in subsequent treatments be cautious of the client's reaction.

Complementary therapies such as reflexology are so called because they are seen to 'complement' conventional medicine. Surveys indicate a growing preference amongst the population in general to use complementary therapies with a high level of satisfaction of its effects. The service available to clients at The Elms has proved to meet a demand and the feedback via questionnaires and comments is positive.

BAI Results

Of the 28 initial BAI (*Beck's Anxiety Inventory*) questionnaires, 14 post-treatment questionnaires have so far been returned, enabling the following results to be noted.

On the 1st questionnaire, 7 clients scored in the severe category; 4 in the moderate; 2 in the mild; 1 in the minimum.

Severe category:		Difference of
client 1: moved from	severe (49) to moderate (21)	-28
client 3:	severe (33) to moderate (25)	-08
client 5:	severe (41) to mild (8)	-33
client 9:	severe (27) to mild (12)	-15
client 11:	severe (51) to moderate (17)	-34
client 12:	severe (48) to moderate (22)	-26
client 13:	severe (31) to mild (13)	-18
Medium category:		
client 2: moved from	moderate (23) to minimum (6)	-17
client 6:	moderate (21) to mild (11)	-10
client 8:	moderate (16) to minimum (3)	-13
client 14:	moderate (25) to moderate (19)	-06
Mild category:		
client 4: moved from	mild (8) to minimum (3)	-05
client 7:	mild (9) to mild (11)	+02
Minimum category:		
client 10:	moved from minimum (2) to minimum (0)	-02

Client Comments

I just wanted to thank you for all your time and effort, helping me via reflexology. I hope the reflexology continues at The Elms, as this was highly beneficial. Best wishes - *Catherine C.*

Thanks for all your help on my road to recovery. *Carolyn C.*

Thank you so much for introducing me to Reflexology. I really hope that the NHS take it on board to help many more people in all areas of health. My experience of it has been wonderful, I am a true convert. *Lynne S.*

The service you offered was excellent and I can't thank you enough, basically it's given me my life back. I no longer have irrational fears of things that might happen, and I have suffered no further panic attacks. I'm going to London for the day soon, which I couldn't have done before and I feel strong mentally and positive. So to sum up, yes it was a very useful service and I would highly recommend it to anyone who was in my position before I first visited. Thanks again. *Cathy S.*

I was very grateful for your treatment. I think it has done me a lot of good towards relaxing. *Bob D.*

I found it a very worthwhile treatment, not only the reflexology, but the being able to have someone to talk to. *Paula S.*

My reflexology treatment was very helpful when I was struggling to cope with my stress/anxiety. *Tessa H.*

HINT from Lynne following on from Rob Wood's enclosed article/survey on Anxiety.



Firm Nail-working pressure can be very useful for connecting with physical problems but do experiment with working on a very light touch nail-on-nail for mild depression or just for giving the whole body a surge of energy. It can be calming, while meditating. Try it on yourself and others. You can use thumb nail on thumb nail on another person when you hold the centre of the nail: holding the thumb or big-toe pituitary reflex nail-on-nail is rather like turning on extra energy by means of a junction box within the body. It also seems just as effective using any-nail on-nail. (see illustration). It is important at this time to reiterate that Nail-working is probably the most powerful tool in the VRT tool box. There are 2 methods: when treating the hands or feet you first make contact with a particular reflex that is tender (i.e. one of the priority reflexes) and then link up with the centre of the thumb or toe nail on the same hand or foot. Do not expect to feel any response from the nail itself. Then lightly press on it nail-on-nail. It is the reflex itself that will change sensation in some form. Possibly it will begin to throb or there will be a pricking sensation. Sometimes the reflex will turn "on or off" when the nail is touched i.e. it may achieve a stronger sensation or it may literally switch off any sensation at all. Either response is significant and both can indicate the same potential for a healing response. It is a CHANGE in the intensity of the sensation in the reflex when connected to a nail that counts, not whether the sensation increases or decreases.

Sometimes on acute injuries I have found that the slightly sharp sensation will switch off and on chronic injures that the sensation will increase, but do not treat these guidelines as definitive, as it is a *change* in the reflex response that counts. Feed back welcome. Thanks. Lynne.

VRT Self-help on Hand and Feet Book! :
Short Anecdotes and
Case Studies...please!

I am writing a small book on self-help VRT that will be useful for practitioners, clients and the general public as the results that I and other reflexologists achieve are often quite exceptional. The Self-help homework sheets we have given our members have proved very popular and the feedback on good results continues.

Please send any results or anecdotes by post or email to me at contact@boothvrt.com or to the address on the first page of this newsletter. As in my two previous books I aim to include many examples of VRT successes that have been achieved by other practitioners.

I would rather you quickly scribbled a few notes and sent them immediately, rather than put off writing until you can write a small essay! I can always come back to you for clarification where necessary.

