Vertical Reflex Therapy

Membership Network Newsletter

No 16. Summer 2007

Dear Colleague

Hope you are having a break during this waterlogged, but sometimes beautiful, summer and are able to relax and forget about work for a while.

This newsletter contains a rich variety of news and information and I am very pleased to publish an abstract from reflexologist Neil Chambers-Brown who has just finished a BSc in Complementary Therapies at Westminster University. It is entitled "Treading Carefully – reflexology as a diagnostic tool". I think it makes fascinating reading and the included comprehensive bibliography will be useful should you wish to pursue his line of reading.

Reflexologists rightly do NOT diagnose and it would be dangerous for us to attempt a medical opinion but the feet can, of course, indicate areas of imbalance. Diaphragm Rocking and Zonal Triggers can help us to find priority areas for stimulation but we do not second-guess what is wrong. For example, a client came to me with headaches due to a very painful shoulder that had been treated with a cortisone injection and physiotherapy. When I looked for a Zonal Trigger and performed the Diaphragm Rocking, the neck reflexes responded most and the client had a feeling of warmth in the cervical spine area. I therefore took the neck to be the priority and worked accordingly to good effect. A few weeks later the client finally had an X-ray which indicated that there was a minor problem in the cervical spine. I did not diagnose what was wrong but VRT directed me to the source of the problem.

The Masterclasses on Pain and Mobility and Sub-fertility have been a great success and more are being booked due to demand. See enclosed booking forms. Classes are held for a maximum of 4 people in Bristol. However, Chris Roscoe is prepared to travel elsewhere in the country to run a Sub-Fertility Masterclass for 6 people, so if you have a group of colleagues who are interested, contact Chris direct. See page 5.

I was delighted to meet up with many VRT practitioners at the recent AoR conference. Attending a reflexology conference is a very stimulating event for feedback and discussion with our peers. Net-working and looking at other techniques is of immense benefit to our practice and I personally learnt a lot. As mentioned on page 7. I met Tricia Stewart who ran the Yorkshire village WI that initiated those world famous nude calendars which prompted the film "Calendar Girls" starring Helen Mirren and Julie Walters. It was inspiring to hear how "ordinary" women were pivoted into the "extraordinary" international scene and seemed made for the role! All of us are capable of something great if we find the right outlet and Tricia and her "girls" made significant changes to their own lives for the benefit of others and, six years on, are still fundraising for leukaemia research.

Kristine Walker, who is based in Brighton, is an old friend and colleague and has, in recent years, developed her own form of face reflexology. She writes: "The facial reflexology course I have devised is a gift for almost any therapist, simple to learn and remember, and excellent with VRT". More details in the newsletter on page 12.

At the Warwick conference and on courses therapists have come up and told me their wonderful results with VRT but very few send them in for my records. Please write in with a few lines of a case study. It could literally take as little as 5 -10 minutes at most and would help my research and could be shared with others in classes, or the newsletter or on the website. I understand that it is an effort but do consider filling in one of the enclosed forms (however brief) and posting it back. Or you can email a few lines. Your work can really help and inspire others. Please share it.

Kind regards
Lynne Booth

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Booth VRT Ltd, Suite 205, 60 Westbury Hill, Bristol, BS9 3UJ. Tel/Fax: 0117 9626746
Email: contact@boothvrt.com, www.boothvrt.com

COUGH MEDICINE AND INFERTILITY

VRT Tutor Chris Roscoe writes …….

Strange Heading? Yes and No
Recently a client told me she was pregnant. I was delighted for her as she'd been trying to conceive for several years. She was 39 and I'd been treating her for about 4 months with Reflexology, VRT and Endocrine balancing techniques. This had been successful in regularising her periods and reducing her stress.

The main fertility problem for her was hostile cervical mucus. The consistency of cervical mucus varies at different points of the menstrual cycle and at ovulation it should be a thinnish clear jelly rather like egg white. Cervical mucus is described as hostile when it is too thick and / or acidic to allow sperm to enter the cervix and thus it prevents conception. Up to 30% of women who take the ovulation stimulating drug Clomid can experience hostile mucus. One of the tests done when a couple is undergoing fertility investigations is a Post Coital Test (PCT). A sample of the vaginal mucus is taken post-intercourse to assess the numbers and reactions of sperm. Quality mucus will have live sperm swimming in it. For my client, the result was that her mucus was so hostile that all the sperm were dead. Of course, she was devastated.

She then told me that she felt that taking cough medicine for just one month had helped her to get pregnant! I was intrigued, questioned her for more detail and then did some research.

A number of websites and message board sites which offer advice and support for people with fertility problems look at the mucus issue in depth. Taking cough medicine is one of the suggestions

So …… could cough medicine help someone to conceive?

