

Vertical Reflex Therapy



Membership Network Newsletter

No 14. Winter 2006

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Christine Roscoe, VRT tutor, has written an excellent article on back pain. It is one of the most common and debilitating ailments.

In 2007, for the first time, Christine and I will be offering special one day VRT/Reflexology Master classes for 4 people only. They will be held in Bristol and VRT members will be able to learn specialist techniques from the VRT repertoire plus many other skills that Christine and I have discovered in our careers. Christine's class will be on gynaecological issues and infertility. Mine will be on pain and mobility issues with examples taken from my sports and elderly person clinics.

Dear Colleague,

When writing a newsletter in November, it seems rather premature, but well intended, to start wishing you a Happy Christmas! However, another year is coming to an end and I hope that you can positively look back on your achievements, learn from your mistakes and give thanks for the good things that you have experienced. If it has been a difficult year then I hope many positive changes will come your way. As reflexologists we have to be multi-tasking when we treat people as our particular therapy gives clients space to talk in confidence, allows them more time to explore their ailments and we often have to act as detectives as we look at the mind/body links that influence our health. If you feel you have become rather overwhelmed by responsibilities, do look carefully at how well you look after yourself.

I sometimes meet reflexologists on my courses who say they are delighted to have their first reflexology treatment in a year, or possibly years!! We must practice what we preach and make time for reflexology treatments for maintenance, relaxation and to address current health issues.

I am delighted to include in this newsletter an article by Andrew Morris, a gifted composer and pianist who has produced an excellent CD inspired by the Bach Flower Remedies. I was fortunate to hear one of his Musical Remedy concerts and thoroughly enjoyed Andrew's style which was melodic and classical and yet there was a sense of a subtle influence of blues, jazz and folk in parts of the music. A CD order form is enclosed and you can listen to extracts on Andrew's website.

Kristine Walker has been a great pioneer of hand reflexology, research and also has a wide interest in the early seminal works of medics who used, zone therapy, the modern forerunner to reflexology. She gives us some useful reflexology hints from her advanced courses.

The Christmas "message" gets misinterpreted!.....

The 6 year olds had been asked to write the Nativity story in their own words and, spelling not being a strong point for most at that age, one little girl wrote that ...



'Mary got a massage from the Angel'

Once again we are not commissioning a members' Christmas card but instead will send the equivalent payment to a charity. This year it is Mercy Ships who have a wide range of volunteers who work on ships and land to bring wide ranging surgical skills to promote health and well being for the forgotten poor and empowering developing countries. If you wish to send a donation, their details are on page 12.

Kindest regards

Lynne Booth

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

Help for Athlete's Foot

Replies from the What Doctor's Don't Tell You website.

A reader is suffering from athlete's foot, which can get rather itchy and irritated. Because she is breastfeeding, she cannot use the over the counter fungal creams and sprays. Are there any natural remedies that are safe to use while breastfeeding, she asks?

1. According to Harvey, freshly pressed garlic applied between the toes works wonders: "Put the juicy pulp on before bedtime and slip a pair of socks over your feet so it stays on overnight. Then rinse off in the morning." Harvey's tried a bunch of other natural remedies, but this is the only thing that worked. "Taking garlic internally daily (with parsley or chlorella to keep your friends) will also help, especially if the toe fungus is from Candida", he reports.

2. Jean reckons you can cure athlete's foot easily with talcum powder. "Fungi need moist conditions", she says, "and talcum powder between the toes will dry out the area so that the fungus can no longer survive." Norene agrees: "One of the simplest and safest remedies is to keep the area clean and dry."

3. Another suggestion is to try homeopathy. Lycopodium worked for Julia, while Thuja was effective for Sam's 7-year-old daughter. See a qualified homeopath to determine the correct remedy for you.

4. Michelle recommends probiotics to address bowel flora imbalance – which may, in her view, be an underlying cause. Probiotics will offer the baby benefits too, says Michelle, and stand them in good stead against general illnesses and infections.

5. According to Leigh, grapefruit seed extract is brilliant for all kinds of fungal infections: "Just apply a dilution (5 to 10 drops per tablespoon of water) directly to the affected areas. You should find relief in a day or so, but continue the treatment for a few weeks to insure long-term relief."

