Vertical Reflex Therapy

Membership Network Newsletter

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No 25. Summer 2010

Dear Colleague,

I hope many of you are about to take, or have already taken, a well deserved break in this wonderful British sunshine. Or maybe you are enjoying the local parks and gardens which are full of flowers despite the lack of rain. The plants will, of course, have had copious amounts for waterering......unlike many adults during this heart wave who are not drinking enough and are becoming dehydrated! I heard a doctor on the radio last week saying that 100% of her hospital admissions of older people, in a recent week, were dehydrated along with other medical issues.

Please make sure you encourage all clients especially infirm or older persons to drink more fluid. Many distressing symptoms can often be alleviated simply by increasing the water intake.

This newsletter contains an interesting interview with the veteran and inspirational reflexologist from Germany, Hanne Marquardt. She is a superb reflexologist and has inspired thousands of practitioners around the world with her methods of teaching and excellent text books. I first heard her speak about 12 years ago in Denmark and realised I was in the presence of someone of great wisdom when about 400 reflexologists rose and gave her a 5-minute standing ovation before she had even began her presentation!

Years later Hanne and I were both presenters at a conference in South Africa and I had the privilege of being able to spend a little time with her discussing reflexology and exchanging some of our own specialised techniques. Do try and attend one of her presentations when you next see it advertised and learn from someone who has great knowledge, dedication but also humility.

Please look through the exciting and informative courses we are running in the autumn. Booking forms are enclosed for an ART/VRT weekend on Nov 6/7, another acclaimed Danish weekend of Roundabout: The Shoulder or why not go on a VRT Basic or Advanced refresher day on September 25/26 for only £70 to members and save nearly £30.

This issue of the VRT Newsletter has some interesting comments on Nail and Hand reflexology and I am keen to encourage therapists to explore using the hands much more in treatments. One does not have to give a full hand treatment if it is not required but you can "mix and match" and include a few valuable hand techniques in every session

Did you know that the *Vertical Reflexology* and *Vertical Reflexology for Hands* books are available in 6 languages and have been for some years? The languages are: Japanese, Dutch, Russian, Czech, Portuguese for Brazil and, of course, English! We are waiting at present on negotiations for translations into French and possibly Spanish. We have also produced large and small foot and hand VRT charts and the DVD but only in English so far!

Vertical Reflex Therapy courses, books and the DVD have had enthusiastic mention in the New York State Reflexology Association (NYSRA) Journal and I enclose a report of a recent workshop run by VRT tutor, Florica Radu. Single sheet articles about VRT are excellent ambassadors for Vertical Reflexology. You are encouraged to duplicate them and give to them to clients and colleagues as an independent endorsement of the VRT you offer.

Lynne Booth

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Foot Dysfunction and associated clinical implications for the reflexologist

presented by Nick Dinsdale BSc (Hons), PG Dip, MSST.

Review by Allison Walker MAR, IIR, ART, MET, TATh of this seminar held at the Staffordshire Area Reflexology Group

Nick Dinsdale, a highly qualified Sports Injury specialist, has spent years studying the implications of foot dysfunction on the kinetic chain. Nick specialises in helping runners and cyclists and is now working towards his Masters Degree looking at foot dysfunction problems of competitive cyclists. Although semi-retired he writes articles and lectures to Podiatrists and Remedial Massage Students, which is where Anita Levie, Reflexologist, first met Nick and invited him to speak to our group.

The workshop information was all evidence based, meticulously referenced and presented in a comprehensive manual.

Nick clearly defined the aims of the workshop:
To increase the awareness and skills of the Reflexologist in:

1. Recognising foot types and associated foot dysfunction
2. Understanding the clinical implications of foot dysfunction on the kinetic chain. (The Kinetic Chain is the structural link in the body from the feet to the neck, we looked specifically at the ankle, knee, hip, pelvis and lower back).
3. Undertaking a simple examination and assessment of the foot.
4. Understanding the role of foot orthosis and their ability to compliment existing treatment strategies.

We started with a review of the anatomy of the foot looking at the 26 bones, the 30 joints and the 12 extrinsic muscles. Apparently the average foot strikes the ground 15,000 times daily absorbing 640 tons of pressure. Approximately 80% of the population is affected by foot dysfunction. We all agreed that we were seeing more clients with foot problems such as plantar fasciitis, morton's neuromas, achilles tendonditis, metatarsalgia and bunions. Also that many of our clients presented with chronic lower back pain, knee pain and pelvic misalignment.

We studied the Gait Cycle, the phases of foot movement, its ability to absorb shock on heel contact, to remain stable in mid-stance and form a rigid lever during push-off. We then looked at what can go wrong with this process with the over-pronated foot (low arched) and under-pronated foot (high arched). The vast majority of people have problems with over over-pronation, meaning that the foot leans towards the mid-line.

