

Vertical Reflex Therapy Membership Network Newsletter



No 13. Summer 2006
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Dear Colleague,

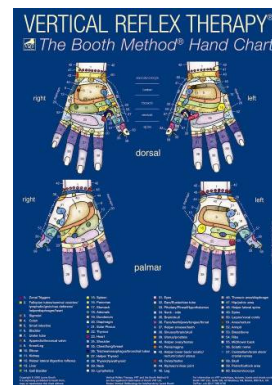
Greetings to you all and as I write the temperature is soaring towards 90 degrees. Not particularly comfortable for anyone but high summer temperatures can be dangerous for the elderly, children and those who are infirm. A few summers ago a heat wave hit Paris when most families were away from the city on vacation. During that time an unprecedented number of elderly people died from heat related illness including dehydration. (In fact, over 270,000 died in Europe at that time.) In many cases it was because their neighbours and families were away and there was no-one to check up on them regularly or notice if they had not been seen for a while.

A client told me this week that she had been visiting and helping an elderly lady who lived alone and was recovering from a broken shoulder. This client was her only regular visitor and she was saddened, after two weeks, when four neighbours asked her how the lady was and all made similar comments that they would 'call in sometime' but had kept away so she wasn't 'swamped' by visitors. All of us may need a 'good neighbour' one day.

Have you ever had problems keeping your reflexology appointments to time due to talkative clients who will not leave quickly and seem oblivious that another person is waiting or that you may have other things to do? I'm sure it sounds a familiar scenario and I must admit my patience ran thin recently when a client rejected several dates I suggested for her next appointment and then proceeded to tell me why and where she would be! VRT tutor, Christine Roscoe, is an experienced reflexologist who shares some helpful insights into overcoming this problem (see page 7).

GREAT NEWS! After far too long the VRT dorsal and palmar hand charts have now been

printed. I have designed them in the same style as the popular VRT foot charts and my talented VRT tutor and professional graphic artist, Hedwige Dirx, has illustrated them using the same subtle shading of colour in her art work.



How many of you have a wall hand chart in your practice room? Good foot charts are much easier to come by! Members can be the first to buy the excellent VRT hand chart at a specially reduced introductory price. A separate order form is enclosed.

Take care of yourselves, as well as your clients, family and friends and have a wonderful summer. I look forward to maybe seeing you on courses or conferences in the coming months.

Kindest regards

Lynne Booth

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

VRT GOES AQUA!

by Lynne Booth

VRT tutor, Hedwige Dirx and myself recently enjoyed a wonderful experience at the Shambalah Health Spa in Buggenhout, Belgium which is owned and run by our great friend and reflexology colleague, Claudine Mortgaat. Claudine has designed the spa in a very special and sensitive way incorporating many holistic, therapeutic, beauty care, mystical and educational aspects into her venture. The large warm indoor pool has state-of-art features such as piped classical music that can only be heard when one floats or swims under the water! Claudine offers special one-to-one water treatments for deep relaxation and release. She also works closely with children in this therapy. For more details you can email her at Claudine@Shambalah.be



We finish with *Aqua Diaphragm Rocking!*

Letters from Members

Dear Lynne,

Many thanks for the Newsletter (Spring 2006). I find these communications SO informative. This month, the information on recognising a stroke so simply is so good. My husband suffered a slight stroke two years ago and although I realised immediately that this was so, I could have absolutely verified my thinking with these three simple questions.

Thank you so much, to you for producing this useful Newsletter, also to all the therapists who subscribe with such interesting information.

Very sincerely, Shirley Harris

Dear Lynne

After attending your VRT introduction in London on 23rd April 2006 (AoR Conference), I introduced VRT into my treatment sessions. I had very good feedback from clients that they seemed to feel much more relaxed (if that is possible) with their heads seemingly much more clear and focussed. There was an immediate response from one lady with IBS who reported an immediate improvement.

