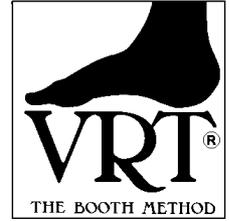


Vertical Reflex Therapy Membership Network Newsletter



No 12. Spring 2006

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Dear Colleague,

Thank you as always for your support, interesting letters and VRT/reflexology feedback. Many of you have developed your own reflexology skills and techniques that you share on seminars and workshops. Some are short, simple and very profound and yet there is not enough information to write an article. So, if you have discovered a useful VRT or classical reflexology technique, please send a brief description and we will publish it. The only way reflexology, or any other therapy, moves forward is for it to be shared and applied as widely as possible so I look forward to hearing from you.

On a disturbing note, literally, I want to highlight the continuing prejudice towards the disabled in our society despite the strides being made in awareness campaigns and practical help in public places.

I have a client who is an extremely attractive and very smart woman in her late 40's. She has Multiple Sclerosis, is registered disabled, her right leg drags slightly when walking and she has balance problems. Despite this situation she runs her own family home, shops, drives her car and lives life to the full within many limitations as she cannot walk far. Obviously she has a *registered disabled* car badge and recently parked her car in a disabled parking space in a supermarket car park. On her return she found the following large notice stuck on her windscreen.

Do not park here - you are NOT disabled.
Leave this space for someone who really
needs it - GET IT?

She told me that she felt angry and saddened that certain members of the public still have such a stereotypical view of what constitutes *Disabled*. She and I agreed that the other sobering aspect of this incident is that many able-bodied people *are* too lazy to drive a little further to find a parking place and selfishly deprive the disabled of an essential parking space. As this practice is now a common occurrence, she was mistakenly identified.

Special Offer! As a VRT Practitioner, are you familiar with the VRT Nail-working which we learn on the Endocrine and Hand and Nail-working courses? Nail-working is the most powerful tool in the VRT repertoire and can greatly enhance your practice.

I am running a VRT Endocrine course at Pax Lodge in St John's Wood, London NW3 on Sunday May 21st. VRT members are invited to attend at a special price of £75 for the day instead of £95 – a saving of £20 which is the price of your year's membership! A Basic Refresher is also available on Saturday 20th May at the same price of £75. Do not delay if you wish to take advantage of this special offer (see special offer flyer enclosed). Pax Lodge is a large Georgian Building in its own grounds with free parking near tube and bus routes.

Enjoy the spring sunshine, and hopefully some much needed rain, and all good wishes to you in your practice. Reflexology is a wonderful therapy and we are all privileged to have such an accessible skill to offer our clients, family and friends.

Kindest regards

Lynne Booth

Contact Details:

Booth VRT Ltd, Suite 205, 60 Westbury Hill,
Bristol, BS9 3UJ. Tel/Fax: 0117 9626746

Email: contact@boothvrt.com, www.boothvrt.com

Advanced Reflexology and Zone Therapy Certificated Workshop with Kristine Walker

Christine is running a series of one-day workshops on aspects of reflexology which cover subjects such as hand, head and traditional reflexology and her final day is on **Sunday May 21st** on Personal Development. The day will comprise: tutorial, individual tuition and clinical practice. There will be an opportunity to try an intuitive treatment in an Alpha state.

Each day costs £90 and further details can be obtained by contacting :

The Wilbury School of Natural Therapy
01273 552766
www.wilburyschool.co.uk
e-mail: wilburyschool@macunlimited.net

VRT and a Broken Wrist

I never fail to be impressed by the power and results of reflexology and VRT and many practitioners have said the same. Self-help reflexology and VRT often seem to be the key for rapid progress and this is not surprising as the reflexes are stimulated on a daily basis to help the body heal itself. Recently, I have watched the rapid healing process as a broken wrist responds to VRT. The exciting aspect is that the client is 87 years old and the wrist was broken 14 months ago. When Gwen came to me 2 months ago she was having a break from physiotherapy as it was deemed not to be getting results as her bones were not mending, the fingers would not splay, her hand was twisted and there was a raised area of thickened tissue on the dorsal area of her wrist. Within 3 treatments, over 6 weeks, she could splay her fingers, move her wrist and not only was the hand straightening but the body was beginning to reabsorb the thickened tissue. With subsequent treatments this progress has continued. She is seeing an orthopaedic consultant in April who specialises in upper limb conditions and I will report back further in the next issue with photos and an article on using

referral reflexes to great advantage. Suffice to say, she has worked her own hands on three key reflexes twice daily with VRT and the breakthrough in movement came when I repeatedly moved and gently worked her toes using them as referral areas for the fingers. It was after working on them for five minutes that her fingers were able to splay for the first time since the accident. This illustrates the fact that we must never limit the healing power of the body whatever the age of the client.