Nick clearly demonstrated how over-pronation can affect specific muscles and joints leading to problems elsewhere in the body. These might not be noticed until the person exceeds their injury threshold. For example someone might be able to walk without noticing any problem but as soon as they run for the bus or play a game of squash they have pain in the knee, hip or buttock.

We learnt how to run through a complete examination and assessment.
The client stands facing you to start with, ideally in bare feet with clothing above the knee. You then observe the structural stance, noting any pronation, bowing of the tibia and instability. You then ask the client (condition and age permitting) to gently rest their outstretched hands onto your hands for support, then to close their eyes and stand on one leg. Then assess their stability in each foot, if they have a pronation problem they are likely to be wobbling uncontrollably.
To assess someone's core stability, to see if the pelvic and lower back areas are problematic you then ask them to open their eyes and perform shallow single leg squats.

You can observe changes such as knee adduction, a lateral tilt, internal rotation of the femur and corkscrewing. This movement emulates the foot in the stance position as you walk and if any of the mentioned is noted there are usually core stability and pelvic problems.
We also looked at dorsiflexon of the first metatarsal and phalangeal joint (the big toe). Normal pain-free movement should be between 70 and 90% to enable effective propulsion and windlass movement. This means that if the big toe joint is stiff or unable to move then the person cannot push off at the end of the gait cycle and movement is affected. Clients with a bunion may have problems with movement leading to problems with the kinetic chain.

Other assessments included length of the legs and sacro-iliac joint involvement through measurement and observation of the client lying on a couch. We also looked at problems associated with a high arch, such as ankle equinus. This is where dorsiflexion is limited to

less than 10%, a normal gait requires 10-15% dorsiflexion and pronation results as the foot tries to compensate. Following more assessments we then looked at how we can help our clients with a multi-disciplinary approach.

Firstly we need foot support, if you correct misalignment in the body and the foot is not supported in the correct position the misalignment along the kinetic chain can recur.

We then need to work on the problem areas with Reflexology and/or a referral to a chiropractor, osteopath or remedial masseur if appropriate. Then core stability exercises and lifestyle changes.

The foot support is in the form of a foot orthotic. This is an insert into the shoe that can help the foot's own stability through proper joint positioning. Nick convincingly demonstrated the immediate affect of an orthotic on an unstable, over-pronated foot.

Placing a small wedge under the heel of someone with an unstable pronation of the foot immediately restored stability. The person was asked to stand facing Nick and stretch their arms out in front. Nick then pushed down on their arms asking them to resist. Everyone who tried this found it difficult to hold their arms steady. He then placed thin wedges under their heels (in one case just some folded up paper) and repeated the exercise. We could then resist him pushing down on their arms with an increased strength that amazed us all.

Nick explained that although Orthotics are not always needed they can make a huge difference to people with foot dysfunction and that latest research suggests that the good over the counter orthotics are just as effective as an expensive custom made pair from a podiatrist. Indeed he pointed out that most podiatrists use a system designed in the 1970's whereby the foot is placed into a neutral position and a cast is taken. This can be effective if the measurements then taken to correct the position of the foot are accurate, but sometimes they are not or the adjustment to the foot is so severe that the resulting orthotic can be very uncomfortable to wear. Apparently also soft orthotics are just as effective as hard ones as long as they are placed in suitable footwear.

We were all lucky enough to have an expert assessment by Nick with immediate advice and for some orthotic help to correct our own foot dysfunction.

We all agreed that this was the most useful CPD event we had attended in respect to clinical practice. In our opinion it should be a fundamental part of basic reflexology training and most definitely a course attended by all professional Reflexologists.

We have gained a thorough understanding of the clinical biomechanics of the foot and kinetic chain. Some really useful, easy to understand and put into practice examination and assessment techniques. And we now know some simple safe management strategies to help our clients. We know what we can safely suggest in the way of orthotics, when to refer to a specialist podiatrist and what we can offer in the way of Reflexology, other therapies and lifestyle advice. We have added a new dimension to our practice through skills that both complement and enhance the scope and competence of our professional practice.

Allison's website: **www.toptotoehealth.co.uk**

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CASE STUDY : BY KRISTINE WALKER

Maternity reflexology

THE LONGEST REFLEXOLOGY TREATMENT

Mother: Rowan DOB 28/3/79
Father: Ben 28 years old

Rowan telephoned me on Tuesday, referred by a maternity yoga teacher. She told me that her blood pressure was high and she was 41 weeks pregnant. She was seeing an acupuncturist the next day, and wanted a reflexology treatment as well. If her hypertension wasn't corrected she would have to be induced, unless contractions had begun naturally in the next day or two.