After attending the Basic course on the 23rd May 2006, I treated my first clients with orthopaedic conditions with quite astonishing results. A lady had to cancel an appointment



Hedwige and Lynne give classical reflexology



Claudine experiences Synergistic Reflexology

due to her back seizing up on her. She had been confined to bed for 2 days before she rang me. I visited her at home the next morning to see if I could help - she wasn't too sure about seeing me but when I said that there wouldn't be a charge, she agreed! I gave her a brief VRT treatment as she wasn't too comfortable standing and managed to do DR on her in a sitting position. I told her to ring me later if she wished me to pop by the next morning for a repeat. She rang later that day apologising that she hadn't rung earlier as she had been asleep most of the day. She reported that she couldn't believe the improvement in her condition and, yes, could I please come again for a repeat the next day (again I said that there wouldn't be any charge). I went round again to be confronted by a beaming client almost bounding to the door! She immediately booked a series of appointments!

My second result was even more astonishing, as it was in front of my eyes!

A lady nearly crawled into my premises for her appointment virtually bent in half and unable to straighten up saying that she had a very painful sciatic condition affecting both legs that had commenced that morning and asking if I could help. I said that I would of course try but not to expect an immediate response. I did VRT at the beginning and at the end of a conventional treatment including DR and Lymphatic stimulation. During the conventional treatment, as I started to work on her right hip area, she let out a gasp and said that it felt like I had reached into her chest and given an almighty yank! I was a bit concerned but obviously made sure that she was OK and she assured me that she was. When I finished I stood her up very gently and asked if she could straighten up - she did slowly, expecting pain and was delighted when there was none! I got her to move around the room to gauge her movement and within a few moments I had to slow her down. She sat in a chair, crossed one leg over the other to put a sock on (which she had carried with her, unable to put on earlier) and then crossed the other leg over to put on the other sock, reached down for her shoes and bent to do the laces up and exclaimed that she didn't know how to thank me enough!

I saw my father who suffers from an arthritic neck condition. His neck had gone into spasm that morning and he had a collar on with his chin

almost touching his chest. The doctor had prescribed very strong anti-inflammatories which were making him feel quite nauseous. I treated him with a brief VRT and DR which he found quite painful but reported feeling some "weird" sensations. He slept for several hours, got up and removed the collar saying that although he still felt a bit achy there was a tremendous improvement. I gave him another brief treatment in the evening before I went home and insisted that he should only gently exercise his neck and not show all and sundry the improvement. He thought it was a miracle and can't wait for the next treatment.

Thank you for introducing me to the wonders of VRT. More successes on the way I hope!

Warmest regards, Steve Hershman

Dear Lynne,

Re: VRT Newsletter Spring 2006, enclosing EFT article

On receipt of the above, I felt compelled to write to give you more background regarding this therapy, as a TFT practitioner as well as a reflexologist. I would like to know why many complementary associations seem to insist on promoting EFT over TFT.

I have been using TFT with extremely successful results for more than two years now.

TFT was the original therapy discovered, researched and developed by Dr Roger Callahan PhD (who I personally know and have trained with – now 80 years old, he is still developing and finding new uses for the therapy). However, Gary Craig was trained in TFT by Dr Callahan but altered it to tap all the meridians, called it Emotional Freedom Technique and promoted it as his own. There have been law suits in this regard over the years.

TFT is a marvellous, scientifically proven therapy with an unprecedented success rate of up to 98% success rate, which is unheard of in the field of mental health. We use causal diagnosis to find **exactly** which meridians are out of balance **specific** to the person's problem. EFT is a more of a 'blunder buss' technique

which taps **every** meridian and in the event must hit one which is correct. Many TFT practitioners also use Heart Rate Variability equipment (used by medical professionals in the USA) pre and post treatment to show massive improvements in the heart and nervous system following a TFT treatment. HRV is a scientific, objective measurement of the likelihood of all-cause mortality and proves the effectiveness of a TFT treatment.

In TFT we also are trained to detect personal energy toxins which are often specific to a particular problem. We treat to negate the effect of the toxin and a cure takes place. Just by tapping on every meridian will not rid the person of the toxin and the treatment will not work if a person is in 'Psychological Reversal' (a phenomenon discovered by Dr Callahan) which means that without PR correction 'no treatment will work' whether it be EFT, TFT, complimentary therapy or medical treatment. The correct identification and treatment of PR ensures we obtain up to a 98% success rate, when without it would only obtain less than 40%.

