

Vertical Reflex Therapy



Membership Network Newsletter

No 2. Summer 2002

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Dear VRT Member

This is the second members' newsletter and many thanks to all of you who contacted us with positive comments about the first edition. Welcome to everyone and especially to those who have recently joined the membership.

VRT on animals! Surely not, I hear many of you say. The UK has strict veterinary laws that do not usually allow anyone but a vet to practise on animals. Ironically, due to lack of legislation in this country, anyone can set up as "a therapist" to badly practise on humans! However, if their qualifications are not recognised they will not be able to get insurance although this does not deter an unscrupulous few. Some complementary therapists including reflexologists have worked with animals in conjunction with a veterinary surgeon. In the past year many VRT practitioners have reported they have had excellent results on their own pets or animals including horses. In one case a horse had a weak back and its owner gave it VRT on its hocks and the horse recovered in a short space of time. She also reported that it is very calming for dogs! VRT lends itself to working on animals as most animals stand anyway and getting them to lie down is usually the problem!

Never offer to charge or work on other peoples' animals. A very experienced VRT practitioner worked on her friend's very limp and weak dog who came to visit. The dog had been diagnosed with a possible malignant tumour. Within half an hour the dog was more lively than it had been for days and within a week or two the tumour had diminished, although the practitioner is of the belief that the original diagnosis of cancer had been wrong. The above

comments are not designed to encourage everyone to work on their pets but rather to acknowledge that short VRT treatments on pets are being reported and to alert reflexologists as to the legal limitations when working with animals.

In this issue we will print some more case histories and I hope they will prompt many more of you to send some in. We now have many interesting reports on our data base which have been categorised within various systems in the body. Not surprisingly the skeletal system has more entries than any other as we all know VRT is particularly effective in this area. I particularly welcome short case histories of unusual conditions that have responded and include two in this newsletter. A case history form is enclosed and you will find a pro-forma sheet on the website should you wish to send a case history to us in the future. Many of these are going into my second book called *Vertical Hand Reflexology* which will be published in early spring 2003. Booksellers and the Amazon website have inaccurately announced the book will be in the shops in July 2002 – this is wishful thinking on their part as I am just completing it at present!

Please write or email us your letters, comments or suggestions. Thanks for your interest and support and I hope you have a good summer.

Kind regards

Lynne Booth

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Conferences - Learning and networking

It is preaching to the converted to suggest to VRT members that all therapists should undertake regular post-graduate training as you have already selected VRT as one of the subjects! Many reflexologists comment on their VRT questionnaires how much they have appreciated a day when they can communicate with, and relate to, fellow therapists. See dates on page 9.

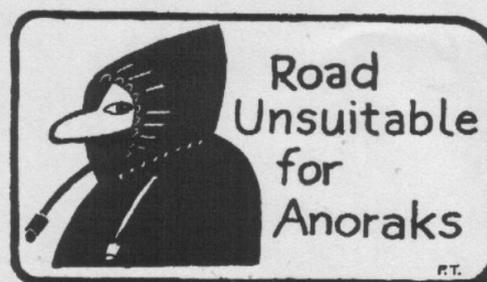
In this edition I have highlighted three reflexology conferences coming up in 2003 that will provide a wealth of information and discussion from the international reflexology world. Conferences are not cheap to attend as they can involve overseas or long distance travel, as well as the booking fee, although many delegates add on some holiday time to justify the trip and explore the area. Working in a one-to-one capacity as a therapist can be an isolating experience. Even if you practise in a multidiscipline clinic your breaks will not necessarily coincide with those of other therapists very often. Conferences provide a forum of shared ideas and net-working that is invaluable

Use lateral thinking when you treat clients!

The following amusing report from "True Stories" in *Private Eye* June 2002 illustrates the need for us all to look further than the immediate information that a client presents! This information is obtained from a medical report published by Professor Philip Murray in the *Journal of the Royal Society of Medicine*. In my own case I remember treating an elderly disabled woman who came to be treated for chronic insomnia and a bladder condition that caused her to get out of bed several times a night. In the course of taking her case history I discovered she also suffered from constant back ache in the lumbar region. I started by treating her back problem with VRT as skeletal problems respond exceptionally well and I treated the neural pathway reflexes to help the bladder control. Diaphragm Rocking was introduced to correct her sleep problems and I only treated her bladder reflex itself in a

cursory manner on the first treatment as I suspected it was not the main cause of the problem. The following week the woman reported that VRT had virtually cured her back in one session. The lack of **Back** pain allowed her to sleep more deeply (no doubt also helped by the Diaphragm Rocking). She did not keep waking up in pain and found that, without this frequent interruption, she slept until about four in the morning before she needed the toilet - and then only once during the night. It is interesting that the main reason for her coming was a *chronic bladder problem* but reflexologists are often able to look holistically and laterally at the person's problem and come up with amore satisfactory solution which, in this case, involved very specifically treating the back .