I advised her against having both treatments in 1 day and arranged to see her on Thursday. When she arrived, she told me her blood pressure had fallen from 155/107 to 135/88 following the acupuncture treatment, but her acupuncturist was going away for a few days.
Rowan wanted a natural vaginal birth and a birthing pool had been installed at her home. When not pregnant, Rowan felt nauseous a lot of the time and had high bilirubin levels

(Gilberts Disease), and suffered occasional bouts of cystitis. She had had an abortion when younger and experienced acute panic attacks.

Thursday 12.45pm
The foot reflexology treatment included standard points for encouraging natural labour, not overworking but gently balancing, and VRT. Structural reflexes were opened and relaxed and the endocrine system reflexes were well worked.

I asked Rowan to be open to any possibility during her confinement. I explained that if she had to go in to hospital, the staff were caring and supportive, the labour suites could be customised with soft music and lighting, and she would be "in charge", as much as this is possible in these circumstances.

At the end of the treatment Rowan had a show and once home her contractions started. They continued until 12am but then ceased. Her midwife had her transferred to hospital.
30pm

LABOUR WARD

Friday 2.30pm.
Contractions had begun again, half hourly, stopping when a member of the medical profession entered the room. Rowan was
2 cms dilated. I began with facial reflexology which appeared to maintain the contractions even with interruptions from medical staff. She asked catering staff not to enter her room which was beautifully decorated with her own bits and pieces. I was able to see on the cardio monitor Rowan and baby's heartbeats as I was working and adjusted my treatment according to beat rate. I showed Rowan how to cope with her contractions using the teeth of combs on the tips of her fingers.

Friday 7pm
Contractions were now continuous. Hand, foot and facial reflexology were given as Rowan was moving around a lot; I had to work any free area for a few minutes as best I could. VRT was invaluable. The baby's heart beat was strong but there was no further dilation.

Saturday 11am
I arrived to find Syntozinon about to be administered to help with dilation as no progress had been made overnight. I gave Rowan facial reflexology leaving the head area to work on the feet with each contraction to help with pain management. Rowan's partner, Ben, was with her for every contraction, rubbing her back and helping her count. We carried on this way until 4pm when contractions were every 10 minutes and Rowan was 8 cms dilated, a good rate of progress, but Rowan was beginning to tire. She was managing the contractions well, experiencing moderate discomfort, but there seemed to be unusual pain in the lumbar area which reflexology was not reaching with any pain relieving technique I could think of. Rowan now wanted some pain relief and was given "gas and air", but this made little difference. She felt that all was not right and asked for an epidural.
Now Rowan was nine and a half centimetres dilated and the midwife, mindful of Rowan's request for a vaginal birth, tried to persuade her to continue for another half hour, but Rowan was adamant. Now well in second stage, a torrent of obscenity and abuse sent poor Ben from the room. The anaesthetist was called – it took an hour to set up the epidural. Rowan relaxed, and for the first time for 6 hours lay on her back, calm and composed, so I was able to demonstrate to Ben, now returned, how to administer the pain relieving grip, solar plexus relaxation grip and ankle rotations.

I left at 7pm, I felt I had done as much as I could, and with birth immanent, pain control in place, it was time to leave to leave this brave young woman and her loving partner to experience the birth without me.

Sunday 11am
I telephoned Ben next morning. He told me Rowan had been given a caesarean section but had a healthy son and both were fine.

Sunday 5pm
Rowan telephoned. After 3 hours of being fully dilated but with no progress with the delivery, the baby had become distressed and she agreed to a caesarean section. The theatre anaesthetist noted that the epidural was wrongly inserted and Rowan had had no pain relief from this intervention. The baby was wedged tight in the birth canal and it took 2 surgeons much pushing and pulling to dislodge the little chap!

Monday 3pm
Rowan and Ben invited me to visit them at the hospital. After 3 days of hard work, little sleep and major surgery I found Rowan calm, rested and in total acceptance of the circumstances of little Jake's birth. Ben was utterly exhausted, a pale wreck of the young man I had met 3 days before.
It was a privilege for me to attend this remarkable journey. I was treated kindly by the

midwives and doctors who were interested in what I was doing. I was touched by the love and support that this young man gave to his wife, amazed by her courage and presence of mind.

I have to tell you that I am not generally fond of babies, but holding this perfect little boy in my arms filled me with love and a renewed purpose for my reflexology.

Rowan felt that reflexology had helped her cope easily with the contractions, and had sustained her energy levels over 3 days. The pain in her lumbar spine was where the head had become lodged; thank goodness for a skilled medical team, she would never have had a natural delivery. She felt that affirmation and encouragement from Ben and myself prevented her from feeling that she had "failed" in some way, that the decisions had been hers.

