

Vertical Reflex Therapy



Membership Network Newsletter

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No 27. Spring 2011

Dear Colleague,

I am writing this letter on the warmest day of the year so far with daffodils in the garden and early blossom on the trees. Yet despite the oncoming of Spring my thoughts are constantly drawn to the people of Japan who, until recently, were also anticipating the continuation of the good things in life. Now many are in the midst of a mega-catastrophe with earthquakes, tsunami and nuclear leaks beyond their wildest nightmares.

Booth VRT has many links with Japan as VRT is taught as a Diploma course in Osaka, Sapporo and in Tokyo by the tutors at the REFLE school and there are now many Japanese VRT practitioners throughout the country. Our sympathy goes out to one of the most highly sophisticated and developed countries in the world that has been so badly battered by the forces of nature. A friend in Tokyo has reported that, despite the lack of food on the shelves, fuel shortages and damage from the earthquake, neither he or the TV news channels have heard of incidents of looting or vandalism. People are making a point of helping and caring for friends and strangers.

Vertical Reflex Therapy is recognised by the Institute for Complementary and Natural Medicine (ICNM) Awards for its "Outstanding Contribution to Complementary Medicine"

I am delighted to announce that ICNM has presented a special Highly Commended award to VRT. The judging panel was impressed with the discovery and development of VRT and said "the competition was so close" that they especially created a prestigious *Highly Commended* award in this category so that VRT could be honoured. Page 12

The main award was made to Doune Alexander, MBE, Business Woman of the Year 4 times and company director of Gramma's, an ethical enterprise, specialising in the manufacture of traditional herbal foods.

Chief Executive, Yvonne Wilcox, says, "Once again, we were delighted with the calibre of entries this year and we think all the nominees and winners reflect the growing importance and professionalism of complementary medicine." **Website: www.icnm.org.uk**

The ICNM administers the British Registrar of Complementary Practitioners (BRCP) which is one of the longest-running registers of its kind in the country. This award is a valuable endorsement of VRT, so do quote it on your client literature, websites and articles!

We have two interesting follow up reports regarding recoveries that appear to have been help by VRT and reflexology. VRT practitioner Denise Berwick used VRT/reflexology to help alleviate a very serious heart attack a year ago. Page 5.

VRT tutor Britta Stuart Dolan has been a good friend and colleague since we shared a taxi to the ballet at a RiEN reflexology conference in Finland in 1998! Britta writes about a client with diabetes over a period of 5 years. Page 2.

In February we enjoyed an excellent Nerve Reflexology Upgrade class with Nico Pauly and Griet Rondel on the Brain, Organs and Emotions. Nico has drawn our attention to an unusual medical discovery: a perfectly formed foot growing in a tiny baby's brain. Details on Page 7.

In March, 17 reflexologists attended the new VRT Sleep, Mobility Issues and New Developments workshop in Bristol. Overall feedback was excellent and the new VRT *Wrist-Twist* has proved a great success with mobility results happening on the day as well as with clients the following week.

All good wishes

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CASE STUDY BY BRITTA STEWART DOLAN



Mrs "Y" is a 30 year old busy housewife, who has taken a year off work and came for reflexology to help her overall health. She wanted to de-stress, regain energy and hoped to improve her diabetic Type 1 Insulin-dependent health.

She, four times daily, monitors her blood glucose level to check that the count reads between 4 – 8 but this doesn't stop her getting on with a full and active life. It is important to also check that it's not too high. She normally injects her insulin and also checks throughout her day that the glucose level has not fallen too low which could yield hypoglycaemia. She uses a glucose diary and records daily. She has a positive, cheerful outlook and enjoys a sport filled life following her favourite lake activity – which requires a lot of energy. Her energy was low before treatments and she did suffer from headaches. I set out to treat her in a holistic manner and commenced 6 weeks treatment every Thursday morning at 9am.

Day 1: Whole foot treatment in full Reflexology session. Reflex points treated with sensitivity – Pancreas, Hypothalamus, Pituitary, Parathyroid, Adrenal Glands, Stomach, Kidneys, Lymphatics, Eyes, Brain, Spine, Solar Plexus and 6th Thoracic on Spinal innervation (nerve connection to pancreas organ).