There's not a lot of medical research to support the idea, but lots of anecdotal evidence suggests that it can help. The theory is that cough medicine is an expectorant which loosens and thins mucus in the respiratory tracts and as it works systemically on all mucus membranes in the body, it may also help to do the same for cervical mucus and thus help the sperm to reach their destination.

Not just any old cough medicine however. It should have **GUAIFENESIN** as its main active ingredient – frequently found in Robitussin medicine. The websites state that there is an optimum time of the month to take it – before and during ovulation, and specific doses are suggested too.

Of course, I'm not suggesting that you recommend all your clients to take cough medicine, but this is developing informally in the field of fertility, and your clients may speak to you about this topic. It is absolutely essential that you tell your clients to check with their own specialist or GP about the use of guaifenesin – or any other anecdotal suggestions – before self medicating during conception attempts. As with all medicines, there could be side effects from using guaifenesin, particularly if taking other medications.

Another suggestion was suggested by the local fertility clinic – a Bicarbonate of Soda douche (1 tablespoon of baking soda into 1 quart of water) to alter the acidity of the mucus, 30 to 60 minutes prior to intercourse.
Websites I looked at include:

www.mothernature.comwww.babycentre.co.uk www.fertilityplus.org www.babyhopes.com www.drdaiter.com www.pregnancy-info.net

Booth VRT is delighted to announce a Weekend ART Seminar with Anthony Porter Sept. 29th – 30th 2007 in Bristol Only 4 places left.!! Phone now to reserve a place 01179 626746

Booth VRT is 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's courses are extremely popular and informative so book your place now.

Herbal Natural Baby Wipes

Britta Stuart Dolan, VRT tutor for Eire introduced Lynne to these excellent naturally perfumed wipes. Just right for wiping the feet and can be ordered in the UK.

- *Buy 10 Packs or more for discount* Herbal Baby wipes with aloe vera and tea tree for sensitive skin. The formulation of these wipes had been strictly constructed to offer parents an alcohol free herbal baby wipe alternative. Cost about £1.95
- Contains Aloe vera/Tea Tree Oil
- Fragrance of soothing lavender and Lemon

Non- flushable.Made from Polyester/Viscose
Ingredients:Purified/De-ionized water
Glycerol, cocamidopropyl betaine, aloe vera
tea tree oil, quaternary ammonium salt,
phenoxyethanol, with lavender and lemon.

Little Green Earthlets
Unit 17, Silveroaks Farm,Waldron
East Sussex,TN21 0RS
tel: 0845 072 4462
www.earthlets.co.uk

Britta Stewart-Dolan writes:
Comments on a recent client:
I had a mother, who delivered her wonderful boy on time within one hour of labour.
I could not believe the ease with which she was so calm and this lady had a lot of support from reflexology throughout her pregnancy starting from 3 months before the birth day. She was told she would go over to the following 5 days at least. I did a lot of VRT for her on her last visit and received a text saying that the treatment worked as she had her baby on the day she was due and it was such a great labour, lasting only an hour.
Could all the nail working VRT linked with other helper endocrine VRT reflex points worked in a VERTICAL POSITION for 2 minutes be the new way to speed up labour?

Here is a recipe formulated to help hot flushes and other symptoms. It is nutritious and delicious whether you are suffering from the menopause or not!

Menopause Cake

Ingredients:

4oz soya flour
4oz wholewheat flour (plain)
4oz porridge oats
4oz linseeds
2oz sunflower seeds
2oz pumpkin seeds
2oz sesame seeds
2oz flaked almonds
(optional) 2 pieces of stem ginger, finely chopped
8oz raisins (or dried fruit of your choice - I use dates)
approx. 750ml. (1 1/4pt) soya milk
1 tablespoon malt extract
1/2 teaspoon nutmeg
1/2 teaspoon cinnamon
1/2 teaspoon ground ginger

Method:

Place the dry ingredients in a large bowl and mix thoroughly, then add the soya milk and malt extract. Mix well and leave to soak for about half an hour. (This bit is important because otherwise the cake is much too sloppy - the soaking gets it to the right consistency). If the mixture is too stiff after soaking add more soya milk. Spoon into two loaf tins lined with greaseproof paper and greased with a little oil. Bake in the oven at gas mark 5, 190 C, 375 F for about 1 to 1 1/4 hours or until cooked through. (Test with a skewer). Turn out and leave to cool. Can be eaten on its own or spread with butter.

Brazilian Toe Massage article

Follow up and correction from the VRT Spring 2007 newsletter where we reprinted an article, in good faith, from the Reflexology Association of New Jersey. Thanks to Cheryl Brickell for putting it right.....