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Kristine Walker Reflexology
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CPD Group Tuition and Workshops in:
Advanced Experiential Reflexology
Basic Hand Reflexology
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Facial Reflexology, Mood and the Special Senses

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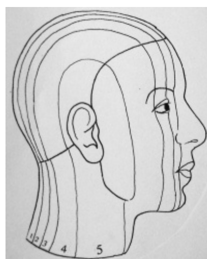
Traditional and Modern Techniques of Foot, Hand and Facial Reflexology

BACK PAIN AND MOBILITY MASTERCLASS
Contact Kristine for future dates
and
FACIAL REFLEXOLOGY WORKSHOP
SUNDAY JULY 18TH 2010
ADVANCED REFLEXOLOGY SAT. OCT 30TH in Brighton

DETAILS: www.wilburyschool.co.uk



Kristine Walker has been studying, practicing and teaching reflexology for over 20 years. She is currently specialising in maternity and menopausal treatments and is chairman of Active LightWorks, a charity providing low cost holistic therapies to the NHS and local community. Kristine is well known for her work promoting hand reflexology in the UK in the early 1990's, and her book "Hand Reflexology" is in its second edition. Her classes are fun and informal and she is enthusiastic about sharing her knowledge and experience.

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NERVE REFLEXOLOGY UPGRADE FOR NR DIPLOMA STUDENTS WITH NICO PAULY AND GRIET RONDEL

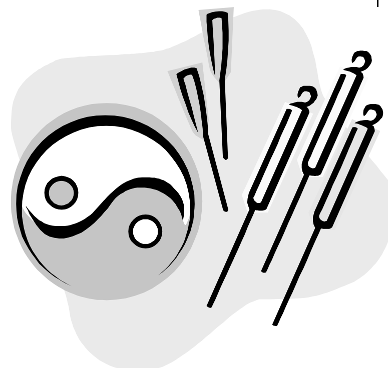
Bristol - February 19/20 2011

" an upgrade around the issue of brain-emotions-organs and how specific brain zones are connected with emotional expression and related to specific organ zones with new NR points for specific brain centres".

If you are eligible to apply, please register your interest now as we are nearly over-subscribed already!

Email: contact@boothvrt.com

Acupuncture really does work - so what does that tell us about our body? 10 03.10



Acupuncture really can relieve pain in our joints, scientists have discovered – which suggests that the Eastern view of the body as a complex and inter-related energy system may have something going for it, after all.

It "significantly" reduced joint pain and stiffness in a group of 43 women who were receiving conventional breast cancer treatment. The women were either given true acupuncture or a 'sham' version, thus eliminating the possibility that the benefits were all in the mind. The researchers, from the Columbia University Medical Center in New York, reported that acupuncture was so effective that 20 per cent of the women were able to stop their pain medication – whereas none who had the sham acupuncture were able to do so.
(Source: Journal of Clinical Oncology, 2010; 28: 1154) WDDTY

PRACTITIONERS' LETTERS

Hi
Just a note to say how much I enjoyed the Basic and Advanced VRT courses that you took in Lowestoft during April. I learned so much. Lynne, you were so approachable, knowledgeable and informative and above all the courses were FUN! Thank you so much. Julie Beales put so much work into arranging these courses and baking the lovely cakes too - she is a star!

Kay Mitchell

Dear Lynne

re: Palliative Care Master Class

Thank you so much for all your wonderful input you gave us all. The psoas muscle has been a great break through for me almost immediately with my first patient - so thank you very much!

Best wishes

Gaye Annand

Dear Lynne

I certainly agree with others that the workshop was fantastic. My thanks for sharing such a revolution in advanced reflexology. My regular shoulder pain vanished over the weekend, and I am now self treating my long standing hip problem with early success. I can't wait to find some of my clients willing to experience VRT too.

Since attending your Edinburgh workshop my passion for reflexology has been rekindled. I found your knowledge combined with the clearly tangible proof of VRT's effectiveness very impressive. The results are so much quicker than conventional reflexology.

All the best
Vanessa Blackmore

Hi Lynne,

I just wanted to thank you again for coming to Suffolk and teaching us VRT.

I really enjoyed the course and am looking forward to integrating the techniques into my reflexology routine. Usually I feel a bit daunted when learning something new and feel that I have to do loads of practice to get it all perfect before I introduce it to paying clients but you have given me the confidence to just have a go. I think it was the best reflexology course I have been on, and there have been quite a few.

With thanks and best wishes,

Caroline Lisle

CASE STUDY : PAINFUL JAW APRIL 2010

By Josie Pitchforth, VRT Practitioner

Mrs A came to see me for reflexology suffering from a very painful jaw which seemed visibly out of alignment. She was unable to open her mouth fully and eating on the right side was extremely painful. The symptoms had been present for approximately two months and in this time she had visited both her dentist and the local hospital where after examination and X-rays no particular reason was found.
I gave her a general treatment with no VRT and found the reflexes to the entire spine to be painful. This was particularly remarkable over the neck and shoulder area and the toes were very sensitive. Crystals could be felt over the adrenals and the diaphragm felt rather tight. She went home feeling very relaxed.