● "This is the first-ever in-depth research into the health risks of anorak wearing," Professor Philip Murray announced at a press conference at Birmingham City Hospital, "and the results are remarkable. Campaigns to reduce road traffic accidents have hitherto paid little attention to the subject, but our findings prove what many people have long suspected. Put simply, the wearing of anoraks can be dangerous, and injurious to health. "Our researchers measured the binocular visual field of healthy volunteers while they were wearing four different styles of anorak. Most wearers habitually pull the hood over their head, the hood up, the field of vision is more than halved. The biggest danger comes when an anorak wearer tries to cross the road, because their vision is severely impaired, and they simply



cannot see as well as other people. Our results prove beyond doubt that people need to be far more careful in their choice of headgear. And quite apart from that, they look ridiculous." (*Journal of the Royal Society of Medicine*, 2002; 95: 192-3.

World Reflexology Week 22-28 September 2002

Reflexologists will be "Celebrating the simplicity of Reflexology and its dynamic results". Many national and local associations as well as individual reflexologists will be organising local exhibitions and taster session in reflexology. Please contact your local or national professional body for more information. It is an excellent time to approach local companies and suggest taster reflexology/VRT sessions for their employees. VRT is used in companies such as Marks and Spencer, Orange, Sun Alliance, Barclaycard, Sainsburys, Sommerfield and many others as more employers can see the benefits of short and effect treatments for their workforce. **See separate article on Reflexology at Orange by VRT practitioner Sarah Brown.**

VRT for the Visually Impaired by Beverley Alexander

Along my travels as a Reflexology tutor I have been asked one particular question many , many times by lots of reflexology students , that being." Who do you think makes the best Reflexologist ?". Well as I am sure you can imagine, there are a vast variety of answers to this question, but the one that would immediately come to my mind on many occasions would be , "Someone who is visually impaired". I would then go on to say that, I would imagine because of their blindness they would automatically work to develop their other senses such as, hearing and touch, absolute essential qualities for a good reflexologist and they are much less likely to be misled by visual appearances.

Well in June of last year, thanks to Lynne Booth, I got the opportunity to put that statement to the test. As a Booth VRT tutor, I worked with partially sighted and blind reflexologists at the Royal National College for the Blind (RNCB) Hereford and taught them VRT. The practitioners had come together from

all over the country and were very eager to learn. *Brilliant* is the first word that comes to mind. The sensitivity of these students was incredible and was only matched by their sense of humour - wonderful ! .

I was very lucky to have on board that day Sarah Dean, my trusty assistant, as well as a friend and fellow practitioner and her help and input on the day where invaluable.

We started the day in a very civilised manner with coffee, introductions and one or two jokes! Obviously our over-head projector and slides were of little or no use to us and instead we used a lot of hands-on demonstrations, coupled with a lot of *hand-on-hands* demonstrations. The latter involved having the practitioner place their hands on your hands to feel the movements and hand positions that where taking place. Also plenty of clear and precise verbal directions (not always as precise as needed !), but thankfully due to the lovely and very skilled Jane Crabtree (head tutor at the RNCB) she was able to clarify any minor difficulties that we may have encountered.

The students that day did us proud and their abilities where second to none and I personally would be very happy indeed to be treated by ANY of these superb practitioners.

Well I am pleased to say that the day was a great success and we are now teaching VRT regularly at the Blind College and I am very much looking forward to our next encounter.

The next date at the RNCB in Hereford is on 12th and 13th of September 2002 where the Basic VRT course will run on the Thursday and the Advanced VRT on the Friday, so, if you know any blind or partially sighted reflexologists, please ask them to contact :
Booth VRT on 0117 962 6746 or
Beverley Alexander on 01568 613320
(VRT Appointed Tutor for UK regional courses).

Quote from Hannah Marquardt, the German reflexologist, from her book "Reflexolotherapy of the Feet".