As always I enjoyed reading my copy of the Vertical Reflex Therapy newsletter and read with interest the article on Brazilian Toe Massage by Peter Eedy in the Spring issue. It is a technique I had heard of but not read about. However, as someone who is trying to get to grips with Chinese Meridians and the Five Elements, I feel it is important to draw to your attention some factual errors in his article which fellow reflexologists, also trying to master a knowledge of the meridians, will find misleading.
The six energy meridians that he mentions DO NOT all end in the toes. Only the Bladder, Stomach and Gall Bladder meridians do. The Liver and Spleen meridians begin on the big toe and the Kidney meridian begins at roughly the Solar Plexus reflex on the plantar side of the foot. Also Peter has positioned some of the meridians incorrectly. To clarify:-

- The Liver meridian begins at the base of the toe nail on the lateral side of the big toe.
- The Spleen meridian begins at the base of the toe nail on the medial side of the big toe.
- The Stomach meridian ends at the base of the toe nail on the lateral side of the second toe.
- The Kidney Meridian begins at roughly the site of the Solar Plexus reflex on the plantar side of the foot and not on the little toe.
- The middle toe is the end of the internal branch of the Stomach Meridian and not the Bladder Meridian.
- The Bladder Meridian ends at the base of the toe nail on the lateral side of the little toe and not the middle toe.

Source: Tony Porter's ART Meridian/Reflex Chart 2000. I have also checked with my acupuncturist.
I agree with Peter that by massaging or connecting with the ends of each of the toes we are making an energetic connection, helping to clear congestion in the meridians and thereby normalise the function of all the major organs both on a physical and emotional level.

Membership Renewal
Only £20 (£25 overseas)

For those members whose annual subscriptions were renewable on 1st July 2007, you will find a blue renewal form enclosed. Please post this form with your cheque, or fax with a card number, to the office address.

Members are first to hear of new courses and priority booking, theirs are the only names on our website and there are often special offers, reduced prices for courses and lots of hints and information in the quarterly newsletter.

Northern Ireland VRT weekend May 2007
Britta Stuart Dolan and Portrush reflexologists

I just wanted to send a short email to say how much I enjoyed the VRT Basic & Advanced with Britta. She is a beautiful person with a kind and passionate nature. She presented the workshops with passion and dedication which made the whole learning experience more enjoyable. There was a lot to absorb over the two days but the feedback I received directly from the delegates was positive and complimentary to Britta.
When out on Saturday evening after the Basic Workshop I spent some time with my friends. My friend has recently being recovering from pneumonia and has been experiencing extreme tiredness. I did the 20 minute Basic Conventional sequence on her concentrating on D/R and lymphatics. I have just received a telephone call from her telling me that she doesn't know what I did but her energy has increased and she hasn't felt so well in weeks.
Therefore I can't wait to introduce some of my other clients and friends that I know will benefit from VRT. Thank you
Sharon Johnson

Letters from practitioners

Dear Lynne,
Thank you again for the excellent Newsletter. Always so much to absorb and learn from. I am constantly urging reflexologists, particularly ones newly qualified, to come to your courses. I never work without it and still marvel at the speed with how it assists recovery. I hope to join you again in the not too distant future for a refresher course but find myself extremely busy with the changing views of the NHS and GPs in particular on suggesting a complementary therapy!!! What a breakthrough!
Kind regards to you and your team.
Shirley Harris

Dear Lynne & Britta,
I just had to write and let you know what happened. I was working in the clinic on Friday, when our receptionist asked if I would speak to a gentleman. He was looking for a deep tissue massage but our sports therapist was not available. I did not think, looking at him, that aromatherapy would be the treatment of choice so I took a deep breath and offered him VRT. He looked so sceptical, but he was in a lot of pain (he was travelling around Ireland playing golf, having travelled from Canada).
So I took a history and quickly did movements 1-11 going back to work his ankles repeatedly. Then I did a little conventional reflexology with a lot of DR and some LS. The client appeared to have become extremely relaxed and I almost lost my nerve to work on his synergistic reflexes. I used points 42 and 56 on his feet and 42 on his hand, he had a lot of pain in Zone 3 on his right foot. So I worked L4 as well, from which he seemed to have a surge of heat. In finished with pituitary pinch and then the consolidator point. I asked him to sit down and got him a glass of water. I talked him through his aftercare advice. When he got up to leave, his lump had gone and he said he was pain free for the first time in 4/5 days. I was so pleased.
Best wishes and many thanks for allowing us to learn VRT.
Jan McCrudden