Two days later I gave her another treatment this time including Diaphragm Rocking and VRT at the end, and concentrating on the disturbed reflexes. Whilst in the standing position and working on the shoulder as a priority reflex on the right foot, using points on the foot, ankle (Zonal Trigger) and central nail she experienced a pronounced rush of heat up her arm and into the neck. Immediately after I had completed the treatment I asked her to see if her mouth would open more easily and she was able to extend it fully. I advised her to take care as the area would be delicate and we agreed to meet in a few days time. Two hours later she telephoned me to say that she had been able to eat her lunch and bite on the right side. She was delighted!

Five days later she returned for treatment feeling that it was still much better but had regressed slightly which did not surprise me as it had been frozen for so long. I encouraged her to continue with the treatment and gave her a neck and shoulder massage as the muscles felt very tight. We continued with four more treatments following the same pattern and including VRT and nail work, and each time the jaw opened fully immediately after VRT. Every time it remained in this state for a few days before gradually seizing up again.

Because I work in a multi disciplinary practice I took advice from a Physiotherapist colleague and we agreed on a treatment plan where I would first give reflexology and a day later she would have physiotherapy to mobilise the jaw and also be given exercises to help the muscles to hold the jaw in place. We continued in this way for four more treatments.

This combined approach has been very successful with the symptoms now completely disappeared, and is a very exciting example of true complementary medicine.

SPECIAL ANNOUNCEMENT!

ROUNDABOUT: THE SHOULDER

November 20-21, 2010
£230 VRT member price

2-DAY WEEKEND COURSE WITH DORTHE KROGSGAARD AND PETER LUND FRANSEN IN BRISTOL

Following last year's successful, over-subscribed, two day workshop Roundabout: The Spine with Dorthe Krogsgaard and Peter Lund Fransen. I am pleased to have booked them for a return visit. All qualified reflexologists are welcome to attend the accredited course for 24 CPD points.

An attendee from the Roundabout: the Spine course, Corinne Brown writes:

I would just like to say how much I enjoyed the 2 day seminar with Dorthe and Peter in November. I am getting excellent results using the techniques they taught us.

The most exciting result is with a stroke lady I am treating. On the first session where I used the reflexes on her lower legs as well as the nerve reflexology her big toe moved slightly. Now 8 treatments later she is able to move her leg her little. I am really pleased with her progress. .I have also resolved a clients lower back pain in one session.

It was one of the best courses I have been on they were both excellent teachers and gave us some very useful tests to carry out particularly the Psoas test and the exercise to help stretch it.

"The quieter you become, the more you can hear".

Ram Dass

Let's look at the advantages of Hand Reflexology and the benefits of VRT Nail-Working

by Lynne Booth

At a recent VRT workshop I asked how many of the 18 reflexologists present had been taught some hand reflexology. Most put their hands up but reported it was only about half a day's duration on their entire original diploma course. Asked how many used hand reflexology in their practice, only 2 or 3 replied in the affirmative. Comments ranged from "it is a second best option", "I haven't had time to learn how to do it properly" or "my clients' would only expect their feet to be worked!".

The hands are just as sensitive as the feet and just take a little longer for the response to "kick in". I was amused by the comment that someone's clients "would not like hand reflexology", as they were making that assumption based on their own lack of confidence as, on further questioning, they had hardly ever offered a hand treatment to anyone!

My aim is to encourage many reflexologists to "mix and match" foot and hand treatments. Maybe only using the hands for one or two techniques or reflexes. Experienced reflexologists, who use hands, get better results because they can adapt their treatments better and give their clients self-help on the hands. They have, in fact, twice as many *tools in their tool box*! Here is a very good illustration of the benefits of hand reflexology that I often use when I teach:

Scenario: You have a client who suffers from corns, maybe *Athletes' Foot* or arthritis in their toes. They then come to you one day with a heavy cold and blocked sinuses.

How do you treat them? The answer is often by carefully trying to work small, painful or perhaps infected toes as gently as possible to stimulate the sinus reflexes. This is often

not a pleasant experience for the therapist or client. All the time, untouched on the fingers, are a raft of soft, fleshy sinus reflexes three times the surface area of the toes and far less painful......maybe just a little bit sensitive as you treat the nasal passages. So why not begin to experiment with the hands if you don't use hand reflexology all ready? And be prepared to always give you client a few key hand reflexes to work as self-help.