Result: Very relaxed, tired next day after this first session.

Day 2: Repeat treatment as Day 1

Result: More energy, not as tired the following day.

Day 3: Repeat treatment as Day 1 but added Vertical Reflexology (VRT). Used advanced treatment to end of session.

Result: Better sleeping pattern, full of energy.

Day 4 Repeat treatment as Day 1 and added VRT

Result: Healing crisis followed with mood swings that made her feel tension, stress and irritable. She pitied her husband for he was on the receiving end.

Day 5: Repeat treatment as Day 1 and added VRT

Result: The minute she got up from her treatment her mood had lifted and she felt more balanced. She improved during the week. After checking her glucose level it was normal and she hadn't had to take insulin for three days in a row. She was very pleased with this result.

Day 6: Repeat treatment as Day 1 and added VRT.

Result: Her system needs less insulin and her energy is good. She feels more balanced and relaxed within herself.

Overall Result:

Three days free from taking insulin because her count was perfect. She found it relaxing and calming. Her eating pattern is not restricted any more, she is not longing for food in between meals. She has more energy and feels much more relaxed.

Conclusion:

I will continue to treat her for up to four more weekly sessions as agreed and then we will decide based on continued success to have it every second week and reduce it then to monthly treatments if she wishes. It is always a pleasure to treat someone who has such zest for life.

Postscript 5 years later by Britta Stewart Dolan:

Case Profile: Mrs 'Y' is now 35 years old now and has diabetes condition Mellitus type 2. She continues bi-weekly reflexology treatment as she claims it helps her to relax and feel more energy with her active lifestyle. She has two young children supported in her pregnancies by weekly sessions of maternity reflexology treatments from the 3rd trimester onwards. She is also very successful after qualifying with a degree from university and achieving a permanent job which is part-time.

Her energies have increased and her weight has stayed balanced. She didn't ovulate within a normal cycle : it was every 52 days. She was diagnosed with PCOS, polycystic ovarian syndrome after her first child was born. It was very important to help this lady with plenty of Vertical Reflexology and we always did the 'sandwich VRT' on every treatment for a few minutes before and after the treatment. (This is a description of VRT at the start and finish of a session with the majority of time spent on reclining reflexology techniques plus

“Diaphragm Rocking” sandwiched in the middle).The reflexology treatment was inclusive of a lot of hand and VRT nail-working the pituitary reflexes and linking with the actual pituitary gland reflexes on her feet. The important work of the VRT Endocrine Flush and Diaphragm Rocking was essential to help this case improve so much, I worked passively while this client reclined.

I gave homework of hand reflexology to help her spinal reflexes and Diaphragm Rocking on her hand for self-help and particular attention to her pituitary and pineal glands backed up by working on her own thumb nail to access her own junction box, was the key to help herself.

At work, she likes to keep stimulating her solar plexus reflex plus 3 deep breaths. All self-help was emphasised by only doing up to 1 minute per day on each reflex.

I think overall VRT, within the reflexology treatment, gave the scope for her body to rebalance and function in such a healing way to balance her condition. It helped her to overcome her conditions which seemed to not ever stop her from a normal life. There was also the miracle of producing two healthy full term babies who were both born naturally with the help of an epidural each time.

She says she looks forward to always having bi-weekly treatments of VRT and continuous self help hand work which she feels is keeping her diabetes controlled. Her feet are always so warm after the treatment and ‘happy’ as she describes it!

Her awareness for her own health care through VRT reflexology techniques is something that she has passed on to her two children, as brought them up to learn reflexes and continues to watch their sugar intake.

Thanks to VRT for helping my client in her life. It is so wonderful to watch the support it can give to people who have a condition where otherwise health would not be as bountiful.

By Britta Stewart Dolan
VRT authorised tutor in Eire and N Ireland.

"If you can imagine it, you can achieve it, if you can dream it, you can become it".