For Sale Inversion - Back Swing
The health benefits of using an inversion table are numerous including: decompresses your spine, helps to stimulate blood flow to release stress, reduces fatigue and helps relieve lower back pain. High quality/ Packs flat. See www.naturalliving.co.uk and search "Back swing" for similar type of equipment. Excellent condition – firm and comfortable support £100 plus carriage or collect. Call Booth VRT Office 01179 626746 email:contact@boothvrt.com

VRT MASTER CLASSES

The VRT Master Classes, held in Bristol for four people only, have been a runaway monthly success with great feedback from all attendees and Lynne and Christine plan to run more in 2008! The 2007 courses are already nearly full.
If you have attended a VRT Basic Course you are eligible to attend. Cost £125 for members Includes lunch, refreshments and handouts. **See enclosed booking forms. If a small group want to book Christine Roscoe to visit their area for the Sub-Fertility course please phone or email Christine direct on:**

01179 658111
chris.roscoe@blueyonder.co.uk

Do you know someone wanting to train as a Reflexologist? Was your original training satisfactory?

The International Institute of Reflexology® (IIR) is the oldest established reflexology teaching organisation in the world and is dedicated to teaching the **Original Ingham Method®** of Reflexology worldwide. The IIR was formed in 1952 in response to huge international demand for tuition. It is dedicated to teaching the correct Ingham Method® thereby perpetuating the work of its founder, Eunice Ingham.

The International Institute of Reflexology (UK) ® offers a one-year Practitioner's Diploma course, made up of modules that are designed for the person who seeks as much detailed training and relevant knowledge of health as possible and who aspires to reach the highest standards. Though intensive, the modules are taught in a relaxed and informal environment and each student is given one-to-one tuition as needed. Courses are offered regionally across the UK.

The IIR also offers Bridging Courses to all qualified reflexologists who wish to practise the Original Ingham Method. The format of the Bridging Course can be agreed with the Course Director, based on previous qualifications. Students are required to attend a minimum of three units (6 days) prior to taking the IIR Diploma qualifying assessment.

For more information, visit:
www.reflexology-uk.net
or telephone 01142 812100

Deaf Awareness

Lynne writes: Do you know how to recognise deaf and hard of hearing people? Is deafness invisible? It is not only the elderly who have hearing problems and most reflexologists will have experience of clients with hearing disorders. On page 7 is poem selected by reflexologist and pioneer VRT practitioner, Barbara Stanhope-Williams which illustrates some of the issues a deaf person encounters.. Below are guidelines I have gleaned from the organisation, Hear First plus contact details from The Royal National Institute for Deaf People (RNID).
Their advice is to treat deaf and hard of hearing people the same as you would anyone else.

When meeting a person with hearing difficulties:

- You may spot their hearing aids.
- You may notice the person is looking at your lips to lip-read you.
- The person may give wrong answers to your questions.
- You may notice the person is using Sign Language, or working with an interpreter.
- The person may talk all the time; they are trying to control the topic of conversation and if they are speaking, it means you cannot so there is less chance of them mishearing you!
- The person may lean forwards to try and hear you better.
- Hearing deteriorates with age. Be aware that older people may have become hard of hearing.
- The person may seem to be ignoring you; they are not being rude, they simply may not be able to hear you.
- The person may say 'pardon', 'sorry', or get you to repeat things a lot.
- The person may speak very loudly; they may be trying to hear their own voice. This may also be because the person has no means of telling how loudly they are speaking and so cannot judge their voice volume.
- The person may be working with a hearing dog for deaf people, or a guide dog for the blind.
- The person may be carrying a red and white stick.

Selective hearing - the person may seem to only hear half of what you are saying.

Meeting deaf and hard of hearing people

- Use good communication skills i.e. make eye contact, use a firm clear voice, use gestures, write it down etc. Speak a little slower; make sure the deaf person can see your face.
- Listen and try to understand deaf people.
- If you know a bit of know a bit of British Sign Language, tell people; don't be scared of using it.
- Involve the person and do your best.
- Don't ignore people, offer to help.

Telephones

- Some deaf people use minicoms/text phones.
- If you have a minicom you can call other minicoms just by dialing the phone number.

If you haven't got a minicom and you want to make a call to a deaf persons text phone you can use a free service called Text Direct to connect you. For more information go to www.typetalk.org.

Hear First, Lower Acre
Tomorden Road
Bacup
Lancashire
OL13 9EB

Tel: 01706 872816 Fax. 01706 872131
minicom. 01706 872908
Email: info@hearfirst.orgwww.hearfirst.org.uk/daw.html

Deaf Awareness.....