Lynne Booth

Two items from What Doctors' Don't Tell You

ARNICA:

It really can help with bruises



There are a few 'emergency' alternative remedies that even the most ardent sceptic carries around. One is Bach's flower essence Rescue Remedy, and the other is Arnica, the homeopathic treatment for bruises. And, according to a new study, they're right to do so. In one study of 29 patients who were recovering from bad bruising after a face lift, Arnica – or A Montana, to give the remedy its proper name – helped their recovery. Those who were given the remedy saw the bruises disappear sooner than in those given a placebo. (Source: Archives of Facial Plastic Surgery, 2006; 8: 54-9).

Fungal foot infection:

A lady is at her wit's end due to an ongoing problem with her daughter's feet. Her seven-year-old daughter has been suffering from a persistent fungal foot infection since she was two. She manages to keep the skin infection at bay by rotating various natural remedies,

including tea-tree oil, calendula skin ointment, patchouli oil and a special Chinese herbal skin cream. She's had no joy with treating her toenails however, and they are all still very badly affected.

Suggestions:

White vinegar on a pad taped in place for a couple of days is the best treatment for this condition, according to Frank Bolger. He also says it's best to avoid bathing as this opens the pores and allows the fungus to penetrate deeper.

Judy Woods, however, suggests a variation on the vinegar remedy and advises soaking the affected area in apple cider vinegar for 10 minutes every day or using a saturated compress. It may take several months to show results but persistence will pay off. Numerous readers recommend tea-tree and lemon essential oils. Apply the oils daily for about six months until the nail has completely grown and looks healthy. Reflexologist Carol Guest recommends Aloe Vera jelly and propolis cream while several other readers suggest homeopathy. But always consult a registered homeopath.



**Nerve Reflexology Diploma Students –
February 2006**

Butter and margarine - food for thought!



Nutritionist Kathryn Marsden passed on this article. Members' comments for or against will be welcome – it is a contentious subject !

Margarine was originally manufactured to fatten turkeys. When it killed the turkeys, the people who had invested in the research wanted a payback so they put their heads together to figure out what to do with this product to get their money back. It was a white substance with no food appeal so they added the yellow colouring and sold it to people to use in place of butter.

DO YOU KNOW ... the difference between margarine and butter?

Both have the same amount of calories.

Nico Pauly Nerve Reflexology

Congratulations to all the reflexologists who completed the third Nerve Reflexology Diploma Course with Nico Pauly which finished, with exams, in February. The standard of study is very high and the results are excellent once the medical concepts of the nervous system and reflexology are grasped. We already have names of people wanting to study Nerve Reflexology but Nico Pauly and myself are giving the courses a break for 12 months and will review the situation at the end of the year with a view to another course. For those who have already studied Nerve Reflexology, a special Refresher weekend has been arranged in Bristol with Nico Pauly and his colleague Griet Rondel on Friday 13th and Saturday 14th October 2006. Details and booking form will be sent out individually.

Butter is slightly higher in saturated fats at 8 grams compared to 5 grams.

Eating margarine can increase heart disease in women by 53% over eating the same amount of butter, according to a recent Harvard Medical Study.

Eating butter increases the absorption of many other nutrients in other foods.

Butter has many nutritional benefits where margarine has a few only because they are added!

Butter tastes much better than margarine and it can enhance the flavours of other foods.

Butter has been around for centuries where margarine has been around for less than 100 years.

And now, for Margarine.

Very high in trans-fatty acids. Triple risk of coronary heart disease. Increases total cholesterol and LDL (this is the bad cholesterol) and lowers HDL cholesterol, (the good cholesterol) Increases the risk of cancers up to five fold. Lowers quality of breast milk. Decreases immune response. Decreases insulin response.