*I have learnt that neither illness or health exist in a pure and abstract form. Not **perfection** as a distant ideal, but **wholeness** is the condition in which humans can bear the stresses and strains*

of life, because one then accepts them as part of one's personality and is more willing to live with them. The central issue is thus the "breaking down of fixed ideas in our mind, as this is the only way to change" (Krishnamurti

Report on South African Reflexology Society Conference and VRT Teaching March 2002

by Lynne Booth

In March 2002 I was privileged to be invited as one of four overseas speakers to present a paper on VRT at the national reflexology conference at Gauteng, near Johannesburg. I had corresponded with the President of the Society, Jessica Hart, for a couple of years and had met her at the ICR conference in Rome in September 2001. I had already met her colleague Eve Doveton at the REIN conference in Denmark the previous year and both Jessica and Eve are training to become VRT tutors in South Africa.

Prior to the conference I taught the Basic and Advanced VRT courses in Durban and Cape Town and was impressed by the extremely proficient skills of all the reflexologists I taught. Reflexology in South Africa has probably one of the highest standards in the world as far as training and official recognition is concerned. After 10 years of campaigning by Jessica Hart and others, the Allied Health Act in Parliament recently recognised reflexology as a complementary therapy that is a beneficial treatment in the same way that osteopathy has recognition and accreditation in the UK. This means that training is much more intensive and standardised in SA than it is in the UK and post-graduate study is expected as a matter of course to gain CPD points and to keep therapists up to date on developments.

One of the conditions enforced on registered reflexologists is that, if they practice from home, their treatment room must have a separate entrance, toilet and washing facilities and waiting room. Many therapists I met lived in a bungalow style house in grounds and had built on or converted rooms to meet that criteria. Others had had to give up private practice at home and rent rooms in a clinic. Many people in the UK, including myself, would have had to instantly give up their home practice and seek other premises. This criteria seems a little extreme but has been accepted by reflexologists as they seek to gain more medical and professional recognition.

I was delighted to teach Afrikaans, Africans, white South Africans, Indians and other races on the courses. All of which would not have been in possible in the dark days of apartheid. VRT appears to work even better in the Southern hemisphere! Whenever I demonstrated VRT at

the conference or on courses limbs freed up and people became pain free. It became slightly embarrassing as there was a danger that people would think I had special healing skills that could not be shared. As I was in the country for 2 weeks prior to the conference I had plenty of time to teach others who immediately got the same results.

While in South Africa VRT was the subject of large articles in three of the national Sunday newspapers and I also did two radio interviews. The twenty minute interview for national SABC corporation was conducted by the respected presenter of health issues, Monica Fairall, a former Miss South Africa!

The conference itself was of great interest with highly professional presenters on subjects including *Inflammation of the middle ear, Latest research protocols, Metamorphic Technique and Labour and Birth*. It was held in the beautiful Misty Hills Country Club set in the countryside although we passed the densely populated Soweto on our way.

The highlight for me was the inspirational speaker and reflexologist from Germany, Hanne Marquardt. She is a dedicated, medically based reflexologist who has spent 44 years studying and teaching. It was a great privilege for me to get to know her a little and we shared treatments. I highly recommend her book "*Reflexotherapy of the Feet*" ISBN 3-13-125241-3.

VRT was presented three times during the first afternoon of the conference! The 180 delegates were split into thirds and rotated between three speakers. I was fortunate to be in the main conference hall with a highly skilled video camera operator to highlight the practical close-up demonstrations. It was challenging and tiring to present and repeat a 50 minute paper and demonstration for 3 successive sessions. I used different examples and a few different comments to remind me which group I was speaking to in case I began to repeat myself too soon! The feedback has been excellent and I go back to run about 8 courses in South Africa in January 2003.

LATEST VRT COURSE LIST ENCLOSED

We regularly add courses to our course venue sheets and will be booking the 2003 programme from September onwards. If you cannot see a course in your area please review the website or phone for the latest list

Please contact us if you and a group of VRT practitioners, want a course in your area
www.boothvrt.com

Members Letters

Dear Lynne

I have attended all three VRT courses and find the new techniques invaluable in my practice. How much should I charge people for the Basic five minute VRT treatment only?

Regards
T.L.

Reply: I am strongly opposed to therapists advertising such short treatments of VRT and would never recommend it. 5-minute VRT is very useful for first aid, for treating family and friends or for treating clients you already know as an extra, free, treatment. Sometimes therapists will treat a group of people such as a sports team, elderly people etc and will allocate different time scales of treatment dependent on need. You should never cost up and offer 5 minute treatments as there would be no time to take any case history, teach self-help or evaluate their state of health.