I'm trying to use a new language
It's not very easy to do
And I need your help and assistance
So I thought I'd explain it to you

Next time you're going to speak to me
Don't turn your face away
For only seeing the words on your lips
Can I understand what you say

Talk to me more distinctly
Not too loud and not too fast
Don't hide behind a cup or hand
Or keep talking after you've passed

When you impatiently say "Never mind"
I shrivel up inside
For I frantically fought to hear what you said
And you don't even know I tried

The tick of the clock; the song of the bird;
The sound on the roof of the rain
Approaching footsteps; a loved one's voice
What I'd give to hear them again

Will you help me to remember
Through the picture of a word
A sound, or a joke
That I once loved
That once I also heard

Wendy J. May

Royal National Institute for Deaf People

They are the largest charity working to change the world for the UK's 9 million

The RNID provides information and resources for deaf and hard of hearing people, their families, friends and employers, and professionals
They offer to tell you everything you've always wanted to know about deafness and hearing loss and will tell you what causes hearing loss, dispel many common myths and explain the mysteries of tinnitus. You can also find out the latest facts and figures about deafness and learn about deaf awareness. Learn about tinnitus, hearing aids, our latest products, accessible entertainment, and the Disability Discrimination Act. You can also practice sign language and finger-spelling with our interactive tools, and learn useful tips to help you communicate better.

Information Line *(Freephone)*
Telephone 0808 808 0123
Textphone 0808 808 9000
informationline@rnid.org.uk www.rnid.org.uk

The Association of Reflexologists
Warwick Conference July 5th – 7th 2007

Over 450 reflexologists from the UK and overseas gathered together for 3 interesting days at the University of Warwick. Once again it was exceptionally well organised and offered a range of activities, workshops and presentations. Highlights were **Dorthe Krogsgaard and Peter Lund Frandsen's** fascinating presentation "Reflexology – an energy medicine on the road to excellence". They have spoken at various conferences and their skill and professionalism is second to none. Look at their excellent website www.touchpoint.dk.
Dr Christine Page is a charismatic person with over 30 years experience as a doctor and homeopath. She is committed to finding ways to enhance a state of well-being and listen to the wisdom of the body. For more information on her enlightening books see www.christinepage.com.
Other speakers, included **Tony Porter, Jan Williamson, Susanne Enzer and Lynne Booth** who each presented 85 minute workshops. Quite a challenge to repeat the same material 4 times to different groups!

The original *Calendar Girl* Tricia Stewart, pictured with Lynne Booth, was the brilliant after-dinner speaker. It was the best hour long speech many of us had ever heard. A natural and self-deprecating raconteur, she combined wit, with compassion and realism as she told the story behind the film, coping with sudden fame, fundraising (to date £1.5 million) and the celebrities and actors that she and the other WI "girls" met in various parts of the world.

Jan Williamson
Precision

and

Lynne Booth
VRT

....share a stand!

A safe pair of hands for No 10?

Gordon Brown unwittingly demonstrates Diaphragm Rocking in the Guardian!

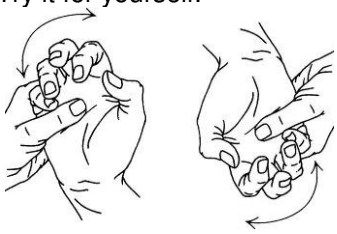
Lynne writes: In April this full page colour photo of Gordon Brown appeared in a Guardian feature on the future Prime Minister. He seems to be, unwittingly, practicing Diaphragm Rocking as described in *Vertical Reflexology for Hands*!

I sent in the following letter which was used as a centrepiece for the collection of letters on the subject. The accompanying illustration was a clever idea but, had they consulted a reflexologist first, it could have been pointed out that:

- There are no reflexes called "cold" or "nerve" on the fingers!
- They have drawn the door of No.10 on the bowel reflexes i.e. the area of elimination!

Self-help VRT and Diaphragm Rocking – a profound hand and foot reclining technique

Self-help VRT and Diaphragm Rocking was originally developed to help correct poor sleep patterns, relieve stress and treat or prevent jet lag. Try it for yourself.



Method

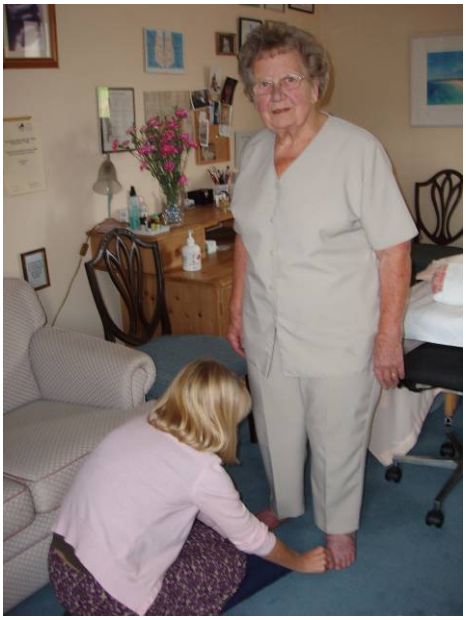
Lightly place your thumb on your right palm approximately 1" or 2.5 cm below the base of the gap between your index and middle fingers.