6. Ken, on the other hand, swears by Calendula (Marigold) ointment. "Apply first thing every morning after washing and drying the feet." He also recommends washing the affected area

with cold black tea. "The tannic acid in the tea kills the organism that causes athlete's foot", he says.

7. Anna, like several other readers, recommends urine for treating athlete's foot (your own of course). If you don't believe her, read *Your Own Perfect Medicine*, by Martha M. Christie (SelfHealing Press, 1996).

8. Other suggestions include Aloe vera gel, tea tree oil and coconut oil (extra virgin) – all to be applied topically.

SAFETY TIPS FOR WOMEN (and men!)

After reading these crucial tips, forward them to someone you care about. These have been sent in by an American VRT practitioner. It never hurts to be careful and observant.

1. Tip from Tae Kwon Do: The elbow is the strongest point on your body. If you are close enough to use it, do!

2. Learn this from a tourist guide in New Orleans.

If a thief asks for your wallet and/or purse, DO NOT HAND IT OVER. Toss it away from you... chances are that they are more interested in your wallet than you, and will go for the wallet. Run fast in the other direction.

3. If you are ever thrown into the boot of a car, kick out the back tail lights and stick your arm out the hole and start waving like crazy. The driver won't see you, but everybody else will. This has saved lives.

4. Some people have a tendency to get into their cars after shopping, eating or working and just sit (making calls, lists etc) DON'T DO THIS! The predator will be watching you, and this is the perfect opportunity for him or her to get in on the passenger side. As soon as you get into your car, look the doors and leave.

5. If someone is in your car and threatens you. DO NOT DRIVE OFF, Instead drive the engine at speed into anything, wrecking the car. Your air bag will save you. If the person is in the back seat they will get the worst of it. As soon as the car crashes bail out and run. It is better than being taken to a remote location.

6. A few notes about getting into your car in indoor or outdoor car parks.

- Be aware: look around you, look into your car, at the passenger side, floor, and in the back seat.
- If you are parked next to a big van, enter your car from the passenger door.
- Look at the car parked on the driver's side of your vehicle, and the passenger side. If a male is sitting alone in the seat nearest your car, you may want to walk back get a security guard to walk you back out. It is always better to be safe than sorry. (and better paranoid than dead.)
- Always take the elevator instead of the stairs. (Stairwells are horrible places to be alone and the perfect crime spot. This is especially true at night!)

CASE STUDY

This is a special case study as it illustrates the fact that many older people have an amazing capacity for recovery, given the right impetus. In this case VRT played a large part. Another traumatic factor was the possibility of a married couple being forced to separate due to ill health.

Male: Henry, aged 85yrs old.
Fairly fit and active. Looking after bedridden wife with Parkinson's disease. Henry is deaf in his left ear and has minimal hearing in his right with the use of a hearing aid. Henry's hearing diminished overnight in his right ear leaving him completely deaf. Everybody had to communicate with him by writing things down. This went on for about 3-4 weeks. Henry went to his doctor for help, but the doctor couldn't do anything and said he would have to go to the hospital for an examination by a specialist. His deafness was critical as he was no longer safe to drive his car (so he had lost the small amount of freedom he had), there were questions about whether he would be able to continue looking after his wife - as he couldn't hear her. These were all life shattering implications for Henry and his family. Henry, who is my father, has had reflexology for the last year while I had been studying for my IIR reflexology qualification - he was a case study. I had just been on a course for VRT and thought I would try my new techniques of weight bearing on Henry because of its gentle and simplistic nature. I must admit to not really

thinking it would work. I decided to give him 2 treatments a week using the VRT before the conventional reflexology. I gave a Zonal Trigger on his ears, and the other 2 synergistic were adrenals for infection or inflammation and lymph to remove waste if any. I treated him over 2 weeks and he had 5 treatments. Henry telephoned me one morning and told me to cancel the appointment at the hospital as his hearing had come back and it was marginally better than before, he was ecstatic and did I realise that he could hear me on the telephone! I really didn't think it would work as he had completely gone deaf. He later told me that his ear had discharged rubbish. My heartfelt thanks to Lynne Booth.

Barbara Davis (via e-mail)

• STOP PRESS!