And here's the most disturbing fact
Margarine is but ONE MOLECULE away from being PLASTIC.

This fact alone was enough to have me avoiding margarine for life and anything else that is hydrogenated (this means hydrogen is added, changing the molecular structure of the substance).

You can try this yourself.

Purchase a tub of margarine and leave it in your garage or shaded area. Within a couple of days you will note a couple of things: no flies, not even those pesky fruit flies will go near it (that should tell you something)

The first food that I realised wouldn't attract flies and wouldn't go bad was that horrible orange Sunny D drink that disguises itself as chilled orange. It has a shelf life of about three years even out of the chiller. Margarine spreads are the same. Big trouble is that 75% of all processed food contains hydrogenated fats and oils which have the same dangers. Read a few

pack labels and you will see what I mean. Margarine does not rot or smell differently because it has no nutritional value; nothing will grow on it. Even those minute micro-organisms will not find a home to grow. Why? Because it is nearly plastic. Would you melt your Tupperware and spread that on your toast?

VRT COMES TO BARCELONA!

This March I enjoyed a weekend teaching reflexologists in Barcelona under the auspices of the Catalonia Reflexology Association.

Aliki Vythoulka had helped to organise the courses after she discovered VRT while living in London. Participants were Spanish, French, Swiss, Belgium, British and Greek and the standard of reflexology was extremely high. VRT will be taught in Madrid in the autumn. The warm spring sun shining on the wonderful architecture of Gaudi was an added bonus!



Barcelona Group – March 2006

Letters from Practitioners

Dear Booth VRT,

I have been asked to treat a patient with Idiopathic Pulmonary Fibrosis, which causes severe scarring within the lungs. I am not sure whether traditional Reflexology will be able to help, nor if Vertical Reflexology would help. Has anyone had experience treating a patient with this condition? Any information will be gratefully received. With thanks.

Sue Ward (South Africa)

Lynne replies:

I have not personally treated anyone with Idiopathic Pulmonary Fibrosis but reflexology generally is known to be very beneficial for all problems and obviously for helping the body to heal itself. I would certainly treat the client with reflexology and perhaps work the lung reflexes with VRT either on the weight-bearing feet or hands. Reflexologists who have taken the Advanced VRT course would work the lungs via the neural pathways I would also teach them to work their passive hands for the heart reflexes and would look at the lymphatic reflexes and the diaphragm. VRT's Diaphragm Rocking would be particularly appropriate. I have found that clients who apply VRT to the hands especially can accelerate the healing process in between treatments.

If any VRT member has experience of treating Idiopathic Pulmonary Fibrosis please let us know and I will pass on the information and publish the advice.

Hi Lynne,

I wonder if you remember me. I am the lady that came from Canada to Dubai to take the VRT course. I wrote to you about a year and a half ago telling you about my success with a quadriplegic client. Well, it's been a year and nine months now, and I am still giving him reflexology. I am happy to tell you that his paralysed foot now moves. Earlier, after I treated his feet with VRT, I had to lift his right foot and put it into his sock. A couple of months ago I held the sock in front of his foot, and was actually teasing him to lift his foot. He was not aware of what he was doing, as he was busy chatting with me, but his foot lifted off the step and came forward towards my hand. I was amazed and asked him if he knew what he did, he did not. I have tried this same thing after every treatment and he does the same thing, so it was not a one time thing. Apart from that, he is walking better, with more balance, his foot is now lying flat on the floor when he stands up, his physical therapist walks him without support, he does sit ups and side steps, and much more. The last time I treated his feet, his neck straightened up; something I didn't see but he pointed out to me, so I went back over the same point and he did the same thing. What surprised me is that I was not working on his neck reflex point, but on the hip/lower back reflex, is that

possible? There have been a lot of little things that have improved with his body. He is willing to speak to anyone who needs to hear from him about how these therapies have helped him improve. I must say that he also gets acupuncture done, and other machines to help move his limbs. But he saw a lot of changes after I came on the scene and started reflexology/VRT on him.