TFT was used with the traumatised war victims of Kosovo with a 98% success rate and the Surgeon General has adopted it as the therapy for Kosovo (many health professionals have now been trained to continue the work).

TFT has also been used by Green Cross in the USA and TFT practitioners were deployed to the Hurricane disaster areas of the USA including New Orleans. TFT has a Global Network which provides help to trauma victims in disaster areas world wide. In the USA paramedics, physicians, psychologists etc have trained in it and use it to great effect.

Paul McKenna uses TFT in his work and has demonstrated it on his show. He finds it rapid and extremely effective and always gives credit to Dr Callahan for its invention.

I beg to understand why some complementary associations seem to be promoting EFT above the original. When I first added TFT to my skills I investigated insurance cover regarding this and was told, to my extreme annoyance, that EFT was covered but that TFT was not – what utter nonsense! However, only now, after more than a year, the company have finally relented and will provide cover.

I know from the TFT Trainers that often many of those who have trained in EFT seek full training in TFT afterwards as it is more effective. EFT seems to have a bigger PR machine but we TFT practitioners are also out there promoting the message to the public.

Both therapies work but let's have both represented so that people can choose. All I ask is that we do not present a biased view to other therapists.

Yours sincerely, Terri Perry TFT Dx

Terri Perry is a reflexologist and also a TFT Practitioner in Suffolk and can be contacted on 01284 830624 or email healthyu@tiscali.co.uk

See separate insert: TFT article and details of Heart Rate Variability.

Letter to Chris Roscoe

Hi Chris,

On Monday evening I gave one of my neighbours a treatment, she is due to have a hip operation some time soon, I got the following feedback from her ...

"I can't believe this! I've been virtually pain free all evening for the first time in literally years! Thanks you so much! I actually touched my toes! Incredible!"

So my confidence has returned and I can't wait to carry on and see what other results & benefits I can give people!!

Thanks again, so much, I will keep in touch and let you know my progress

Love, Annabel

Hi Lynne,

I would just like to say a big thank you for the one day course I attended yesterday at Raworth. It was a real pleasure meeting with you and I found your work and you as a tutor, to be an inspiration - it was nice to see that you are down to earth and a credit to the books you have written. I truly hope with the little piece of

knowledge gained that I can also make a difference in the Care/Nursing homes that I visit.

I look forward to meeting with you again on another of your courses.

Kind Regards, Anthony Castleman

Dear Lynne

I recently attended a basic and advanced VRT courses with Christine Roscoe in Kingston. I have been using VRT regularly and find it a most helpful technique with excellent results.

I'm writing to tell you that my mum completed her 10th London Marathon last Sunday. After the marathon I did a VRT treatment on her as she had hurt her knee during the run and was in quite a bit of pain. She called me on Monday to say she had woken up completely pain free. She called me on Tuesday as well to say that she was still pain free and also on Wednesday. Being a nurse herself she is well aware of how the human body works. Never after running a marathon has she ever woken up the next day with no pain and not needed to take any painkillers! Your praises are being sung.

Thank you and I just thought you might like to know of my success! I wonder if you might pass this success story onto Christine as I do not have her email address.

Kind regards, Charlotte Huggett

Hi Lynne,

I read with interest your article (Reflexology in Japan) in the March 2006 Reflexology World magazine in which you asked for other ideas or techniques. My experience does not relate directly to VRT but still involves that technique of thumb and finger holds which I thought you might find interesting. These I learnt during a Metamorphosis 1 class with Lynn Hatswell in Perth, Australia. From what I can see of the diagram in the Reflexology World magazine the metamorphic holds are slightly different (diagram attached) yet achieve the same result you describe. As you will see the metamorphic hold is based on touching the conception point on the first joint of the thumbs (toe if working on someone else) but I have noticed in practice that

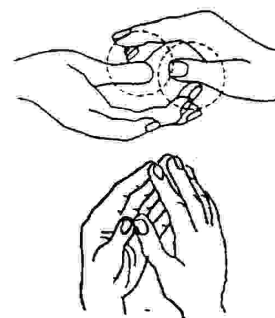
overlapping the pituitary point often happens as the fingers rest against the edge of the thumb, so that in Metamorphic terms both the preconception and conception points are covered. NB: the pituitary point in my teaching is at the outer lower section of the thumb or big toe nail.