Weekend ART Seminar
with Anthony Porter
September 29th – 30th
2007
at the St. Monica Trust,
Bristol



Booth VRT are delighted to book this seminar with Anthony Porter who has over 30 years experience as a reflexologist and has developed a wide spectrum of Advanced Reflexology Techniques to enhance your practice. He has also written an ART Handbook. Anthony has travelled extensively during his career and his observations of reflexology internationally have enabled him to develop his own particular techniques. He has been greatly influential in the evolution of reflexology and it is a privilege to have him to teach in Bristol. **There are 24 places available on a first come, first served basis and the cost is £195.00 for the weekend.** Full details and booking form will be in the next Newsletter but if you wish to reserve a place immediately, please contact our office (see details on page 1).

“ART stands for Advanced Reflexology Training and is an ‘Evolution’ of the original concept. Not all reflexology is the same. The way that reflexology is generally accepted and described is that of a relaxation therapy, indeed it does produce a state of relaxation and invigoration, but its full potential is not generally recognised because the most effective techniques are not being used by the majority of reflexologists.”

Letters from Practitioners

Dear Lynne,

I am getting on very well with a combination of VRT and nerve points (*Nico Pauly Nerve Reflexology*) – one client has just had to have new glasses because her eye sight has improved so much, she is sure it's the reflexology; this is a bonus for her as she is also now pain free in her hip and leg.

Take care, regards, Barbara Langdon

Dear Lynne,

I work with the Special Needs People and have found hand VRT to be very effective with particularly one person in the Midland Health Board who suffers from constipation, whereby his feet are too sensitive in the digestive areas to work. He simply won't allow me to work his feet but loves his hands done in passive mode and sometimes with a side table beside his recliner which I use in my clinic for him. He places his hands down and I gently work out the lymphatics like a flush out to his fingers, helping his lymphatic drainage. This has an enormously positive effect as the nurses have reported bowel movements every Monday evening after his treatments which last 20 minutes.

Britta

Hello Lynne.

Subject: Bedridden patient

I was asked to see a bedridden patient at her home. Her Consultant has suggested that she receives some complementary treatment to help her with her pain - she has severe neuropathic pain syndrome - and has spinal cord haematoma. This 80 year old lady is bedridden and feels at the end of her tether with the constant pain, and is prepared to try anything which may make her feel better & give her some relief. I would like to use hand VRT, but am unsure how I can make the hands load bearing whilst she is bedridden. I would also like your expert advice as to the best areas to work to give her maximum relief.

Kind regards, Carolyn Railton

Lynne replies:

Many VRT hand (and foot) techniques enhance a reflexology treatment even if no weight bearing is involved. I would work the spine and also hip pelvic area first. I now start every treatment working the lower lumbar/pelvis as it seems to prepare the body for greater corrections. You can work two Zonal Triggers on the same system so I would find the most tender spinal reflex and also a hip pelvic reflex. Synergistically work the adrenals and possibly the solar plexus and maybe even one more reflex relating to a painful area. Diaphragm Rocking is essential ... work very gently and you could do at least a minute a hand and then return once or twice during the treatment and do some more. Tapping on the spinal reflexes will help. As far as weight-bearing is concerned: try placing her hand on a book or table mat beside her...on a bedside table if appropriate or just put it in line with her hand on the mattress beside her. It may be that her hand just lies limply, if so, just press it downwards gently with one of your hands while working the reflexes with the other. I have also worked people's feet in bed if they are on their back by simply pressing my hand against their plantar to give a bit of pressure while I work the dorsum.

Keep Harmonising throughout the treatment and greet the hands first by holding her thumbs nail on nail simultaneously for at least 45 seconds ... not weight-bearing.

Do try the VRT nail-working. It is always beneficial to take the thumb or toe nails and hold them for 30 seconds prior to the start of a treatment. This helps to centre the body. Try also just edging up and down each nail in the zone three centre - this and Diaphragm Rocking followed by harmonising can be a very good general treatment.

Twice weekly sessions - or even one per week - would benefit her enormously.

A follow-up letter after the above first session ...