Keeping your arm and lower hand still, slightly curl your fingers over your thumb and rock them back and forwards slowly, i.e. each rock would last as long as it roughly takes to count " *1 and 2 and 3 and 4*". Use either of the hand positions illustrated.

Repeat this movement 10 to 15 times on each hand before bed or when you wake up in the night and cannot get back to sleep.

It can be used in stressful situations at any time. As little as 5 rocks per hand can calm the emotions.

Life can improve at 82!



Brief Vertical Reflex Therapy treatment on Mrs Lily King age 92

Mrs Lily King is a remarkable client of mine who still runs her own home single handed, drives a car, enjoys gardening, has recently passed several computing exams - including spreadsheets, and joined a gym! She has even tried swimming lessons. She first came to me for reflexology sessions ten years ago, aged 82 as she was very immobile with chronic arthritis and wanted to prolong her independence. Her knees are problematic and reflexology/VRT, from the very early treatments, gave her much greater mobility and she also took some recommended nutritional supplements (stabilised fish oil and aloe vera). Another very practical aid was to have a stair-lift although she continued to climb the stairs to my clinic on each visit. She still has a regular monthly reflexology/VRT treatment with me and has since explored many complementary health avenues to improve her health such as diet and cranio-sacral osteopathy. She regularly visits the gym but on some exercise machines she has to key in "75 years old" for her age as it is the highest the equipment has been programmed to go!!

Years ago, following treatments of VRT and reflexology, Mrs King was more mobile for gardening and travel and took herself off to Paris and many holiday trips within the UK. She is a superb cook and still caters for her many friends of all ages and makes, ices and decorates at least 15 cakes each Christmas! An inspiring lady and exceptional case.

Reflexology and the elderly

Reflexology's accessibility and ease of use makes it especially appropriate for half hour treatments for the elderly. Like many other holistic therapies reflexology is complementary to allopathic medicine and, with permission of medical staff, can also be used alongside other treatments such as physiotherapy and hydrotherapy as reflexology helps circulation, normalises bodily functions and can aid detoxification. It is a particularly suitable modality for the elderly as no outer clothing except footwear need be removed and the techniques can be easily applied in a sitting or reclining position and in many different locations: in bed, in wheelchairs or couches and simple self- help hand exercises can also be taught to be used anywhere.

My observations over the years, following the positive results of a small VRT study on pain and mobility in 1997, indicate that the ageing body still has an immense capacity for regeneration and healing. Many residents who have had no experience or interest in complementary care have welcomed the chance to try reflexology and perhaps avoid the need for further medication.

We live in an aging population and will hopefully reach our own old age one day. The negative prognosis appears to be that we are kept alive longer and could expect several last years of ill health. But *"Be kind to your body, it's the only place you live"* is a good piece of preventative advice. I have also seen great improvements in the chronically ill elderly in health and spirit and know that, despite frailty, a good quality of later life can still be achieved.

The lady on the left is 90 and due to abseil (with help from firemen) for charity this month!

Whatever your state of health, you are never too old to benefit from reflexology or enjoy a party!

'Treading Carefully - Reflexology as a Diagnostic Tool'. Abstract by Neil Chambers-Browne

Neil Chambers-Browne has practised as a reflexologist in a number of clinical environments, ranging from HIV projects to stroke rehabilitation centres and he has also worked as a lecturer in reflexology since 2001. Neil has recently completed a BSc in Complementary Therapies at Westminster University and he is currently undertaking consultancy work in Malaysia.

Reflexology has been classified by The House of Lords Select Committee for Science and Technology (2000) as a therapy that does not embrace diagnostic techniques. This position is confirmed by professional and awarding bodies in the UK and is reflected in codes of conduct (Reflexology Forum 2007). In spite of this non-diagnostic classification, Ernst (2006) has stated that some reflexologists do make diagnostic claims and that patients are at risk of receiving false positive or false negative diagnoses. Research shows that there appears to be evidence of this claim as practitioner training courses in the use of reflexology as a diagnostic method are clearly available (Saldean Community Centre 2006, Institute of Human Ecology 2006 & Rwo Shur Health Institute 2006) and research into the reliability of reflexological diagnosis has been documented by the International Council of Reflexologists (2006). It is apparent that misunderstandings have arisen and this is reflected by the British Medical Journal's definition of reflexology as a therapy that diagnoses 'functional imbalances' and corrects them (Cornbleet and Ross 2001:736). The same year, Lett (2001:146) claimed that any 'statement that reflexology can be used to make a diagnosis is untrue' and that such statements are 'not to be found in any published text'. So what might be the underlying theory of reflexological diagnosis and is there an evidence base to support enabling such practise?