William Arthur Ward

SLEEP DEPRIVATION: THE HIDDEN DANGERS



Leo Hickman: Guardian - Medical 10/02/11

The night before the Challenge space shuttle took off for its ill-fated flight in January 1985, Nasa officials held a two-and-a-half hour conference call with executives from the company that made the rocket boosters to discuss a potential fault. The subsequent investigation into the disaster, which killed all seven astronauts on board, concluded that poor decision-making at the meeting, which gave the go-ahead after much debate, was aggravated by the fact that two of the Nasa managers had been awake for 23 hours straight and had slept for no more than three hours the previous day.

Similar errors during long night shifts were implicated in the nuclear disaster at Three Mile Island in Chernobyl, as well as the Exxon Valdez oil spillage. Meanwhile, the AA says that more than 3,000 deaths and serious injuries on UK roads each year can be attributed to sleep deprivation – as many as drink driving.

But new research published this week says the lack of sleep can harm us in more direct ways than say, falling asleep at the wheel of a car. Researchers at Warwick medical school published a study in the European Heart Journal that link disrupted sleep patterns to major health problems. “If you sleep less than 6 hours a night and have disturbed sleep you stand a 48% greater chance of developing or dying from heart disease and a 15% greater chance of developing or dying from a stroke,” said lead author Professor Francesco Cappuccio.

Professor Jim Horne, director of Loughborough University’s Sleep Research, says the key to healthy sleeping is achieving at least six hours of “core” sleep a night – which includes the “deep” sleep during the first five hours of normal sleep. “Core sleep gradually gives way to what I rather loosely call ‘optional’ sleep, which maintains sleep until morning awakening. After about six hours of good sleep, all core sleep has gradually disappeared.” But he says that the idea of a “perfect” length of sleep is a myth: everyone is different. He therefore urges people not to assume that a few bad nights will give you heart disease or a stroke – with the subsequent worry only exacerbating your restlessness

Personal Case Study: Shirley Gibbins, Vancouver

Three weeks ago I filled in for a colleague doing chair massage in an office downtown. I had problems opening the chair and in doing so heard a crack in my lower back. I tentatively stood up and felt the area and apart from feeling slightly sore nothing seemed to be out of alignment. The area affected was from my waist line down to the coccyx. The chair decided to co-operate and open and I was able to carry on with a little discomfort.

By the time I had got the chair and myself back to the car my lower back was not comfortable at all and was throbbing. I still had a 30 minute drive home and didn't know how I was going to make it. I sat in the car and gave myself hand VRT and though it seemed to help at first I knew it wasn't the answer. I decided to try VRT nail-working as I had been experimenting with it recently on clients with chronic conditions that were stubborn reacting to VRT.



I worked on the thumb nails and found lower zones 1 & 5 extremely painful to touch especially zone 1. After working both thumbs the pain started to subside, my back muscles relaxed and I felt able to attempt the drive home. On the

way when the pain started up again and my back tightened (not helped by me sitting) I worked my thumb nails and little finger nails again whenever I could.

On arriving home the pain was now a dull ache and back slightly tense. Whilst sitting in the car I closed my eyes and tuned into my body and then made tiny bites down the zones of my thumb nail again and when I came to a tender spot pressed on it for a few seconds to see what the reaction was. In some spots I automatically took in a deep breath, my back muscles relaxed and the pain went.

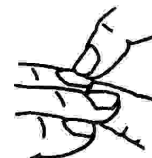
That night I felt almost as if I was coming down with flu: that achy joint feeling and tired. I had a warm bath with pure magnesium salts and aromatherapy oils for relaxing, inflammation and circulation. I wasn't able to sit for long so went to bed. Though it was uncomfortable to keep turning over I slept well that night.

Although I did some hand VRT over the next week until I could get to do my feet. The VRT nail-working seemed to hit the spot for the pain and relaxing the muscles. It was helpful when it came to driving in the car as that is when I

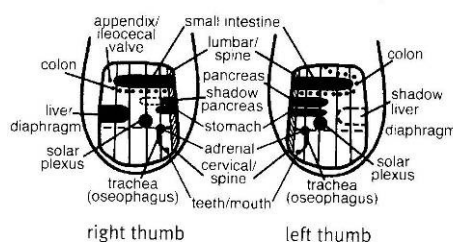
felt it most. A friend came over to give me a full treatment with foot VRT in my second week and that was great. After the treatment I was aware that I could turn and look over my shoulder a lot more easily when driving.