Dear VRT

I am hard of hearing and wrote before coming on a course to tell you of my problem. Thanks for a very clear presentation both voice-wise and the overheads were clear too. I was able to fully take part on the course unimpeded by my disability.

Yours sincerely
Mrs V.T.

Reply: We are pleased the course was easy to understand. We have taught deaf people in the past, physically disabled people in wheel chairs and run courses for the Royal College for the Blind complete with Braille handouts. (see article in this issue for more details on the visually impaired courses).

Please let us know if you have a disability requirement prior to coming on the course and we will make every effort to accommodate you. In a few cases we have had to advise that VRT is not a suitable technique to learn. Wheel chair users are welcome on courses and are allowed (free of charge) to bring a partner for them to work on exclusively. The partner's feet are treated as they rest on a chair beside the therapist.

Dear Ms Booth

I was very pleased to receive the interesting newsletter and also the wall chart which I have had laminated.

However I was surprised to learn you are now selling the chart with a discount of £2. Whilst I am delighted in your success in selling so many copies, it is at the expense of members like myself who paid the original full price and are now subsidising those who have since read the newsletter. I wonder if you will be reimbursing the £2 to those of us who purchased the wall chart when it was first released?

Best wishes
Name and address supplied

Reply: Thank you for your positive comments but I am rather surprised by your letter regarding a suggested £2.00 reimbursement for members who have already purchased a chart. This was simply a short offer for members that expired on June 1st 2002. Offers in the same vein are routinely offered by shops, organisations and merchandisers as a way of promoting their wares. It would be impossible to refund members the relatively small sum of £2 and at the same time to be administratively cost effective and fair. All the tutors sell charts on courses, conferences and by mail order and often a therapist will pay for a friend at the time. Many people do not want a receipt or have lost it. Would you expect us to write to all our members, and ask if they have bought a chart already and if so to send in their receipt so they claim their £2.00? I am sure that any other organisation or shop would not consider such a request. If this was common practice there would be no such thing as a "special offer" or "sale".

In Spring 2003 my second book will be on special offer to VRT members only at a special low price compared to the bookshops.

We welcome your letters, comments and suggestions, so please continue to send them in ready for the next newsletter.

New Case Histories from VRT Practitioners

Each newsletter we will be publishing some VRT case histories that show the diversity of VRT and the exceptional results that can be obtained. A Case History Form is enclosed so, if you have not done so already, please send one (or more) in, or send the same information in by email. We keep them on file but they may also be used in articles or in the book I am writing. You can remain anonymous if you wish. Many VRT practitioners have sent in case histories and the spread of experience has resulted in a very interesting selection of conditions that have been helped. These range from ME / osteo-arthritis/ hormonal problems to orthopaedic conditions/MS/prostate conditions and many more.

Reflexologist Caroline Hurley **Condition** Post Operative Breast Cancer
Duration of Illness: 2 years **Aged:** 70 Female **No. of Treatments:** 3
Aim of treatment: To improve lymph drainage around left arm.
Result: No contraindications.
Comment:

Client had a routine ART reflexology treatment. She told me of her condition and how she had difficulty moving her arm since having breast cancer (not mastectomy). I booked her in the following week and did VRT for 10 minutes concentrating on the left lateral dorsum of foot. Client was only to attend every other week but after 3 treatments felt that everything was functioning well. I am still seeing her every other week. She was amazed how well the treatments worked. She had been considering going to the lymph drainage massage, she is now staying with reflexology.

Additional Comments from Lynne Booth:

Lymphatic Drainage problems particularly respond to VRT and VRT has been used to help mobility in the arm movements after a mastectomy as well as helping any remaining lymph glands to recover or scar tissue to heal. A VRT practitioner in London used VRT on client who had had a breast removed but the lymph node removal had caused her to be unable to lift her arm. This prevented her from receiving radiotherapy. After two minutes of VRT she was able to lift her arm above her head and a few days later commenced radiotherapy. (quoted in the Daily Telegraph Sept 29 2002)

Reflexologist Denise Berwick **Condition:** Bowel cancer
Duration of Illness: 1 year **Aged:** 63 Female
Comment:

I treated my Mother with conventional reflexology as I was not yet trained in VRT. As part of the treatment I found that the sigmoid colon was so tender that I was almost kicked off my stool and the pain continued in the reflex. Obviously I had a good case history and my Mother and I were surprised at the diagnosis of angina in the first place anyway. The sigmoid continued to be very very painful and my Mother started to lose blood with the stools. I urged her to seek medical advice as I was concerned about the sigmoid. A diagnosis was made of piles. Common in first stages of what turned out to be cancer in the sigmoid colon. Luckily she was persistent in their attitude to her doctor. When I trained with you, Lynne, I was able to confirm that the sigmoid colon was an especially important reflex to work with angina conditions. I felt that it was more evidence that it was not angina. It was the cancer in the sigmoid seemingly causing the symptoms of angina. Now the cancer has been treated my Mother has had no symptoms of the angina - important to her as she was giving serious drugs to treat the angina.