In one of the first reflexology books published in the UK, Bayly (1978:10) states that reflexology is 'of the greatest use as a means of diagnosis. It is fantastic for this purpose: it is quickly applied and it is accurate. By testing the various reflexes in the feet, the degree of tenderness will give an accurate reading of any organ or area that is in a state of disorder'. This claim may be traced back to the pioneers of zone therapy, Fitzgerald and Bowers (1917:176), who clearly state that if 'pressures are resisted by pathological processes' such as 'an abscess or some active inflammatory condition' the application of pressure often stimulates a pain response (176). Additionally, external indicators of inflammatory processes, such as corns or missing teeth, were considered responsible for internal inflammatory pathologies such as neuritis and rheumatism (101 & 179). Fitzgerald and Bowers (1917:84) were sufficiently confident about their discovery to proclaim that 'as a means of diagnosis, zone therapy has an immense value'. However, as medical doctors they had a legal right to make diagnoses and frequently made use of skills obtained from their medical training (34-5). As this is the case, it is difficult to tell if they had taken account of other factors when making reflexological diagnoses. They also clearly stated that practitioners should be 'capable of diagnosing and treating disease in all parts of the body' and add that if the condition fails to improve, the patient should be referred to a specialist (183).

Ingham (1938:3, 13 & 16) developed the theoretical basis for identifying dysfunction by suggesting that crystalline deposits, arising from accumulated waste in nerve endings, restrict blood circulation and indicate weaknesses in corresponding organs. In an example of the process of reflexological diagnosis, Ingham (1938:52) states that if the liver reflex is tender, impaired hepatic circulation and function is indicated. She claims this may lead to conditions such as jaundice, gall stones or sclerosis and that restoration of hepatic function may be achieved by using massage techniques to 'dissolve' any crystalline deposits at the liver reflex. Ingham (1951:85) addresses concerns about diagnosing conditions where prior medical diagnoses have not been made by advising reflexologists who are not MDs to refrain from disclosing their findings. However, there is evidence to suggest that the medical community in the UK would prefer CAM practitioners to share their 'complementary' diagnoses with them as an essential aspect of 'good practice' (Zollman & Vickers1999:1559). Nevertheless, this does not satisfy the regulatory requirement for diagnostic claims to be evidence based.

Only a handful of studies directly testing the effectiveness of reflexological diagnosis have been published. Baerheim et al. (1998:753-5) found that although diagnosis of conditions associated with specific body systems was better than chance, agreement was too low to be of clinical significance and practitioners tend to over diagnose (754-5). White et al. (2000:166) conducted a study after sending out a survey to MDs concerning attitudes to CAM. Survey respondents reported that a reflexologist had, in one case, delayed the diagnosis of a medical condition and in another case, a second reflexologist had made an incorrect diagnosis that had caused unnecessary distress. Results showed an overall accuracy rate of 12% for 'definite' and 'definitely not' categories (170) and a wide level of disagreement. The authors conclude by stating that 'there is no evidence that reflexology techniques accurately detect the presence of symptoms or conditions' (172). More recently, Raz et al. (2003:600-5) found a statistically significant correlation when reflexological diagnoses were compared to medical diagnoses. However, the correlation between both of the reflexologists was also significantly different. The authors found that reflexological diagnosis is better than chance when diagnosing systemic rather than specific problems, for example, digestive dysfunction rather than colitis or liver dysfunction rather than cirrhosis. They concluded that diagnosis is only reliable when indicators are found at clearly mapped out areas.

Future research may benefit from a clearer focus on theoretical backgrounds. For example, Fitzgerald