Anne Desouza (Canada)

Lynne replies

Dear Anne

I am delighted to receive such a positive message regarding the progress of your client. It certainly seems that VRT and reflexology has been instrumental in helping his progress. You mention that you worked the back, hip pelvic area and his neck straightened. This is totally possible from my experience as I always work the lower lumbar, hip, pelvic areas on the foot **before treating any other part of the body** because I feel that, until the base of the skeleton is adjusted, the rest of the body will not be able to fully respond to the reflexology treatment. It also seems to help the central nervous system generally. Whenever I treat a neck problem I always go back and work the lower lumbar reflexes again first as the spine will often adjust and twist slightly to compensate for poor posture in the cervical area.

Obviously the client is receiving various modalities but the changes that happened after you introduced VRT indicate that it has almost certainly helped him improve.

Gill Worrall attended the VRT Basic and Endocrine course in November 2005 with Lynne and writes

Dear Lynne,

WOW! Fantastic two days this week. I have had three clients following the workshops and put it all into practice, two for reflexology and one having sports massage on his legs, then he owned up to a lumbar injury, tennis elbow and sore sciatic. They were all pleased, as was I, with the results.

I was looking forward to the workshops, now I'm very excited about putting it all into practice. This

week it's a busy week with a mix of sports and elderly as usual. With all the work we did on each other (*at the course*) I feel fab. Usually after a course I have a headache, healing crisis, but overall I feel great.

Thank you once again and I look forward to many more workshops studying this wonderful medium.

Best wishes Gill Worrall

..... and this is a follow-up e-mail from Gill

..... the VRT seems to go from strength to strength at work in the gym, my clients love it and are all up for me having a quick working on their feet before we get started, either following with conventional reflexology or massage. Very positive feed back. The success of the VRT has spread through the building. I am truly amazed at the difference it is making to my treatments and healing time. I was a wee bit sceptical - but not any more. Thank you and I can't wait to do the next part of the VRT training,

Having already gained a Diploma in nerve reflexology, LH attended one day of the Nico Pauly Nerve Reflexology Course, Level 3, as a 'refresher' and writes ...

Dear Lynne,

I did find the Nerve Reflexology 'refresher' day so helpful in putting me back on track. I find now that I am "mixing and matching", using VRT alongside the nerve reflex points which seems to work very well

Just to update you on a personal level, I was walking better after the refresher/treatment week-end and again the last few weeks when I remember some self-help VRT!

I always look forward to your courses because they are so well planned and organised, run so smoothly and you come away having learned a lot (even on a refresher), and confident on being able to use it straight away. Having been a teacher, I know just how much hard work you have put in to make that possible. Thank you for that Lynne and thank you for VRT.

LH

Dear Lynne,

I am seeing a couple who have just had their second session of IVF fail. Have treated the lady who seems exceptionally healthy, regular periods, etc. but her husband had mumps when he was about nine and has low motility in his sperm. Just wondered if you had any experience of this, and any success? Would really welcome some tips. The help you gave me last time worked a treat. Would love to help this very nice couple have a baby if possible.

Thanks a lot, Kind regards.

SS

Lynne replies

Dear SS,

Thanks for your e-mail. A few quick thoughts, but I haven't personally had much experience with the male side of infertility although I am delighted that the man wants to be involved which unfortunately is not always the case!

I do not have anything more specific than the following point: Priority reflex for Zonal Trigger should be testes plus Synergistic pituitary and I work L3 for nerve innovations to the sex organs. Also use Metatarsal Pressure but pinch the back of the ankle both sides and slide the thumb and index finger down across the testes/ prostate/ bladder area on both sides. It would be helpful to have the couple back for a short treatment, both of them, even only for 10 minutes at ovulation (within the two-day span). If you have my second book on Hand Reflexology you can give him some nail-working treatment which is the most powerful form of VRT.

Nutritional help through Foresight:

FORESIGHT PRECONCEPTION HQ
178 HAWTHORN ROAD
WEST BOGNOR
WEST SUSSEX
PO21 2UY
tel:- (01243) 868001
fax:- (01243) 868180

<http://www.foresight-preconception.org.uk>

I highly recommend that the couple approach Foresight who are experts in pre-conceptual planning and are a charity. I tackle infertility problems by sending clients for a consultation with an individual nutritionist possibly trained by the Institute for Optimum Nutrition.