During the Metamorphosis Workshop with Lynn we obviously worked through all the holds or hand signals on ourselves and the sensations I experienced during the hold mentioned above was one of calming and grounding. The hold or positioning is very light and does not require much pressure. I have since passed this technique as a 'holding point' in its own right to clients to use during emotional, stressful times. It also works well for menopausal panic attacks. Feedback has always been positive.

If one looks at it from the metamorphic point of view perhaps acknowledging the area by applying a gentle touch provides the reassurance that everything will work out the way it is supposed to, even though that earlier memory of development may have been an alarming or disconcerting time. There is also of course, I feel, the fact that it assists people in tuning into themselves and helps them take charge of the 'control panel'.

Kind regards, Jan Brenkman

**Illustrated extract from Lynn Hatswell's
Metamorphosis Manual**



1. **Conception Points:** Everything that conception is – the genetic and karmic patterns coming together with the Principal of Life. This symbol is well known to practitioners and students of Metamorphosis, having been developed 10 years ago, and was the first in the series.
2. **Pituitary:** (Tips of fingers and thumbs together) Relates to the pituitary but not involved with the prenatal pattern as such. Still a mental structure but more abstract. (Sometimes useful in stabilising one's thoughts.)

3. Illustration of the Calming VRT Nail-on-Nail Pituitary Pinch as shown in the VRT Spring 2005 Newsletter

GP Associates Programme

Last October, 120 GPs from across the UK gathered in support of a unique new scheme for GPs devised by The Prince of Wales's Foundation for Integrated Health, called The Foundation's GP Associates.

GPs in the UK have long been on the frontline of British healthcare. Traditionally known as the Gatekeepers of the NHS, they are the part of the health service that patients trust and know best. GPs are therefore in a **prime position** to promote and provide **integrated healthcare** - a combination of orthodox and complementary medicine that treats every illness in the wider context of the patient's circumstances - (e.g. exercise, relationships, diet) and with reference to the whole person.

The aim of the Foundation's GP Associate is to **unite** all GPs with a belief in integrated health and an active interest in developing integrated services within their local surgeries.

- Over 50% of GPs are already making complementary healthcare available to their patients.
- Structural changes in the NHS - eg. Practice based commissioning - will lend themselves to a more integrated approach and could provide an effective way of developing integrated services.
- 71% of patients would like to be able to receive more information about complementary medicine from their GPs.

The Foundation's GP Associates is a network that will:

- Provide GPs with a much-needed forum for the exchange of news, research, and developments in integrated healthcare.
- Act as a **facilitator**, and provide a **medium** for debate and for the development of new integrated initiatives.
- Encourage GPs to act as local champions for the Foundation and its mission in developing the concept of integrated healthcare.

VRT GOES AQUA

Drugs often have a paradoxical effect. That means they cause the very problem they're supposed to treat.

It's just been discovered in a class of drugs called bisphosphonates, used to prevent broken and deteriorating bones in patients with osteoporosis and cancer.

But instead of strengthening bone, they are killing it in a small number of cases. The drug is causing osteonecrosis, which is killing parts of the jawbone.

According to the New York Times, the lawsuits have already started to come in, although nobody seems to know the extent of the problem. It's reckoned that between one and 10 per cent of cancer patients taking the drug are suffering from osteonecrosis, and nobody knows how many osteoporosis sufferers may have the condition.

Dentists think that tooth extraction on a patient taking the drug may spur the condition, and so some in the USA are refusing to treat any person taking a bisphosphonate.

The drug comes in two varieties: intravenously for cancer patients (Zometa and Aredia), and in a lower-dose pill form for people with osteoporosis

(Fosamax, Actonel and Boniva).

It's reckoned that Fosamax's manufacturer, Merck, makes \$3bn from the sale of this one drug alone.

Some patients have stopped taking the drug after reading worrying reports – but as bisphosphonates stay in the bone for many years, nobody knows how long the risks last.

(Source: New York Times, June 2, 2006).