I carried on working throughout, obviously being careful. and gave myself massage, used my oils and magnesium salts and gentle exercise but thankfully I knew how to do your VRT technique of reflexology.

Three weeks to the day I did a full exercise class without a twinge. I was then able to go for a 30 min run and people couldn't believe that there had been anything wrong with my back.



One thing I didn't realise, as I haven't suffered with this type of injury before, is how difficult it is to have a bowel movement as the muscles go into spasm when you want to push. Sometimes I was able to press on pressure points either side of my spine and when that wouldn't work I used hand reflexology.



I showed a colleague at work VRT nail-working and whilst demonstrating on her nail she became very light headed when working around the head and neck area and had to sit down. She had no conditions in this area and maybe it was just a release of tension? Has anything like this happened before while you were working. (*Lynne replied: Only very rarely and I always Harmonise at least 3 times to balance the body immediately*). Will document any further work I do with VRT nail and hand working as I find it very powerful!

November 2010

Is your First Aid Certificate up to date?

You are required to attend a one day refresher class every 3 years to protect yourself and your clients - plus the benefit that you may also be able to assist in an emergency. Professional bodies, insurance companies and clinics may require evidence that your attendance certificate is up to date. Don't get caught out! St John's Ambulance Training courses: www.sja.org.





Practitioner Letters

I just wanted to say thank you again for Saturday, I had a wonderful day and thoroughly enjoyed learning from you about VRT. I am already looking forward to doing Advanced VRT with you and can tell you that I applied what I learnt on Saturday to my client today and she responded very well to the treatment. (I first of all practised on my husband again and I felt it all went very well.

Lyn Russell MAR

Comments on the new Sleep, Mobility and New VRT Developments Workshop

Next classes: Bristol Oct 23, London Nov 6 2011



Thank you again for the great VRT Sleep, Mobility and New Developments course.

I only attended the course less than a week ago, but I have already been able to use successfully what was learnt during the day!

One of my clients could hardly move her left shoulder this week (she said that she must have pulled a muscle swimming and this was quite painful). I told her that I would try a new move, which I had just learned at the weekend. Even though I warned her that I was going to do something a little bit weird (VRT wrist/twist), I think that she didn't really believe that the little "dance" was going to have much effect on her shoulder. She was amazed at the result though: no pain anymore and full mobility for her shoulder!

Karine Prescott
Dipl. Reflex, MAR

Thank you for delivering another very informative and useful workshop on Sleep and Mobility. I am constantly impressed by your continued development of VRT and it's possibilities. I am already using to good effect some of the techniques learnt on the day, e.g. "signalling" with a client presenting with fairly severe right shoulder/upper arm pain.

Rob Wood
MIFR; CP.AMT; Dip.couns

I thoroughly enjoyed the new Sleep, Mobility and New developments course – thank you. I have been using the 'wrist/twist' quite a lot, with great results prioritising specific reflexes corresponding to limited mobility – excellent

Susanne Hollest, IIR, MAR

VRT Newsletter

Heart attack – VRT follow-up

Lynne writes: Many of you were extremely moved by the article in the last VRT newsletter by VRT practitioner, Denise Berwick, who suffered an totally unexpected and extremely serious heart attack while walking her dog last year. She worked her weight-bearing hand with self-help VRT as she lent on a wall and this, she felt, helped control the attack and pain while she dialled for help. She and her husband continued with VRT until the emergency services arrived and she worked her hands in the ambulance. She wrote:

I sustained damage to my heart, in fact I have lost just over a quarter function of my heart. Given that I was taken into the Institute as a primary case and the severity of the attack, my doctors were surprised that I had not suffered more damage. I know that without the VRT I would have died. Now I have angina and I am using reflexology and homeopathic remedies to control it.

Now read about her progress since then:

Healing a broken heart

By Denise Berwick
Reflexologist and VRT practitioner

Almost a year has passed since I had the heart attack and on Sunday 6th March 2011 I was sitting in the hall in the St Monica Trust training with Lynne on the Sleep and Mobility workshop! Something I was unable to contemplate for almost a whole year and for me the course was an ideal way to continue to develop and move forward. Selfishly, now I have more techniques I can apply to myself.