Some interesting feedback from an organiser of a VRT course run by Christine Roscoe in London:

Dear Chris,

Thank you for a wonderful VRT afternoon/evening with our students and other reflexologists

The feedback I have received has been brilliant, and my students have used it privately and at college – particularly with a wheelchair bound client. I don't think we had considered other elements of wheelchair clients, i.e. what the feet look like when socks are taken off due to lack of circulation, state of nails, how much we needed to know about wheelchairs (moving foot rests, back rests, etc.), also how clients feel about being in wheelchairs – often deep-felt anger, constipation, frustration – all this was a very interesting learning curve, when you don't work normally in this area. However, wonderful to know that students are using VRT as it was intended.

MB

**Bells Palsy Case History by
Sheila Capon**

Client: 75 year old, male, with Bells Palsy.

Duration of illness: 7 years

Aim of VRT treatment: To alleviate pain in left jaw when playing wind instruments.

Contraindications: None

Result: Client reported jaw pain only when playing a particular chorus after 1 treatment. His left eye, which was always partially closed, had remained open for two days following his first treatment.

On the second treatment, I worked the trigeminal, ear, eye and helper reflexes thoroughly. The client rang to arrange his third

appointment and was delighted to report minimal pain in his jaw when playing in his band, his left eye was much less 'droopy' but to his amazement and delight, he also reported waking with an erection, something his urologist had told him would never happen again following treatment for prostate cancer several years ago! He had his fourth treatment this week and is delighted with his fast progress. I should add that his treatments are two week's apart (at his request).

In his words: "the ENT department wrote me off years ago saying there was nothing more they could do for me – you have changed my life in a few weeks".

Therapist's comments: A surprising result, but what a great one!

Sheena writes a follow up:

Here is additional information in order to publish my client's Bells Palsy case history.

I used synergistic reflexology, linking a very sensitive reflex in his pelvic area. I also worked on the deep pelvic muscles, and muscles and nerves of the lower spine using knuckles.

In a reclining position, I worked the trigeminal nerve reflexes, together with the ear and eye reflexes and helper reflexes, which were particularly sensitive on the left (the side affected by his Palsy). I also worked the face/teeth/jaw reflexes which also showed disturbance.

I have only ever worked on his feet and he continues to do well. I can only conclude that using the valuable tool of VRT that some very sleepy nerves have been awakened!

I have had great success using VRT in infertility which is a special interest of mine and wonder if any therapists have had success with VRT in erectile dysfunction?

Many thanks for sharing your knowledge.

Regards, Sheena Capon

(Please let Lynne know if you have had success and we can publish it)

IMPORTANT INFORMATION – HOW TO IDENTIFY A STROKE

This may be useful someday.

Remember the 3 steps!!!

During a lunchtime BBQ a woman stumbled and took a little fall - she assured everyone that she was fine (they offered to call paramedics) and just tripped over a brick because of her new shoes. They got her cleaned up and got her a new plate of food - while she appeared a bit shaken up, Ingrid went about enjoying herself the rest of the evening. Her husband called later telling everyone that his wife had been taken to the hospital and at 6:00pm, Ingrid died. She had suffered a stroke at the BBQ - had they known how to identify the signs of a stroke perhaps Ingrid would still be alive today.

It only takes a minute to read this:

A neurologist says that if he can get to a stroke victim within 3 hours he can totally reverse the effects of a stroke. He said the key factor was getting a stroke recognized, diagnosed and getting to the patient within 3 hours – this is the difficult part.

RECOGNISING A STROKE

Read and learn the three steps.

Sometimes symptoms of a stroke are difficult to identify. Unfortunately, the lack of awareness spells disaster. The stroke victim may suffer brain damage when people nearby fail to recognize the symptoms of a stroke.

Now doctors say a bystander can recognize a stroke by asking three simple questions:

- 1. *Ask the individual to SMILE.**
- 2. *Ask him or her to RAISE BOTH ARMS.**
- 3. *Ask the person to SPEAK A SIMPLE SENTENCE (coherently i.e ... It is sunny out today) If he or she has trouble with any of these tasks, call 999 immediately and describe the symptoms to the operator.**

After discovering that a group of non-medical volunteers could identify facial weakness, arm weakness and speech problems, researchers urged the general public to learn the three

questions. They presented their conclusions at the American Stroke Association's annual meeting last February. Widespread use of this test could result in prompt diagnosis and treatment of the stroke and prevent brain damage.