□ WORRIED ABOUT osteoporosis? You've probably noticed that too many drugs designed to treat the problem have been discredited – but it doesn't mean the problem has gone away. Don't despair! There are many safe ways of treating it, and maintaining healthy bones, without resorting to drugs. A complete drug-free programme for healthy bones is outlined in the WDDTY Guide to Women's Health. **See www.wddty.com**

**Bringing Sessions to an End –
or Who Owns The Door Handle?!**

By Christine Roscoe, VRT Tutor



Yes, this is an odd question, but it does have important implications for bringing a session to an end and I'll get back to the door handle later!

Many therapists have difficulty bringing a session to an end, because they don't want to upset the client or make them feel rushed at the end of a relaxing session. It's important for your own sanity that you don't let sessions just run and run out of your control and important to keep to a good time schedule to benefit all clients. So what strategies could we use for ending sessions?

- ◆ Keep a close eye on time throughout the session. Make sure you finish about 7 – 10 minutes before the hour is up. This gives you time to wash hands, discuss feedback from treatment, client to put shoes on, pay, make another appointment, put coat on etc and for you to have a few deep breaths before the next client.
- ◆ If they seem reluctant to get up from the couch, remove the towel and blanket while asking for and giving feedback to the treatment. If client is still on the couch, just indicate the chair and say politely 'would you like to get your shoes on while we talk?'
- ◆ If you have another client/patient waiting, the process is relatively simple, because you can bring the session to an end by indicating that someone is waiting. Or you can say that you have another client arriving shortly even if you haven't.
- ◆ Unfortunately it's not always that easy. One of the most effective ways of ending a session is to withdraw some of the good listening skills which indicate you are paying attention. So reduce the amount you look at a client, and reduce the amounts of auditory and visual cues that you give e.g. head nodding, making agreeing noises etc. If you do this suddenly, it can seem rude, but if you gradually reduce all of these over a 3-4 minute period, clients will often bring what they were saying to an end without being aware that you have been influencing them.
- ◆ Other things that you could do Tidy up the couch, replacing couch roll, smoothing covers etc.
- ◆ Pick up your diary and cash box / wallet or whatever and you say clearly . 'That will be £xx please, Sue" or "Would you like to settle up now"? "Would you like to make another appointment?" etc
- ◆ Pick up your record sheets and pen and 'tidy' them – this is what TV newsreaders often do at the end of a broadcast.
- ◆ Assuming that you've hung their coat up, go and fetch it, hold it open and help them on with it.
- ◆ Now back to that door handle! A really important rule of thumb is that you must get to the door first and put your hand on the door handle!! If you have your hand on the door handle, it makes it easier for you to guide the client gently out, but if the client is holding the door handle it is much more difficult to get them out of your room.
- ◆ If they're still talking, say something like 'that sounds interesting / sad / useful, perhaps you could fill me in next time'. Sometimes you just *have* to interrupt someone. Although this can feel uncomfortable and rude, some clients can talk for England and you need to be the person in charge of the session!
- ◆ Ask if they feel OK to drive home, wish them a good night's sleep / relief from back pain or whatever. Ask them to monitor any changes and let you know next time.
- ◆ If someone is unloading some problems at the end of the session, it's a good idea to have details of other

practitioners to hand so that you can refer them on to someone who could help them more e.g counsellor, hypnotherapist.

Of course, sometimes sessions do over-run, as people will tell you valuable information, or be very emotional, just as they are leaving and you can accommodate this need if you wish or are able to. But, it's important to realise that some clients can be quite self obsessed and enjoy talking about themselves in a way that is not always healthy for them, nor healthy for us. Remember that we are not counsellors. Their problems can be a burden for us and upset the time schedule of our day. So we need to be able to manage the situation for the good of the next client and also practice good time / emotional management skills for our own sakes too.