Dear Lynne,

I thought I would wait until I had seen the patient before I sent you a response. She has been feeling very down and feels like giving up on life. She has a great deal of difficulty moving her hands now. She has very little control and has to move her drinking tube to her mouth by pushing

it with the back of her hand. It, therefore, made it even harder than I had imagined to work on her. She did not want me to work on her feet, so I tried to move her hands to get access. I managed, in a lopsided way, to access all the reflexes, but none in a weight bearing capacity. It was difficult to put pressure on because of the intense sensitivity she feels. I used a lot of Harmonising and did a lot of work on the spinal reflexes. *It was really great to hear her say that the pins and needles / sharp tingling she feels constantly had lessened by the end of the treatment.* I worked on her for about an hour. I couldn't get her hands into a position to do the DR as I would have liked, but I decided that some form of rocking with some pressure on the SP would be better than none. *I was very aware that by the end of the treatment, there was more flexibility in her arm/hand. Where at the beginning she winced as I tried to move her to the position I wanted, by the end I was able to move her more freely.*

Dorrie Coupland 1921-2006



The St Monica Trust

Lynne Booth writes:

Many members who have attended various VRT, Nerve or Ear Reflexology courses at the St Monica Trust, Bristol will be sorry to learn that my mother, Dorrie, died suddenly in July this year. The Trust is set in a beautiful 40 acre site and my mother was a resident in the nursing home. The range of services and exceptional setting meant that many course attendees were interested in a guided tour of the premises. On such tours over the years, we always visited my mother in her

beautiful room overlooking the Japanese-style ponds and croquet lawns. Although frail she was totally lucid, busy with her many activities and was delighted to meet the interesting reflexologists who came her way. The previous year she had published a book, *Beyond the City Walls*, on her findings and philosophy following a near-death experience when she was fifteen and just before her death was delighted to see a second print run! She was very instrumental in the discovery of VRT and my subsequent research and had well thumbed copies of both my books and would often successfully give the night staff some hand VRT when required! She was one of over 300 residents who experienced the Trust's unique range of care for the elderly from independence in sheltered flats or luxury retirement homes to 24 hour nursing care and a dementia wing. St Monica is a charity so the fees are comparable with other residential homes. There are gardens where residents can have mini-allotments or small gardens including flower beds at wheelchair height for the able-bodied to dig with a trowel and the for others to



smell growing flowers from their chairs at nose level! The Trust have won national care awards and senior government ministers have visited to learn more of their programme for making old age a very positive experience. It was an innovative move for the Head of Nursing to invite me

to run a Reflexology Clinic there 11 years ago and I am grateful for their support in my research. I also run nursing staff training courses for reflexology, sleep seminars and self-help workshops for residents. Old age can be a wonderful voyage of discovery in a place like the St Monica Trust where residents have taken up painting, poetry, pottery, music or art often when they are well into their eighties. My mother, like many of the elderly people there, embodied that powerful spirit of rising above the fragility of old age to embrace all the good things that came her way. She was a great inspiration.

For information : www.stmonicastrust.org.uk

Case study: Female, aged 45 years

Condition: Lumbar and cervical spine pain

Duration of illness: Several weeks

No. of VRT/reflexology treatments: 3

Aim of VRT treatment: To relieve pain in her body/hip.

Result: After one treatment of conventional reflexology and VRT and one treatment of VRT only, she felt 'rough' following second treatment for about one hour and had to rest. Following this – pain had gone! Client continued with her third treatment as she couldn't believe that the pain would not come back. However, she is not taking any painkillers now and is thrilled.

She has a complex medical history: hypertension controlled with medication; obese – has had gastroplasty operation; sleep apnoea; asthma; anaemia; IBS.

Other comments: On powerful analgesia at start of treatments – waiting for physiotherapy appointment. GP consulted and agreed to treatment.

CL, Gloucester

QUESTIONS FROM JAPAN

How do you assess the effect of VRT on a weak, bedridden person? How can you use VRT in the reclining position?

Most clients can respond to a therapist but VRT treatment for a bedridden person is harder to assess. Here is an example of giving a VRT treatment for my grandmother. Afterwards she was able to urinate naturally for the first time in ages but when I touched her leg, she talked deliriously. "It's painful".