A cardiologist says if everyone passed this to 10 people; she estimates that at least one life will be saved.

BE A FRIEND AND SHARE THIS ARTICLE WITH AS MANY FRIENDS AS POSSIBLE, YOU COULD SAVE THEIR LIVES.

High Blood Pressure (Hypertension)

High blood pressure hypertension is endemic in the population and a prescription is often written as soon as the cuff is removed from the arm and yet blood pressure is one of the most variable measurements going – it can rise or fall depending on the time of day, the setting ('white coat tension'), the patient's activities before the test, and so on.

Seemingly unaware of these influences, researchers were astonished to discover that blood pressure dropped to safe levels when patients were allowed to monitor their own levels at home.

They tracked the progress of 441 patients who had been diagnosed with hypertension. They were allowed to check their own blood pressure over the following 12 months – and they fared as well, if not better, than patients who were put on drugs and who reported regularly to surgery.

Comment from *What Doctors Don't Tell You*: "And, of course, the cost savings were enormous. But if we carry on like that, where are the drug companies going to make their money?"

(Source: British Medical Journal, 2005; 331: 493-6).

STRONG REACTIONS TO REFLEXOLOGY AND VRT TREATMENTS

By Christine Roscoe, VRT Tutor

Many of us have experienced strong reactions – although minor - to classical reflexology and VRT treatments ourselves when on various training courses and have been able to rationalise what and why it has happened with the tutor and other course members and with our knowledge of Reflexology and Anatomy and Physiology. When it happens to one of our clients, we are likely to be alone with them and so we need to be aware of some possible reactions and be well prepared. In the case of VRT we seldom have reports of any over reactions to the treatments. This is possibly because VRT is both profound and balancing for the body. Secondly, the very powerful VRT Harmoniser Technique should be used after every treatment and also during a treatment, either passive or weight-bearing, if the therapist or client observes that the body is responding strongly. A response can be a reflex becoming very tender, a feeling of warmth in a particular part of the body or the client feeling waves of relaxation or tiredness. This simply shows that the body is reacting to reflexology and the Harmoniser, when applied for a few seconds, just helps to rebalance the body to achieve homeostasis. Many therapists have reported that they can use VRT and many reflexology techniques on the most sensitive clients if they Harmoniser several times during the treatment.

On the evening of a recent Basic VRT course, one of the students contacted me to say she had just practised the routine on her husband who had a severe shoulder problem. When doing the Hand, Foot and Zonal Trigger together, he had passed out – luckily onto the sofa behind him. He came round quickly with no ill effects and a much improved shoulder but she was ringing for advice and reassurance.

So maybe we all could do with a reminder of dealing with these reactions.

Why does it happen?

- ◆ It can be as a result of reflexology and/or VRT suddenly unblocking a problem area – as above – and the resulting surge of energy suddenly able to travel freely can be overwhelming.
- ◆ It can be the sudden start of the body healing

- ◆ It could be toxins starting to move around the body in preparation for the detox that Reflexology can bring.

What sort of reactions may occur?

- ◆ Light-headedness or dizziness
- ◆ A slight feeling of nausea
- ◆ A feeling of energy rushing up the body to the head
- ◆ A feeling of warmth / heat / spreading through the body maybe leading to a sweat
- ◆ A reflex may become very tender

What should we do?

- ◆ At the start of a first reflexology treatment, we should always tactfully tell clients that they could feel slightly light-headed as it is a powerful treatment. Ask them to inform you **straight away** if they start to feel any different sensations..
- ◆ Remember your **First Aid** training

 1. If someone is feeling dizzy, help them to a chair and ask them to bend over with their head as low as possible. (You could gently apply the Harmoniser to their feet at this time)
 2. If they still feel dizzy after a few minutes, help them to lie on the floor and raise their legs by putting them on a stool or chair. They should come round quickly. In the very unlikely event that they're still 'out' after a few minutes, you should put them in the Recovery Position and call an ambulance if they're still unconscious after 10 minutes.
 3. If it is obvious that someone is going to actually faint from a standing position, you should not try to break their fall. You should let them fall – trying to catch a 6'4" 16 stone man is likely to be ineffective and cause you injury. Then act as above - raise their legs by putting them on a stool or chair, in the very unlikely event that they're still 'out' after a few minutes, you should put them in the Recovery Position and call an ambulance if they're still unconscious after 10 minutes.
 4. Treat any injury sustained when the person fainted.
 5. As the person recovers, speak reassuringly and calmly. After a few minutes, help them to sit up – lie back

down if they feel faint again. Gradually help them to a chair – you could now do The Harmoniser several times to help the body to settle and calm.