Animal reflexology and therapies



In the Spring 2006 issue of this newsletter we reprinted a "spoof" cat's paw reflexology chart. The size of a cat's paw and the position of the reflexes would make any attempt at treatment impossible in my view and I cannot believe it is valid. However, on a serious note it is timely reminder to reflexologists and other complementary therapists that veterinary professional bodies take a serious view of non-medical personnel working on animals *without the supervision or permission of a Vet*. The UK laws are more stringent than in some other Western countries and a search on the internet will show that complementary

therapists in other countries offer many treatments to animals such as reflexology, homeopathy and massage. In 1998 at the RiEN Conference in Finland there was a presentation and demonstration on Dog Reflexology. I am also aware that VRT has been successfully practised on horses with a vet present. My friend and colleague, Barbara Stanhope-William, has 40 years experience as a reflexologist and spontaneously treated a dog called *Jazz* a few years ago. The dog owner arrived for a treatment accompanied by her very ill dog. Barbara treated the standing dog for a minute or so and the animal recovered very shortly. We will cover Barbara's story, which involves a cautionary tale, in the next VRT newsletter.

Balens specialise in insurance for complementary therapists and there are insurances that cover working with animals in conjunction with a veterinary practice. When next applying for insurance it may be helpful to see what policies they have to offer if you have particular specialisms as a therapist.

Balen & Co - Tel: 01684 893006

Membership Renewal

Now only £20. (£25 outside UK)

For those members whose annual subscriptions were due on 1st July 2006, you will find a blue renewal form enclosed. Please post this with your cheque to the Booth VRT Ltd office, or fax it with a card number.

Thank you.

EVERY NOW AND THEN A RATHER SPECIAL VRT SUCCESS IS SHARED WHERE A MAJOR LONG-TERM CHRONIC CONDITION HAS RESPONDED IN A FEW MINUTES WITH VRT.....this is one of those successes:

It was great to see you last year at St Wilfred's Hospice in Chichester!

Sorry it has taken a while to get back to you, I wanted to discuss my case with my osteopath first, to get a better background assessment before commenting. I have also been looking on the internet for further information. I found an excellent website: www.spineuniversity.com "A Patient's Guide to Scheuermann's Kyphosis"

I have a condition called **Scheuermann's osteochondritis** (kyphosis), a condition where, for some as yet unidentified reason, the vertebrae in the thoracic area grow abnormally this starts usually during adolescence – some of the vertebrae appear wedge-shaped rather than the normal rectangular shape, thus causing forward kyphosis (curvature) of the spine.

I gather that this condition in some people can be painless and in others (including myself) can be painful in varying degrees.

Excessive kyphosis gives the appearance of hunchback where in others the degree of kyphosis is not very noticeable – a slouching appearance may be noted.

Apparently, with age the condition can become more noticeable and more painful. (Incidentally, I am now 53 years old).

Although my kyphosis is mild, by the time I had a 5 minute VRT treatment given by you during a Basic VRT class tutorial in London in November 2003, I had become more troubled during the previous year or so by the fact I could not straighten properly.

After you worked the calf (thoracic) area of the leg and then mid thoracic area on the hand and foot together with the zonal trigger on each foot, I felt a brief but sharp electric jolt in the left side of my body. At the time, I had been leaning forward to see how you were working these areas on me and when I started to straighten up, I felt and heard a squelchy- sounding series of clicking and found I could completely straighten rather than just almost straighten.

I described this feeling afterwards as if it were an internal "core" change.

That was two and a half years ago and I have still maintained my 'upright' posture.

Although I am aware my back condition will always be a potential problem area, the physical discomfort has been alleviated and certainly standing straight has improved my breathing and general posture, which, of course, has increased my feeling of wellbeing.

I hope this information is useful.

This VRT practitioner would prefer to remain anonymous but is happy to be contacted via Booth VRT for verification purposes.

BLOOD PRESSURE: Levels are dropping without drugs

Hypertension (high blood pressure) drugs represent one of the most lucrative product sectors for the pharmaceuticals – and the fact that blood pressure levels are reducing in industrialized countries suggests they are effective.

But a new World Health Organization (WHO) study has discovered that blood pressure levels are declining among people who have never been prescribed a hypertensive – and were falling across populations before the drugs were being so readily prescribed.

This suggests that the family of antihypertensives is taking credit for a phenomenon that is more down to lifestyle changes, such as quitting smoking, and eating a healthier diet.