After the heart attack I was left with over a quarter function of my heart gone, as well as a large and significant aneurysm. Initially I was struggling with abnormally low blood pressure and acute angina and only able to eat little and often: soup and very little carbohydrate. The heart remained in shock for a while and my consultant at the Bristol Heart Institute explained that the heart trembles in the chest for a period of time. This affected my sleep for sometime and I still find lying on the left side a challenge. I was dealing with my shock, I knew that I would have to take one day at a time.

It has been a steady recovery and reflexology has continued to play a huge part. Immediately I was given two treatments from my regular reflexologist and a colleague. They came to my home so that I got the maximum benefit as

I was so weak. The treatments were very gentle and mostly dealt with the shock and stress. I was left in the chair for at least 30 minutes afterwards to rest.

I have used VRT everyday on myself, on my hands, weight bearing on my legs, books or whatever is to hand! Working to ease the angina in conjunction with my homeopathic remedy. It relaxed the body, raised the blood pressure and steadied my heart. It eased my fear of having another attack and empowered me. As well as soothing the digestive tract, I seem to have suffered interference with my brain function so VRT Nail-work tapping is taking care of that.

I have two consultants one for the aneurysm and one for the general heart function and they are both very pleased with my recovery, especially given the damage. I have had counseling as it was such a shock. I am treated by a homeopath and am shortly going to be supported by a Health Creation Mentor. I am treated by a Reflexologist every three weeks and she is able to directly work on the heart with VRT. I look after myself with rest, good sleep and plenty of joy!

I am a devotee of self-help using the VRT and the results have been stunning for me: really optimising my health so that I have continued to improve.

The First International Maternity Reflexology Conference in UK

Reading University 6-7 November 2010

VRT Tutor Chris Roscoe was a presenter at the conference and gives an overview:

The first International Maternity Reflexology Conference to be held in the UK was at Reading University on November 6-7 2010. This exciting conference was hosted by The Maternity Reflexology Consortium© which is a group of Midwife Reflexologists who facilitate Maternity Reflexology Courses for Reflexologists

and Midwives. These courses were originally developed by midwife and Reflexologist and author Susanne Enzer. Delegates came from Japan, Australia, Jamaica, Israel



and many parts of Europe. Such is the dedication and interest!

The conference was divided into four parts:

Making babies, carrying babies, birthing babies and then mothering babies - thus covering the whole spectrum of Maternity Reflexology.

Making Babies Section

The well known **Susanne Enzer** discussed the development of Maternity Reflexology and she also treated us to her last conference performance of her infamous hormonal hat which guides the audience through 40 years of a female's fertility cycle. Those who have seen it before will remember how very funny it is! **VRT Tutor Chris Roscoe** was invited to present a paper on 'The Causes and Orthodox Treatment of Infertility'. This covered physical and emotional problems, and what clients can expect when they embark on fertility investigations and treatments.

Carrying and Birthing Babies Section

Oedema in was discussed by Australian midwife / Reflexologist **Lyndall Mollart** in her paper 'Pregnancy - Issues in the tissues' which looked at emotional issues which could be causing a client to 'hold' fluid. Lyndall has been chief investigator for use of 2 types of reflexology for leg/ankle oedema in late pregnancy. Midwife, Reflexologist and author **Denise Tiran** spoke next on Safety, Efficacy and Evidence Based Practice. This was an excellent presentation as we all recognise that research is the key to the real acceptance of Reflexology as a profession by other medical professions.

Birthing Babies Section

Conference organizer and midwife, reflexologist **Gill Thomson** was next, who presented aspects of the Pelvis and how it affects birthing. As we know, birth is a mechanical process where the baby has to negotiate his way through the pelvis to the outside world. Gill discussed how the mother can aid this process with optimal foetal positioning and how the Maternity Reflexologist can help so much in advising mothers-to-be about positioning.

Last presentation of the first day, **Moshe Kruchik**: doula, author and Maternity Reflexology Trainer from Israel talked - controversially for some delegates - on 'Doula & Reflexologist - The perfect combination for an excellent Birth'. Moshe showed several video clips of his presence and treatments within birthing rooms.