6. When they are quite recovered, offer a glass of water. Do not continue treatment on that occasion but try to arrange for a friend or family member to come and collect them if necessary. This is where our consultation details of next of kin / GP etc are so vital.
7. Record the incident in the client's notes and in the Accident Book.
8. Follow up your client with a phone call the next day to enquire how they are.
9. Make sure your First Aid Certificate is still current.
10. Make sure you always have a well charged mobile phone with credit with you.

It is extremely unlikely that the worst-case scenario above is **ever** going to happen to you, and Lynne Booth and myself have not had to deal with such an event but forward thinking is always useful. Knowledge and good preparation are empowering – it increases your confidence and skills and you become more professional as a result.

Christine Roscoe
VRT Tutor

Emotional Freedom Techniques (EFT)

Last year we sent you a copy of an article written by Linda Anderson on reflexology and the elderly that appeared in *Nursing & Residential Care* which was well received. Linda is also an advocate of EFT which is an extraordinarily simple and profound technique that is a useful adjunct to many other therapies. If any of you use EFT with reflexology in your practice, please let us know and share your experiences. Another article is enclosed.

Body Worlds Anatomy Book By Gunther von Hagens

Most of you will be aware of Gunther von Hagens who has developed the incredible process of plastination which reveals the anatomy, physiology and human health of the body in a way that has never been seen before. He has recently dissected bodies on television to highlight particular conditions and systems of

the body. When the exhibition came to London, it received very bad press in some quarters and it was suggested it was ghoulish and degrading to a human body, even though the person had left their body to science after death.

I was privileged to see this exhibition in the Science Center in Los Angeles last year and found it to be a most informative exhibition which was displayed in a highly sensitive and scientific manner. There were many doctors, their students and the public looking at the human body in a way that gave them a greater understanding than could ever be achieved through text books or dissection. Unlike the London exhibition of Hagens' work, the Science Center had given the exhibits pride of place and over 20 million people have viewed Body Worlds in cities throughout Europe and Asia making it the most successful touring exhibition ever. I spoke to a group of students who were looking at the skeleton and respiratory system of a middle-aged man who was a heavy smoker and the dark blackened condition of his lungs caused the students to comment that everybody who smoked should see this exhibit and it would probably have more effect than the usual advertising propaganda.

There is an excellent catalogue that accompanies the exhibition that shows all the systems of the body in different forms from the vascular system of the heart, the complete digestive system from tongue to rectum to cross sections of the muscular body of a young athlete. All the people involved gave their bodies willingly for science and there was a moving tribute to them at end of the exhibition.

I would urge everyone to purchase a copy of the catalogue which will greatly enhance your understanding of anatomy and physiology. The cost was approximately £25 and more information can be found on the Body Worlds web site:

www.bodyworlds.com

CAT'S PAW REFLEXOLOGY CHART!

We are reprinting this chart again due to popular demand *for interest only*. It has been published in various international reflexology journals but, as far as I know, the origin and source is unknown and unverified.

Dates for your diary
Reflexology Conferences and Seminars

The 2006 RiEN Conference

is being held
8-10 September 2006 in Limerick, Eire
Conferences are a unique way of networking, learning new skills and meeting
reflexologists from around the world.

SEE BACK COVER FOR DETAILS!

AoR Seminar – April 22nd or 23rd 2006

Vertical Reflex Therapy (VRT) Introduction, New Developments
and Self-Help on Hands and Nails with Lynne Booth – half day
and
Introduction to Intuition and Sound Reflexology
with Helen Perkins – half day

To be held at the CBI Centre, 103 New Oxford Street, London
For further information: tel: 0870 5673320
(members £35 and non-members £40)

The next AoR Conference, 2007

will be held at Warwick University, UK
September 2007
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