and Bowers (1917:180) suggest that inflammatory processes may be identified through the presence of pain at specifically charted areas of the body. To this end, a number of patients with medical diagnoses of inflammatory disorders, such as lumbago, mastitis or colitis, could be independently examined by reflexologists who were blinded to the MDs findings. According to the theory, the reflexologists should locate pain at the lumbar, breast or colon reflex areas. Unlike the study undertaken by White et al. (2000:167), the protocol would establish a need for the patient to communicate with the reflexologist in order to establish the nature of the pain. This is vital, as the theory suggests that pathological processes are indicated by increasingly painful reflexes when compression techniques are applied. Any communication may be recorded by a blinded observer. Other theories to explain reflexology have been proposed, with the meridian theory offering scope for diagnostic practise. The theory relies on the Traditional Chinese Medicine (TCM) concept of the transfer of 'energy' along meridians (Tiran & Chummun 2005:60), with blockages in those meridians characterised by pain or crystalline deposits. However, it may be argued that a diagnosis of meridian imbalance is usually made by TCM practitioners after complex assessments are carried out. Additionally, the reflexologist would be required to use two diagnostic techniques; the reflexological methodology to detect zonal indicators (i.e. painful reflexes) and then use TCM models to give detection of those indicators meaning, i.e. qi yang deficiency in the spleen. In other words, the theoretical models for reflexological diagnosis proposed by Fitzgerald, Bowers and Ingham have been replaced by the TCM theory of meridian imbalance. On top of this, a medical diagnosis would be used to correlate any results. The use of three theoretical models would make analysis of results complex and lacking in credibility (Vincent & Furnham 1997:161-4).

Initially, stress cues were identified as pain and structures that indicate inflammatory processes but now include others such as dampness and odour (Tucker 2001:78). However, there appears to be evidence against some of these claims. For example, although mild to moderately low kidney function is prevalent and often goes unrecognised, malodorous feet are not considered to be a common sign of renal problems (Clase et al. 2004:912). Swollen feet, with associated pruritis, may be considered a better indicator in such cases (Thomas Jefferson University Hospital 2007). Marquardt (1983:81) developed principles of practise in reflexology in the 1980s and concluded that stress cues were unreliable and 'insufficient to determine the cause, type or duration of the disorder' and lists several factors that may lie behind such findings. For example, overtiredness or overexertion could be causal and it is difficult to assess where on the stress continuum disease occurs (81-2). Additionally, cues such as overexertion may detect transient dysfunction and do not indicate disease at all. She also warns that it is difficult to distinguish between latent, acute or chronic disease states (81). Marquardt's work may be linked to the inability of the reflexologists to produce statistically significant rates of correct precise diagnoses in trials (Raz et al. 2003:600-5). Although the authors concluded that reflexological diagnosis was accurate and reliable at systemic level, a painful reflex would not provide sufficient information for the reflexologist to distinguish between the presence of a latent, chronic or an acute condition. It is also the case that disease or disorder frequently leads to the presentation of a variety of signs and symptoms. For example, the identification of pain cues in the abdominal reflex may lead to a subsequent medical diagnosis of ascites - a problem associated with both congestive heart failure and cirrhosis (areas where indicators may not have been present). It is difficult to see how a reflexologist could confidently diagnose heart failure by locating a painful abdominal reflex. Marquardt's work also offers an explanation of the tendency to over diagnose that was reported by Baerheim et al. (1998:753-5). For example, subcutaneous bruising, that left no visible signs of trauma, may be misinterpreted by a practitioner as a painful reflex. Kunz (2003) also points out that patients with serious health problems do not necessarily experience painful reflexes, further suggesting that reflexive relationships are complex. When designing research projects, it may be wise to consider Marquardt's (1984:81) observations about indicators of pathological processes as confounding variables.

Only diagnoses made after discovering indicators in clearly mapped regions proved to be reliable in one study (Baerheim et al. 1998:753-5). This may add weight to any demands for a standardised chart, but how would this chart be drawn up? Sonography studies have shown changes to renal blood supply after reflexological stimulation and a similar study produced similar findings in the gut (Mur et al. 2001:88-9). So does this identify that these regions are correctly charted on the foot map used in that study? Stimulating a painful shoulder reflex may transiently trigger the stress response; a response that involves vasoconstriction. Vasoconstriction leads to an increase in blood pressure, which will affect blood flow in the kidneys (Stress Management Society 2007). If stimulation of a painful shoulder reflex could affect renal blood flow, this technique does not appear to help accurately identify a reflex area. However, if reflexologists in research conducted by Baerheim et al. (1998:753) and Raz et al. (2003:600-5) could be shown to have used the same charts (as successful diagnoses were attributed to identifying indicators at specific regions), an argument for the location of the structure in that position exists. Sceptical researchers may conclude that the design of a new chart each time a book is published may be down to copyright laws, rather than research based evidence for any alterations (Fewell 2003).

In conclusion, it may be estimated that 5% of reflexologists make diagnoses (Schmidt et al. 2003:99-100); with White et al. (2000:166) finding that such practise may delay diagnosis of a medical condition or cause distress through making an incorrect one. Since it is thought that 1.5 million people visit reflexologists annually, it may be the case that 75,000 are at risk of receiving false - or false + diagnoses (AOR 2007). This is unacceptable and it may be considered appropriate for professional bodies to address this.

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