Answer from Lynne:

VRT can work well on weak or ill people. It can also help people who have dementia or cannot communicate because of chronic ill health.

a. *If a person is very weak work LIGHTLY on the reflexes on the reclining feet and hands and do not put much pressure. Remember the rule is always work a reflex for a maximum of 30 seconds when weight-bearing. This rule, unusually, also applies to an ill person who is in the reclining position i.e. lying on a bed. Because VRT sensitises the reflexes, do not stimulate a reflex for more than 30 seconds even if they are NOT weight-bearing. You can always come back to it later in the treatment and work it again for another 30 seconds.*

b. *Prioritise on 2 synergistic points and one other reflex using the Zonal Trigger and 2 SR points as you would when standing. VRT still enhances your treatment to work on a person who is lying down but is more gentle than in the weight-bearing mode.*

c. *You cannot weight-bear when a person is lying in bed weak or ill unless:*

their hands are strong enough to press down at an angle on a tray or book that is lying on the side of the bed.

or you can press your palm or a book against the plantar of their foot as you work the dorsal reflexes. This creates a little more pressure on the reflexes.

or you can work the very important brain/head/cervical points on the thumbs and fingers by pressing their fingertips against a flat surface or your own fingers for a maximum of thirty seconds.

d. *On the particular reference to your grandmother: I too have treated people who seem to be expressing comments on*

sensations in their body, or possibly they are feeling a sensation in their actual hand and foot reflexes. It is a good sign that she urinated and she may have felt actual pain in the bladder and urethra afterwards as they had been under strain or tension and in contraction. Hopefully the bladder began working better after several VRT treatments. Remember to always Harmonise before, after and during treatments on the elderly to keep their bodies in balance.

- e. Another useful action with all clients when they lie down, not only the elderly, is to start all treatments by holding the two big toe nails, nail-on-nail in a Pituitary Pinch, and just hold for 30 seconds to balance the body. I often return to do this several times during the treatment if the person is ill, elderly or weak. With many people it is comforting to hold the thumb nails, nail-on-nail, at the start of a treatment.

Question 2

Why did this client, who is a nurse, feel nausea and went very pale five minutes after a VRT treatment? She was in a stress condition as she had been working hard on night duty. Due to these reason she could not wake up on holiday and sometimes slept for the whole day.

She had reflexology treatments several times previously but never had experienced such a hard reaction.

Was the VRT treatment was too powerful in this case? This was a case study for a Japanese VRT student and she had worked all the reflexes with very accurate techniques. Please advise how to deal with such a reaction.

Lynne replies:

I have not had this experience myself but two other therapists have reported this to me in the past. In both cases the client had enjoyed VRT before with no ill-effects. VRT is very good at targeting the root cause of a problem. This nurse was obviously under enormous tension and her body was weakened by being over-tired. Working synergistic points or a Zonal Trigger can very occasionally bring on a healing crisis as the body diverts too much energy too quickly to a weak point in the body.

- a. *If a person reports that they are very stressed, tired etc. I always Harmonise at least twice on each foot before starting a treatment. Knuckle dusting can be very*

good at calming and balancing the Central Nervous System. If a client should ever feel sick or nauseous then immediately sit or lie them down and Harmonise on both feet or hands and then perform very gentle Diaphragm Rocking for about two to three minutes. I once treated a very weak person with a terrible migraine by just holding the toes lightly nail-on-nail while they lay in a darkened room. Only after the pain in the head began to decrease after several minutes did I begin gently working on their toes and then their hands. Finally I worked their feet and they recovered within an hour. I must add that this was a totally exceptional result.

- b. *The next time the nurse came for a treatment I would suggest you Harmonise first, do the Basic VRT moves very quickly and lightly for only about one minute per foot. At the end of the treatment use one Synergistic Point and one Zonal Trigger only. I expect that the next time the nurse was treated she did not react in such a dramatic way to VRT as hopefully her body was more in balance. This is a lesson in never assuming that the client will always react in the same way. Factors such as bereavement, tiredness, trauma or a recent operation or accident can make the client far more vulnerable to a healing crisis or over-reaction. VRT practitioners are fortunate to have calming techniques such as Diaphragm rocking, Harmonising, Nail-working and Knuckle Dusting to compensate for any over-reaction.*