Despite this, antihypertensives – which include diuretics, ACE inhibitors and beta channel blockers - account for 20 per cent of all prescriptions made out by family doctors, an increase that began in the mid-1990s when more and more antihypertensives were being launched.

The WHO study monitored blood pressure levels of around 23,000 people aged from 35 to 64 from 21 countries across four continents from 1985 to 1995. Although blood pressure levels fluctuated wildly from country to country, the

average level dropped by 2.2 mm Hg in men and by 3.3. mm Hg in women over the 10 years. During the same period, antihypertensive prescriptions rose by 11 per cent among people with high blood pressure, and yet their blood pressure improved by the same amount as those who were not taking a drug. Researchers reckoned that blood pressure levels should have dropped by 19 mm Hg among those taking a drug if the medication was being effective. Doctors should be doing more to encourage people with high blood pressure to adopt healthier lifestyles – and this alone should be enough to improve the problem – without reaching for their prescription pads.

(Source: British Medical Journal, 2006; 332: 629-32).

But will the drug companies be prepared to stand back and watch 20 per cent of their revenues suddenly disappear?



DVT:

It's something to do with the aeroplane

There's something about being on a long-haul airline flight that is more likely to lead to deep vein thrombosis (DVT) than sitting for a long time anywhere else.

Researchers wondered if it was the act of sitting for a lengthy time that caused the DVT rather than the flight itself, so they tested a group of 71 people who sat throughout an eight-hour flight and then sat in a cinema for eight hours.

The volunteers' blood was tested after the flight, and clotting activity had risen by 30 per cent. However, it had decreased after watching the films, and it decreased even further after eight hours of regular activities. Women who were taking the

contraceptive pill were especially susceptible to blood clotting.

Researchers aren't sure quite why flying should have this effect, but assume it must have something to do with cabin pressure and low oxygen levels in the aircraft.

(Source: The Lancet, 2006; 367: 832-8)

Ear Reflexology with Hedwige Dirkx

Booth VRT are pleased to announce that following a very successful visit from the Belgian Reflexologist and VRT tutor, Hedwige Dirkx, in March 2006 to teach *Introduction to Ear Reflexology*, Hedwige will return to Bristol in December 2006 to teach another day on *Introduction to Ear Reflexology* on 1st December and will introduce more advanced techniques with *Advanced Techniques in Ear Reflexology (Level 2)* on 2nd December.

Please see yellow insert sheet for further details and take advantage of the membership discount for these courses.

We look forward to welcoming you on this fascinating course!

VRT Case History

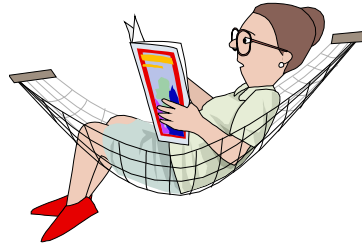
Condition treated: Blocked sinus
Client: Female, aged 57
Duration of illness: 1 week
No. of VRT/reflex. treatments: 2
Aim of treatment: Release blockage. Client had been in pain for five days and the antibiotics were not clearing it. It was like raging toothache all the time.

Result: On the way home from first treatment, client had a funny taste in the mouth and the swelling eased.

From: Margaret Palmer

Article from Portland Press Herald, October 2005

Ten Tips to Cut Stress Levels



The Stress Management Society says stress affects one in five of the working population and is the single biggest cause of sickness absence, costing industry £37 billion each year. The Society recommends 10 tips to reduce stress:

- Avoid nicotine, alcohol and caffeine;
- Work off stress with physical activity;
- Relax with a technique such as self-hypnosis;
- Ensure you get enough sleep;
- If you're struggling health-wise, get some rest;
- Agree with people to avoid conflict;
- Learn to accept what you cannot change;
- Listen to your body when you are tired, hungry or thirsty;
- Learn how to say no;
- Management your time.

(For further details visit: <http://stress.org.uk>)

N.B. Lynne and fellow VRT practitioners would no doubt add an 11th tip:

- Have regular VRT and reflexology sessions!

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.

www.reflexology.ie

The next AoR Conference, 2007

will be held at Warwick University, UK

September 2007

For further information: tel: 01686 668256

e-mail: aor@slinnmccarthy.com

www.aor.org.uk