Practitioner Comments following a VRT Hand and Nail Course

Sarah Thomas, a VRT Practitioner from Bristol writes: *I have used Hand and Nail-working since I attended the recent VRT class and my conviction is growing. It's strange, but I do have a preference to work on feet and a slight resistance to relating to the hands, as their structure is so different to that of the feet (despite obvious similarities), and I really love doing feet treatments. I feel the comparison between hands and feet, which you did discuss, is worthy of greater exploration in terms of the psycho-physical dynamics.*

As you state in your useful notes, "hand reflexes take slightly longer to respond", so this also contributes to the different feel of working hands in comparison to feet. I feel somehow under closer scrutiny by the client/patient when performing VRT Hand and Nail treatments, due to the greater proximity between our 'central transceivers' (faces) - the client is watching, possibly expecting an obvious response when none may be immediately perceptible... So I am exploring, and enjoying the feeling of novelty in this new territory, humbling, exciting and slightly daunting, but increasingly promising. A couple of initial first-aid treatments were received without great enthusiasm, causing me frustration and a temptation to doubt the effectiveness of Hand and Nail VRT. However, I am reassured through perseverance as positive feedback accrues, notably with shoulder and neck problems (including dislocating shoulder, frozen shoulder, old whiplash injury). It is interesting that the hands, being at the extremity of the arms, are directly connected to the shoulder girdle and CT spine!

A definite benefit of hand VRT is that self-help techniques are accepted more readily as clients have directly experienced receiving hand VRT and are eager to learn basic mapping and simple ways to work on improving their specific health needs.

VRT Nail-working in a salon

Lynne writes: VRT Nail-working is extremely profound and the word is getting round complementary circles but I do not think it is suitable as part of a salon treatment for nails and hand massage with a manicure or pedicure. A therapist from a beauty salon wrote:
I am writing in regards to VRT as an added service for my nail services during the client's massage treatment. My questions are:

1. Can this technique be used alone and what are the benefits of using it alone without traditional Reflexology.

Reply: *Only small self-help techniques can be really used without traditional reflexology as most of the nail-working is connected to working and linking reflexology points. VRT-Nail-working is taught as a post graduate course to reflexologists who have already attended a VRT Basic day. However, it would be possible to just hold the big toe or thumb reflexes nail-on-nail for 30 seconds to calm and centre the body....or work up the nails in tiny zones to stimulate the whole body...this could be done on the passive feet and hands. It is an extremely subtle technique that really should be taught hands-on although people who have bought my book "Vertical Reflexology for Hands" have got good results and every system of the body is represented in different chapters and nail charts.*

2. Will the DVD feature the benefits of all the VRT techniques?

Reply: *The DVD only gives some tips and examples of nail working. It does cover whole sequences and practice of hand and foot sequences but the full Nail-VRT instructions are probably enough for another new DVD!*

3. If one of my nail technicians has not become certified as a Reflexologist, can they still incorporate this technique into a manicure or pedicure?

Reply: *VRT can be used by the public but is most therapeutic when used by reflexologists. The technicians could not really incorporate anything other than the calming nail techniques mentioned above and the nail-working is most effective when taught over a day. They could not claim to be giving Nail VRT in any form as they would have no knowledge of what reflexes they were working and could not master the technique of connecting the nails to different reflexes .*

Vertical Reflexology for Hands and Feet: Do not neglect the beneficial role of hand reflexology".

See enclosed article by Lynne Booth,
Regular Expert Columnist in the April 2010 issue of Positive Health Journal
www.positivehealth.com

Using talc raises womb cancer risk?

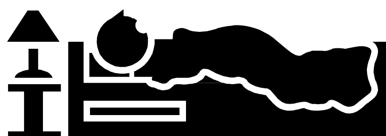
Using talcum powder once a week raises the risk of womb cancer in older women by almost a quarter, according to new research. Powder particles applied to the genital area can lead to inflammation, which allows cancer cells to grow, scientists from Harvard Medical School found. Around 40 per cent of women are thought to use talc regularly.
The Daily Telegraph
Wednesday 28th April 2010

(Lynne notes: Reflexologists are always advised to use corn starch instead)

The benefits of sleep

Old people need as much sleep as the young

There's a popular belief that the elderly need less sleep than young people. It's a fallacy, says The Daily Telegraph. Old people often do sleep less than they used to, for a variety of reasons. Sometimes they are kept awake by health problems, while age-related changes in circadian rhythms mean they are more likely to wake up during the night (and fall asleep during the day). But their mental powers suffer as a result, just as they would if they were younger. In tests carried out at the University of California, San Diego, 33 adults with an average age of 68 performed less well in the memory test the less they slept. The pattern was exactly the same as that noted in a group of younger volunteers.



A nap can clear out the inbox in your brain

If you need to absorb some new information in the afternoon, take a nap first, suggests Scientific American. A recent study has found that the hippocampus – the area of the brain that stores new material – can "fill up" over the course of a day, but when you sleep, the brain moves the information into the prefrontal cortex for longer-term storage. "It's as though the email inbox in your hippo-campus is full and, until you sleep and clear out those fact emails, you're not going to receive any more mail", said lead researcher Matthew Walker of University of California, Berkeley. The process seems mainly to occur in stage two non-REM sleep.