Nail Disorders

VRT practitioner Margaret Bill has highlighted the need for reflexologists to understand and identify the possible problems with nails which can range from mild fungal conditions to signs of cancer. We hope in a future edition of the newsletter to publish Margaret's findings. In the meantime, the following website gives some excellent information.

www.hooked-on-nails.com/naildisorders.html



Many people who participate in sports activities experience haematoma because of the constant friction from the shoes against the toenails. Haematoma may result in nail plate separation and infection because the blood can attract fungi and bacteria. If several days have passed and the blood clot becomes painful, the nail plate may require removal so the nail bed can be cleansed. A **Haematoma** is the result of trauma to the nail plate. It can happen from simply trapping your finger or toe in the car door to friction from improperly fitting or 'too-tight' shoes, to a sports related injury. A hammer does a pretty good job at causing a haematoma as well! The nail bed will bleed due to this trauma, and the blood is trapped between the nail bed and the nail plate. A haematoma may also indicate a fractured bone.

HANDY HINTS by **KRISTINE WALKER**

Extracts from Advanced Reflexology Workshops

To relieve computer eye strain tightly squeeze the knuckles of the index and middle fingers on both hands. Press the upper and lower surfaces as well as the sides of the joints for several minutes.

For ear ache press the ring finger on the afflicted side from tip to base. Squeeze the tip of the nail for 5 minutes. Have the wisdom teeth checked.

If you have tinnitus try the following: to diminish sound or decrease the noises in the ear raise the finger nail of the ring finger on the lateral side. To increase the level of noise raise the nail on the medial side. Try both and note the difference in sound. Raise the nail by hooking the thumb nail of the other hand underneath this ring finger nail. Flick the nail up and let it settle, repeating for about 4 minutes.

For tooth ache press the thumb joints for several minutes for the incisors; the index fingers for the eye teeth; the middle fingers for the molars and the ring fingers for the back molars and the wisdom teeth. The little finger covers zone 5, so does not affect the teeth.

To relieve constipation sit on a hard chair and grip the sides of the seat firmly with the tips of

your fingers and thumbs. It could take up to 15 minutes to work!

Deal with travel sickness by brushing the back of your hands with a wire hairbrush - the ones with little bobbles on the ends of the wires are very good. If you don't have one with you, rake the back of your hands with your nails.

For heartburn, reflux and acid indigestion press the fingertips of one hand against the fingertips of the other and press together firmly for a few minutes.

The same method is used for insomnia. Include pressure on the thumbs as well, making as large a circle

Extract from Zone Reflex by Dr. Joe Shelby Riley

CROSS EYES: Link index fingers, pull with one and resist with the other. When the left eye is crossed pull to the right and visa versa. When pulling to the right keep the left eye on the fingers. Start from the left side and when coming back, close crossed eye as otherwise you would be undoing work. Strain the crossed eye while following the fingers. Also rectal dilation.

Kris has a limited number of the following books: Zone Therapy by WM H Fitzgerald, Edwin F. Bowers and George Starr White, M.D. (1917), Zone Reflex by Dr. Joe Shelby Riley (1924).

All at around £25 including postage. Some are reprints of the originals and some are second editions, so if you are interested email Kris to discuss individual prices for each.

walker kristine@hotmail.com

SMALL CHANGES, **BIG EFFECT ON BAD BACKS**

By Christine Roscoe, VRT Tutor

Many of our clients present with back problems. Some of them will already know the cause of their problem – an injury, an awkward sprain or a condition such as arthritis. They may already be having treatment. But some clients will have



unexplained backache or an ongoing low level problem which we could help with treatments, raising awareness and helping to develop skills to cope with the problem.

They may be coming to us as 'a last resort', having tried medication or physiotherapy or even surgery, or because they wish to avoid those conventional treatment.

We're all familiar with the phrase 'we are what we eat' now and I think we could also add 'we are what we do' to our thinking when taking an in-depth consultation with clients. We already discuss things like medical history, lifestyle choices, eating habits, exercise patterns etc to see if they have a bearing on the client's health problem, but many ordinary daily activities should also be examined to see if they are contributing to or even causing back problems.