Additional comment by Lynne Booth: Years ago Dwight Byers of the International Institute describes how the sigmoid reflex was in the same zone as the heart and could be worked to assist heart conditions. If someone suffers from a heart condition I always gently brush or work the heart reflexes but work the sigmoid reflex quite firmly. In this case, Denise used lateral thinking and persisted in asking for other explanations for her mother's condition which may have been instrumental in saving or prolonging her life.

Use the Harmoniser/ Consolidator in every treatment - several times standing and reclining

Do not underestimate the power of this simple yet important technique. It should become second nature to place your middle finger nail on the third nail of the foot or hand. With the other hand lightly press the solar plexus and corresponding solar plexus ZT reflex. You do not have to work the ankles to find the Zonal Trigger when using this method, you simply align the three reflexes and hold for 15 seconds only. It has made a tremendous difference to treating people successfully without the slight adverse reaction or healing crisis. It can be used on and off through a treatment just to consolidate your work, rather in the same way that we all use relaxation techniques from time to time for a few seconds during a treatment. The Harmoniser chart was issued with your membership certificate.

VRT Accreditation by the Guild of Complementary Practitioners

We are pleased to announce that all our three VRT courses have passed close scrutiny by the Guild of Complementary Practitioners and are now accredited for Continuous Personal Development points. Each authorised VRT course carries 5 CPD points. We will now begin working with the Guild over the months ahead to accredit our courses for a professional qualification where therapists have the option of taking extra specialised VRT courses, submit case studies and undertake a practical examination. More details in the next newsletter. Please note that **no-one** is entitled to put the letters "VRT" after their name at present.

Weight -bearing takes on a new dimension!

Those of you who have attended the Advanced VRT courses will be familiar with Metatarsal Pressure and Plantar stepping techniques where the weight of the body is placed in some measure on the *ball* of the foot only. I am now experimenting with weight-bearing HEEL

techniques and are getting very pleasing results especially when working the bladder, ovary/testes and uterus reflexes. When talking to Hanne Marquardt I was impressed by her assertion that anatomically the bladder reflexes should be higher than conventionally taught on the line of the spinal reflexes. Hanne suggests this reflex is situated more below the medial ankle bone.

Try the following techniques :

After Basic VRT ask the client to weight-bear on their *heel* with the toes pointing upwards. Now pinch around the traditional bladder and uterus reflexes but work up towards the base of the ankle bones. This is particularly effective in helping bladder/ prostate problems when both the medial and lateral ankles (ovary/testes) are worked.

Work the weight-bearing heel of foot

Work the higher bladder reflex on the medial side as well as the ovary/testes reflex on the lateral side.

**An Introduction to Ayurveda
With Dr Charles Ristic, BMBS, MRCGP
Sat/Sun 21/22 September 2002
Bristol Venue**

Introductory course to the basic principles of Ayurveda by a practising GP from Oxford. This is one of the world's truly holistic systems of medicine. The course will look at the cause of the disease, lifestyle and dietary strategies for balancing the constitution and the applications of the principles for health and development. Cost £220 for two days (Book early before 21 August and only pay £200). Small Group. For details and application form: contact Pauline Noakes at the Wessex School of Kinesiology Tel: 01275 846683

VRT in the workplace by Sarah Brown RGN MAR

Last October I was lucky enough to be asked to join a company that takes complementary therapists into offices. My brief was to set up Reflexology in the large Orange Call Centre, in Bristol. On-site massage and Alexander Technique were already in place and running well. Reflexology had originally been wanted but it was thought it would take too long!

I was told I would have 9 half-hour appointments with half an hour break for me. I had to get the person in and out within their time slot, so they could get back to their workstation. It felt like an interesting challenge! My emphasis has always been holistic and I believe the client needs an hour to truly relax and absorb the benefits of the treatment. This was going to be a completely different way of working!