The Week journal 6th March 2010

Case History by Lynn Holder

Female client, aged 45
Condition treated - Weight gain/ bloating/water retention

Aim of the treatment – To decongest endocrine system, particularly the thyroid balance. To help lymph drainage.

Results – Improvements to menstrual cycle (moderate change from 21 days to 24); reduction in bloating; good smear test results. Best in 2 years! Slight improvement on vaginal dryness.

Contraindications – Has Protactinoma so care not to over effect endocrine system (diagnosed <10 years ago). Also has Hirschsprung disease; endometriosis; basal cell carsinoma under left breast.

Other comments – Medication and ongoing checkups present a number of situations causing stress. High levels of cortisole were recoded by Endocrinologist in 2008 and advised these need to be reduced.

Workshop - ART and VRT for Musculo/Skeletal Problems and Endocrine and Gynaecological issues

November 5/6 2010
Early-bird price £220

Anthony Porter and Lynne Booth have the very exciting prospect of joining forces for the first time and teaching a joint ART/VRT weekend. We are running this 2-day weekend course in Bristol on November 6/7 2010. Places are limited so book early before the general mailing.

See attached booking form.

AoR VRT Seminar - May 8th 2010
CBI Centre, London

Vertical Reflex Therapy (VRT) – *adapted reflexology techniques for working with dementia, palliative care and older people.*

Lynne Booth writes: The AoR seminars are an excellent way for members and non-members to spend a day learning about a particular technique or issue. My seminar, for 100 reflexologists, focussed on the needs of working with chronically sick older people and addressed the field of palliative care, dementia and reflexology. I also demonstrated the Basic VRT techniques which can be adapted to all ages and conditions. Everyone was given latex or vinyl gloves to wear and they practiced working on a partner's hands and were surprised that the sensitivity was not reduced.

Vertical Reflex Therapy has a positive role in helping people *living* with cancer in the most constructive sense as well as working alongside those who have a short terminal diagnosis.

www.aor.org.uk

An Interview with HANNE MARQUARDT The Pioneer of European Reflexology

By Dorthe Krogsgaard and Peter Lund Frandsen

Translation by Marie Louise Penchoen

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Hanne Marquardt, Europe's most experienced reflexologist, was a student of the "mother" of modern Reflexology, Eunice Ingham. During Hanne's lifetime she has further developed and refined Reflexology, and thanks to her efforts, this health modality has become widely known in Europe.

You have to travel deep into the countryside to find the famous German Reflexologist, Hanne Marquardt. In the lower level of her house we find her renowned Reflexology School, where more than 30,000 students have earned their Reflexology diplomas. "I'm a trained nurse and massage therapist," says Hanne. "I was working in a German sanatorium when I first came across Eunice Ingham's book, Stories the Feet can Tell. Her book provoked me! It was too simplistic to be true." So she decided to challenge Ingham's theory.

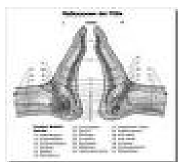
"That was actually my drive," she smiles. "I wanted to prove that a theory so simple couldn't possibly have such an incredible effect. But the more I experimented, the more I became convinced that I had a remarkable tool in my hands. Before I searched Ingham out in the US, I explored her theory for 9 years, during which time I experimented with other reflex areas in my massage practice". Hanne began receiving requests to lecture on reflexology, and shortly thereafter she decided to open a reflexology school. [Today she has 17 schools in nine countries.]

The 'New' Reflex Points

Hanne's discussions with Eunice Ingham combined with her own clinical work prompted a further development of Reflexology, with the discovery of many 'new' reflex areas. "I started with Ingham's zones and the theory of the connection between the body and the foot. Each time I had a new idea, I spread the word to the teachers in my schools. They helped me try out the reflex in what we call the 'teacher's kitchen'. Here the teachers 'cooked the new dish' for a year or more, before the reflex area was either thrown out or published in our annual newsletter. This is how we work, even today."

A major moment came for Hanne one morning when she was still in a dreamy state. In her mind's eye, she suddenly saw how the resting foot looks like a sitting person. "Take the bladder reflex, for example, and I have - in contrast to Ingham - placed it on the heel

across from the hip reflex, right behind the pubic symphysis. This placement is more logical if you look at it from an anatomical perspective. By examining the reflexes on many clients with bladder problems we found that this area was always involved. Ingham's original reflex area was also affected. The explanation is that this zone corresponds to the lower part of the spine, and the nerves that have connection with the pelvic cavity originate in this area (sacral plexus). So when Eunice massaged what she considered to be the reflex for the bladder, she in fact was massaging the origin of the nerves to the bladder, and she still obtained an indirect effect."