Very often, behaviour patterns or sedentary lifestyles can create or worsen the disorder. Too much sitting, standing or any repetitive activity in the client's life can be contributory factors to back pain which we should bear in mind. Any excesses or abnormalities in the regular patterns of daily life can cause problems. So a little more detailed questioning could uncover underlying poor habits and could help people to help themselves in quite basic ways.

Small changes in behaviour patterns could have a big effect

- **Watching television** – How does your client sit? If slouching or not sitting and looking straight at TV, this can cause neck and lower spine problems. Do they curl their legs under them? This can throw hip and lower spine out and cause severe pressure on the knees. When watching TV, the chair should ideally be directly facing it, so that neck and spine are not twisted.
- **Answering the phone** – Does the client have to use the phone a lot at work and write at the same time? Grasping the phone between ear and shoulder can lead to neck and shoulder and cervical spine problems. It's a Health and Safety issue if this happens at work and client should approach employers / Union rep with a view to getting a headset.
- **Carrying heavy bags** – women (and golfers) frequently carry heavy bags on one shoulder only. This creates an imbalance as

you raise one shoulder to keep the bag on. Similar problems occur by always carrying a heavy briefcase, laptop or shopping in the same hand – weight should be distributed evenly between both hands. Schoolchildren have to carry a lot of books and equipment and should have use a well adjusted rucksack type bag – not too loose and low or not a monostrap bag.

- **Incorrect sleeping position** – Talk to your client about the way they sleep. Cervical spine and neck should ideally be in a level horizontal alignment, supported with one good pillow. The pillow should sit in the crook of the neck and not be too high – which would raise the neck out of alignment with the spine, and not too low which will cause the neck to drop away from the spine without any support.
- **Work** – Does their job involve repetitive actions which can cause RSI? This is the overuse of certain muscles which can then lead to tendonitis and painful muscular spasm. Avoiding continued repetition or changing duties often will help. Constant bending should be avoided if possible. Correct lifting procedures should be followed at all times and training should be asked for if necessary.
- **Poor posture at work** – How do they sit at work? Back pain can often be due to slumping or poor chairs or computer screens at an incorrect height or angle. Again, this is a Health & Safety issue and HR departments and unions can give guidance on correct set ups.
- **Standing / sitting for prolonged periods** – this can aggravate many back conditions. If there is any sort of prolonged inactivity it is important to recommend stretching exercises whenever possible e.g. flexing and rotating feet, standing on tiptoes then on heels, stretching arms, shoulders, neck and legs and rotating head regularly.

What can we offer as Reflexologists? Improving awareness is the key and I feel our role should be ...

1. **To offer treatments, including VRT, of course, which could help to improve the back problem and reduce pain.**
2. **To provide some relaxation for the muscles, ligaments and tendons involved in the back pain so that some healing may begin.**

3. *To encourage the clients to always try to be aware of their body and its position, whether static or moving, whether seated, lifting, standing etc.*
4. *To make clients aware of how much they can help themselves by changing some very simple habits in their lives to protect their backs.*
5. *To refer to GPs or other therapists as necessary to help the client develop as many skills as possible to manage their problem.*

*Chris Roscoe
VRT tutor*

OCCASIONAL MASTER CLASSES - 2007

BOOTH VRT ANNOUNCE CLASSES FOR FOR FOUR PEOPLE ONLY

These exclusive courses are for VRT practitioners and will cover a wide range, and combination, of VRT techniques plus other reflexology skills that tutors Lynne Booth and Christine Walker have learnt or developed over the years. There will be practical and theory sessions throughout the day.

These one day workshops will be held in Bristol and run from 10.00 to 5.00 p.m.

Handouts and a hot and cold buffet lunch are included in the price. Working in small groups gives reflexologists a chance to specialise and learn new skills with have a high level of personalised instruction.

Price: £130 per person.

Lynne Booth:

Master Class on Pain and Mobility Issues with reference to the elderly and also sports related issues, plus a few nerve reflexes.

Wednesday January 31stth or
Wednesday March 14th 2007

Christine Roscoe:

Master Class on Inferility - a holistic approach to Fertility Problems, drawing on techniques from other complementary therapies and looking at lifestyle issues and conventional treatments

Friday February 24th or
Friday April 20th 2007

Places are offered on a first come-first served basis.