Mothering babies section

Cheryl Cole – no, not that one! - discussed 'Community Midwife Homebirth:- The Midwife's 'bag of tricks'. Cheryl is a community midwife in Plymouth. She attends many homebirths and uses her reflexology skills to enhance her practice. Last to speak, but no means least, was **Teresa Huelga** a Spanish Midwife/Reflexologist presented 'Reflexology in the Puerperium: how we can help the new mother' - discussing the postnatal period (up to 6 weeks following birthing) with issues such as breast problems and how reflexology can help these conditions.

On Day 2 there was also a choice of 4 workshops to attend –

Chris Roscoe led the workshop on 'Fertility issues & Holistic treatment of clients with fertility problems' - including techniques from Reiki, Crystal Therapy, Magnet therapy and others. Lyndall Mollart RGN RM led 'Miscarriage and loss'. Jenni Grant RGN RM MAR discussed 'Minor disorders of pregnancy and reflexology techniques' and Gill Thomson RGN RM MAR presented 'The Pelvic Girdle'

Question time

All the speakers lined up at the front of the seminar room for question time. There was heated debate and disagreement and professional concerns from delegates and speakers – particularly about Moshe's video clips of birthing and his reflexology techniques. Very stimulating discussions though. Chris Roscoe closed the conference with a guided relaxation so that everyone left feeling tranquil for their homeward journeys.

It was a fantastic weekend, with really good professional speakers who shared their experiences and expertise with the delegates. It proved to be both an exciting and stimulating conference, encouraging a lot of learning, discussion and a wonderful opportunity to network with fellow reflexologists. I hope it will be repeated this year and would encourage everyone interested in this growing field of Maternity Reflexology to try to attend.

In the meantime, all the speakers PowerPoint presentations are on the website:

www.maternity-reflexology.com next to their profiles. Well worth a look.

Chris Roscoe
B.Ed, Dip Reflex, MIFR,
Dip Hypnotherapy



Q&A on Cramp

Reflexologist Adele Appleton wrote: I have found that quite often when giving conventional reflexology treatments to older people they quite often get cramp in their toes. Is there any way to prevent this or if not, what is the best way to alleviate it? Is this something you have experienced yourself.

Lynne replied: I have found that older or infirm people occasionally get cramp more than others but it is often in the whole foot. A few men I treat regularly get cramp in their toes and they are far from old!

However, whether it is cramp in the feet, toes or calf, I always go to the **referral areas** fingers, the hand/arm and vigorously work them, if the person is young, and especially gently if the person is older as the skin is often very thin. Magnesium spray is often very effective for cramp and can be obtained via the Victoria Health website and elsewhere. Always approach giving advice with caution and check with a nutritionist or GP if in doubt.
www.victoriahealth.com

Unusual life-saving operation reveals a miniature foot

Dr. Paul Grabb, a pediatric brain surgeon, in Colorado Springs said he was astounded when he discovered a small foot growing inside the brain of 3-day-old Sam Esquibel.



The appendage had threatened the newborn baby's life. When Dr Grabb performed the life-saving surgery at Memorial Hospital for Children in Colorado Springs, he also found what appeared to be parts of an intestine in the folds of the infant's tiny brain, in addition to another developing foot, hand and thigh.

Sam was delivered on Oct. 1 2008 and within hours an ultrasound showed what appeared to be a tumor developing in the brain of the fetus. Three days later, Dr Grabb performed the surgery to remove it. The reason for the strange growth was not clear at first. It was thought to be a teratoma -- a congenital brain tumor composed of foreign tissue such as muscle, hair or teeth -- or a fetus in fetu, which

is a developmental abnormality in which a fetal twin begins to form within the other.

Dr Grabb is the only pediatric brain surgeon in southern Colorado, said that the formal pathology report identified the mass as a teratoma because of how perfectly formed the structure was but there is a fine line between that and the fetus in fetu.

"So it's unclear if a fetal twin began to form within another," Dr Grabb said. He said he sees a teratoma once every few years but it doesn't compare to this case. Teratoma tumours do not usually grow as complex as a foot. He said, "You can show those pictures to the most experienced pediatric neurosurgeons in the world, and they've never seen anything like it. This is completely abnormal." Neurologically, Sam is expected to do well but his brain tumour could come back so he will be monitored in the months and years to come.