The placement of the heart, solar plexus and knee reflexes are other examples of how Hanne's inner vision of the sitting person has had an impact on Reflexology.

Symptomatic zones

When Hanne sees a new client, she first gets an overall impression of the person that is primarily based on appearance, stature, looks, voice strength, etc. She then talks with the client about the problem that brings him or her to the reflexology session. This gives a picture of what Hanne calls 'the symptomatic zone'. "The symptomatic zone can be likened to the top of an iceberg. When a ship's captain sees an iceberg, he knows that the visible part of the iceberg is not what is dangerous. The real danger is in the 90% that is hidden below the water.

"It is important for me to note that we never treat diseases or symptoms, we always treat the whole person," underlines Hanne. "And there is a major difference between:

- the symptomatic zone, which is the same for all clients with a sore neck, and
- the background zone which will be different from one person to the next.

Checking the feet

"Once the symptomatic zone has been established, you check the feet from A-Z so thoroughly that you may not necessarily be able to complete it at the first visit. To evaluate the level of abnormality three different indicators may be used:

1. The feeling of pain
2. The condition of the tissue. It can be difficult to evaluate the reflex area based on the condition of the tissue, and the method works just fine without the therapist feeling anything. But in my later years I have started to put more and more emphasis on the qualitative impression of the tissue. An evaluation closely tied to intuition and needing many years of practice.
3. Reactions from the client's autonomic nervous system. These reactions are by far the most important and most objective. When you work on an abnormal zone, there will almost inevitably come a reaction from the autonomic nervous system in the form of altered breathing, change in facial expression, sighs or groans, temperature change in face or hands, sweat or cold sweat. We keep a close eye on the client's reaction and ask several times during the session. These reactions often take place even though the reflex isn't sore."

When it comes to pain, Hanne Marquardt's attitude toward this has changed over the years. "Years ago I felt a session should be painful. Now I teach my students a trick. At the initial visit we test the spine reflexes thoroughly. Most people are tender in this area, so it's a good place to test the client's tolerance level. It helps determine a pressure that definitely can be felt, but which the client can stand without tensing the body."

Analogy of shape

Subsequently, to create an overview of the different observations, Hanne uses another concept, something she calls 'analogy of shape'. "Every shape serves a purpose. There is a reason for why different parts of the body look alike. In a big perspective there is, for example, the similarity between the foot anthe sitting person. A more detailed example could be the morphological similarity between the

joints of the jaw and the hip. It has been shown that there is also a functional similarity here. And on top of that there are embryological connections, i.e., connections between body parts, which in the embryonic stage were developed from the same stem cells. One example of this would be that in a client with upper respiratory infections I always check the digestive tract, because the mucus linings in the air passages and the intestinal tract have evolved from the same embryological essence (endoderm)."

Even though Hanne many years of expertise have given her a vast practical and theoretical insight, she doesn't forget the importance of intuition. "Ideally I would work and teach without the maps," she says with a glimmer in her eyes. "I believe it is of utmost importance to develop intuition and to heighten the student's feeling on how to 'contact the client's life force'. But I also have to accept that people need a certain degree of systematic organization and intellectual satisfaction. I trust we are meant to use the two parts of the brain we were given - the intellectual/logical and the creative/intuitive."

This article was first published in Danish for the European Reflexology Association Conference in 2000 and recently by the Washington Reflexology Association.
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About the authors: Dorthe Krogsgaard and Peter Lund Frandsen are the founders of Touchpoint in Denmark. Both travel extensively all over the world giving reflexology workshops and will be in Washington and Oregon USA in June and in Bristol arranged by Booth VRT in November 2010.
More information at **www.touchpoint.dk**

Book Review

Membership Renewal
£25 per annum (£30 overseas)
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For those members whose annual subscriptions were renewable on 1st July 2010 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. Apologies for the delay.

The membership in the UK will now be £25 but you have the option to keep it at the same fee by paying £20 by standing order.

This is our first ever first price increase in over 7 years! We started membership fees at £25 per annum and were subsequently able to reduce them to £20 per annum for the past 6 years.

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

REFRESHER!
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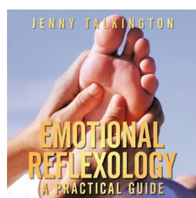
See enclosed booking form.

BOOK REVIEW ***Emotional Reflexology – A practical guide***
by Jenny Talkington
Amazon £12.50



It is always good to see a reflexologist who looks laterally at their work and explores new concepts. Jenny Talkington has written a slim, but interesting, book that is full of charts and new ideas about how we can help our clients' emotional health though observation of the feet via the reflexes.
She says she wants to show there can be an extra dimension to a reflexology sessions that encompass the *feelings* of a person as well as the anatomy and physiological aspects of a treatment. Jenny suggests that key observations and stimulation of particular reflexes can allow the body to activate its own healing mechanisms.

Lynne Booth