***To secure your place, please send a deposit of £80 to:
Booth VRT Ltd., Suite 205
60 Westbury Hill
Bristol, BS9 3UJ***

State the date you require and your name, address, telephone number and email address. Confirmation and instructions will be sent by return.

ELEVEN MUSICAL REMEDIES



Andrew Morris writes:

In March 2004 I began to wake up very early in the mornings and each day was impelled straight towards the piano where I began to hear, play and sketchily notate a new series of melodies. I had worked for many years as a freelance pianist, teacher and composer, but there was something quite different, almost startling, about what was happening. Firstly I didn't feel that I was deciding or choosing to write some new music; rather that this music was being revealed to me, and that my own decisions were irrelevant. Secondly, this music was in a more direct, simpler, more lyrical style than anything I had written before.



After ten days, by which time I had nine embryonic pieces of new music, I suddenly saw the open chart of the 38 Bach Flower Remedies. It had been in the room with the piano all the time. Suddenly I understood – these pieces of new music corresponded to particular Flower Remedies. I had known a little about the Flower Remedies for many years; and had used Rescue Remedy, Olive and Gentian on various occasions. All the same, this moment was extraordinary for its clarity and its suddenness. After quickly identifying the Remedies that the new pieces corresponded to, the realisation dawned that there were another twenty-nine pieces to write, or rather discover.

As the year moved on, progress was sporadic. Weeks went by where nothing happened – and if I tried to *make* something happen, it never worked out. What I gradually learnt was that a special kind of openness was needed – a open receptive meditative mind which could somehow literally tune in to the new pieces of music. Often that openness came at unexpected, sometimes quite stressful moments – one after attending a dear friend's funeral (Mustard), one whilst really exhausted on a summer school jazz course (Olive), one when unable to go out carol singing on Christmas Eve because of a sore throat (Cherry Plum).

In the autumn I met Julian Barnard of Healing Herbs. He gave me a copy of his wonderful book *Bach Flower Remedies : Form and Function* which I found a real inspiration on moving my understanding of the Flower Remedies forward. With this catalyst, I found that the remaining musical outlines arrived by the end of the year – the last five in an amazing burst in late December.

By his time I had realised that some of the pieces needed to be songs. I needed words which could bring the melodies to life and simultaneously tell stories about the transformative power of the Flower Remedies. I identified ten pieces which needed to be songs and asked a very good friend if she would work with me on this project. In another amazing creative burst, seven of the songs were written in a two day meeting, and ideas for the other three soon followed. At this stage, what I felt I had was an outline of all thirty-eight pieces. What was now needed was to realise – or make real - the music with different instruments, to explore the potential within the music for improvisation and to present the music to audiences.



Andrew Morris and performers

So far I have managed to get together three major presentations of the Musical Remedies – a concert in Leominster where Julian Barnard came and talked about the Flower Remedies, one in Hereford as part of the Three Choirs' Festival Fringe, and one in Cromer as part of the first ever international conference on the Bach Flower Remedies. We have had six people involved in these concerts – voice, flute, alto sax, piano, bass and drums – and we have a CD recording of eleven of the Remedies(see flyer attached). The music has been received warmly by people of very different ages and musical tastes. I have been specially pleased that a number of young people have really felt a strong connection to the music. I have also been struck by how many people have tuned into the Musical Remedies' potential for healing. One experienced therapeutic counsellor who came to one of the concerts feeling really ill with a bad headache said that the experience of listening to Rock Rose had completely transformed his inner state.

I am very keen that this music for the Bach Flower Remedies should reach a wider audience, and would welcome any opportunities to give further performances. A few extracts of some of the pieces can be heard at www.andrew-morris.com and a copy of the CD can be obtained for £10 + £1 p/p from Andrew Morris on 01568 611418 or 07779 380483 or andrew@andrew-morris.com

This work is very much work in progress – the CD of Eleven Musical Remedies is only a beginning. Several of the other Remedies have not yet been realised at all. I would like to be able to make a professional recording of all 38 Remedies in due course. If anyone has any ideas for possible sponsorship in this venture, do please get in touch with me.

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