**Many thanks
Lynne Booth**

**WELCOME TO USA VRT TUTOR
PENNY WILKINSON**

Welcome to the second of our two American VRT tutors, Penny Wilkinson. Evelyne Huegi qualified as a VRT tutor last year and Penny Wilkinson has completed her training this year with me in Maine. She and Evelyne were also with me in Florida two and a half years ago. Penny and I have managed to meet up and communicate over the past 4 – 5 years as well as meeting in various parts of the States and in Bristol where she has also studied the Nerve Reflexology Course. It is a pleasure to welcome her as a tutor and a great colleague. She is an extremely dedicated practitioner and tutor who will work closely with myself and

Evelyne. Penny also is an accomplished water-skier and director of the Pewaukee Lake Water Ski Club where she performs in an acrobatic team as pictured below. She is also a bare-foot water skier!



N.B. Penny is bottom right on the pyramid!

**Congratulations to the
second group of Diploma
Nerve Reflexology Students
who graduated June 2005**



*Nico Pauly demonstrates precise
nerve reflexes to the group.*

The Nerve Reflexology courses with Belgium medic Nico Pauly have been incredibly well received by the reflexologists who have attended these 8 day courses spread over three weekends. Nico's own work and the Froneberg method of Nerve Reflexology



Nico Pauly, Lynne Booth and American VRT tutor Evelyne Huegi in the beautiful grounds of the St Monica Trust, Bristol where the courses were held

enables our work, as reflexologists, to reach new clinical levels of excellence. A third Diploma course started this July and the students meet for their final long weekend in February when they take their exam. The techniques learnt from such a skilled and dedicated medical practitioner have helped reflexologists to attain better results in their treatments ranging from orthopaedic conditions to ailments such as irritable bowel or hormonal imbalances.

BOOKS AS PRESENTS FOR CHRISTMAS!

Here are a few brief suggestions for Christmas presents, either for your own list or to give to others - Lynne Booth

What Really Works for You in Natural Health by Susan Clark

**Published by Bantam Books: £10.99
ISBN 0-593-04921-7**

Until last month Susan Clark was the complementary medicine columnist for the Sunday Times. She is the winner of the Health Journalist of the Year award and this book is an excellent resume of what you need to know about supplements, systems of the body common ailments and reactions. It is billed as the "only guide you will ever need". I think it will encourage you to explore complementary health more vigorously if you are a lay-person and it contains masses of

new research, comments and reminders for the experienced therapist.

YOU- The Owner's Manual by Michael F Roizen and Mehmet C Oz

**Published by Piatkus Books: £14.99
ISBN 0-7499-2629-5**

This largish book is written by two doctors and came out this autumn. It is a number 1 bestseller in the States and is very useful, in a popularist way, for guiding you through the systems of the body with good cartoon pictures of how it works. Lots of informative text, debunking of myths and very easy to look at although there is substantial reading matter within the relevant illustrations. A useful prompt and informative source for therapists and ideal to give to someone who is pretty unaware of how their body works and what they can do to prevent ill-health.

Good Gut Healing by Kathryn Marsden

**Published by Piatkus Books: £10.99
ISBN 0 – 749-924489**

An absolutely excellent book for client and practitioner alike. Well written and highly informative. An examination of the many common, but rarely addressed, ailments that can affect the digestive system and bowel, with suggestions of natural ways to tackle the symptoms and ease discomfort. The manual includes: 20 top tips for a healthy gut; advice on which foods to eat and which to avoid; action plans for dealing with every condition from acid reflux, bloating and candida to irritable bowel, leaky gut and ulcers; information on fibre, allergies and sensitivities, detoxification and stress; and boxes containing hints and tips.

Reflexology and Associated Aspects of Health: A Practitioner's Guide by Adrian Seager

**Published by Lotus Publishing: £14.99
ISBN 0- 954-318889**

This book has just been published and I look forward to reading it. Dwight Byers writes: "This book is a must for all clinical reflexologists. It improves the application skills, which will enable the reflexologist to obtain faster and more efficient results.

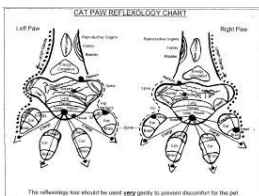
REFLE-JAPAN REFLEXOLOGIST EDUCATION COLLEGE



Congratulations to the Japanese reflexologists from the Japan Reflexologist Education College 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 fellow reflexologists in Japan. Another 18 Japanese students commenced their VRT training, again in all 6 courses, in October 2005.

We are also pleased to announce that *Vertical Reflexology* is due to be published in Japanese this November (2005). REFLE is the only school authorised in Japan to teach VRT courses.

Quote from Basic Course questionnaire (March 05)
"I am addicted to attending more courses now! The day has passed very quickly."



Cats Paw Reflexology Chart !

This chart appeared in the USA, South Africa and the UK but no-one I know can tell me where it originated. We will print

it again in the next issue due to popular demand but, in the meantime, any info will be gratefully received!

Reflexology Conferences

The 6th RiEN Conference is being held in
 8-10 September 2006 in Limerick, Eire

The next AoR Conference
 will be held at Warwick University, UK
 5th – 7th July 2007
www.aor.org.uk

'Cranio-sacral reflexology' with Guy Boitout

4th and 5th of March 2006

BELGIUM: SHAMBALAH – new therapy centre
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Brielstraat 36 – 9255 BUGGENHOVT – Belgium
 tel : 0032(O)52/ 33 24 41

For more information: www.shambalah.be
maximum 26 persons.

Membership Renewal

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

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

Thank you