It was quickly apparent, that I would need to devise a speedy but effective framework of treatment that could be easily adapted to meet the different feet that I was going to meet. I had already been told that stress and sickness levels were the main reason for us being there in the first place. It was therefore obvious that Vertical Reflex Therapy (VRT) was going to be invaluable, and so it proved to be the case. VRT is a new revolutionary method of reflexology where the feet are treated for a short while in the standing position

I found Lynne Booth's 20-minute treatment session that she describes in her book, *Vertical Reflexology*, a real help when I devised the office plan. I use small postcards to keep records and these are very useful for my own learning and seeing the progress of the clients. I was initially told that I would only be at Orange for 3 months, but it has proved so popular that we are all there till the end of the year. As the company generously subsidises their staff, we, as therapists have to provide statistics, and keeping accurate records of numbers seen, has made this easy.

Reflexology quickly became extremely popular amongst the staff. People liked the fact that they quickly felt very relaxed, but were able to go back to their workstation and continue working without feeling too spaced out. I really think that the consolidator technique has greatly helped

here. Also, many staff have really appreciated being given some of the self-help hand treatments to practice in between treatments.

I have encountered a vast array of feet and conditions, and for many, reflexology has been the prop that has kept them going! I always tell the staff to report to their managers how much the treatments help them so the powers that be keep getting positive feedback. The Orange staff soon got used to my way of working, which was about 3 minutes of VRT or the 'standing bit' first, with about 15 minutes of conventional reflexology and foot massage to follow. I've found that it is common for people to use the VRT time to unload their troubles as they stand peering out of the window! They know that their secrets are safe with me! Indeed, confidentiality is important in any practice, but vital in such a big office. As I have now just done Lynne's endocrine and nail workshop, I have to try and fit in some nail work at the end before the shoes go back on!

Many of the workers have neck, shoulder and arm problems due to computer work and I'm sure some have repetitive strain type difficulties. The advanced VRT techniques such as neural pathway stimulation have been very useful in these cases. Also, many of the staff are unbelievably stressed, and I've found the calming methods of palming and diaphragm rocking particularly good for these problems.

Over the months I have seen real improvements in people's conditions; these include reduction in frequency of headaches and migraine, vastly improved menstruation disorders, less shoulder and back pain and help with IBS. One of my regulars has been suffering from non-epileptic seizures and is under the care of Neurologists. He found that weekly reflexology dramatically improved his general well being and his need for painkillers greatly diminished as his headaches decreased in frequency and severity. On Lynne's suggestion, I usually rock his feet for up to 3 minutes each depending on how he is feeling. He particularly likes this!

During one of his hospital visits he told the Consultant Neurologist that he was having weekly reflexology treatments the Doctor thoroughly approved and told him to continue with it as it was doing him good! He is now evangelical about reflexology and has been reading books I've recommended!

As the months went on it was apparent that more reflexology times were needed to cope with the demand! I am very pleased that my friends and colleagues Julie Fletcher and Denise Berwick have joined me at Orange, and we as a team are able to offer a consistent approach to the treatments as we all follow the same method of working. We all really believe in the power of VRT and its ability to enhance the conventional reflexology treatments.

All the staff at Orange have been so helpful and appreciative of our work and we all feel very lucky to have the opportunity to see so many needy feet! I would like to thank Lynne Booth for her help and her encouragement in writing this article.

In a former life I worked as a nurse and a health visitor. I entered the complimentary medicine world in 1995, when I trained as a massage practitioner. I qualified as a reflexologist in 2000, and I have not looked back since!

Sarah Brown

CONFERENCE DETAILS

5th European Conference of Reflexology

May 16 - 18 2003

RIEN - Riccione, Italy

**Theme "A womanly story:
A reflex course from puberty up to maturity"**

**12 speakers. Simultaneous translation. Fax: +39 0363 350654
e-mail: info@firp.it**

Professional Therapy 2003

Sunday 6 April 2003

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**Tel: 023 8048 8951
e-mail: dwood@fht.org.uk**

The International Council of Reflexologists

Conference - September 2003

Jamaica

**Website: www.icr-reflexology.org
e-mail: icr.samek@sympatico.ca
Tel:+1 (905) 770-2464**

Get in touch with a local reflexologist who practices VRT

If you cannot see any member on the website near enough to contact then please send us a stamped addressed envelope, or email preferably, for details of others in your area. We have a database of approaching 3,000 reflexologists. It must, of course, be respected that they may not want contact with other therapists or their books may be full for new clients