Sam, in the early stages of recovery from the surgery, showed weakness on one side of his body and some trouble with higher-level eye functions. He immediately began rehabilitation. He was alert and happy, with a barely visible inch-long scar which stretched from his hairline to the top of his cheek.

Pediatrician Dr Rich Gustafson said it was always impressive to see these sorts of things but they not as unusual as some may think.

"Teratomas can be found in abdomens or other parts of the body ... what made this case so unusual is how perfectly formed the foot was and being in the skull as well. Usually, it's a totally safe and benign tumor. Often, it gets picked up in adulthood but now, with fetal ultrasound, you are actually identifying conditions much earlier.



Thanks to Nico Pauly, Manual Neuro-therapist for drawing this information to our attention .

Two-day ART Comprehensive Seminar

14th & 15th May 2011

St Monica Trust, Cote Lane, Westbury-on-Trym, Bristol. BS9 3UN

Do look at the enclosed booking form and consider attending this IIR - organised 2 day event with Anthony Porter. Booth VRT ran a very successful weekend with Tony last November and his workshops are fascinating and informative. IIR booking form enclosed.

Highly recommend! Lynne Booth



Reflexology Contra-Indications

**Anthony J. Porter,
Director A.R.T. Training, London.**

A great deal of effort by various groups of people, many with little or no knowledge of reflexology, has gone into the subject of contra-indications. I have seen an entire page dedicated to a list of conditions where reflexology, supposedly, is contra-indicated. If they were to be believed, it would get to the point where anyone who wishes to be worked on with reflexology would have to undergo an entire battery of medical examinations before being accepted as a client! Some of these so called contra-indications range from heart problems, cancer and so on. I have had students at my seminars who were surprised that I actually work on the heart reflexes. They had been told by other teachers or students that it could stop or damage the heart!

There are several questions that need to be asked, first, have the people who conceived these negative notions actually had the experience of a client's heart stopping during a session? Has a cancer actually spread or worsened? Or have weakened kidneys stopped working?

It would be an amazing physiological discovery if it were possible to stop the heart by pressing an area of the foot, (what a way to commit the perfect murder!) or if cancer were to spread or have weak kidneys deteriorate. It would mean that it would be dangerous for sick people to walk barefoot on uneven or pebbly ground, as it might bring about serious consequences to their health!

Can you imagine signs on pebbly public beaches with statements such as: *Public Health Warning - It is dangerous to walk barefoot on this beach if you are pregnant, have heart problems, implants or suspect that you may have an underlying health problem,*

consult with your Doctor before venturing on this beach!

Students of reflexology are often told not to work on people who have cancer. Reflexology is just what a cancer sufferer needs; anyway, how is it possible to know if your client may be in the early stages of cancer? Many people may already have cancer and remain totally unaware of it and lead a perfectly normal life. I believe that it is always possible to work on clients regardless of their condition.

The important points to remember are: The condition of your client; i.e. are they frail or do they have acute disease or foot conditions that prevent you from working on the feet? Have they just had surgery? What is important is to adapt the type of reflexology session to the condition of your client. For instance, before working on someone who has been very ill and frail your type of treatment should reflect this, or they may not even feel like a treatment. these considerations should be made: (When in doubt always remember work lightly, often, and less time)

Other examples of misguided 'contraindications': A delegate at a reflexology conference on which I was a speaker, related the fact that she was taught never to work on a client with an implant, such as a hip replacement as it can cause it to reject, she claimed the same applied to pacemakers.

While at the same conference another explained an experience during a treatment where shrapnel fragments which had been inside a client since the war, actually migrated through the skin in front of her eyes.

Then there was the other story that went around about an anti poison reflex on the feet which when pressed would make a person immune to the very strongest poisons! Anybody fancy the chance to prove the efficacy of the reflex point with a dose of strychnine?

A number of years ago, an 'experienced' reflexologist claimed that the techniques of ART are applied with so much force, that when they were applied to the spinal reflex areas had fractured the vertebral spine of a friend who had an ART session! When I challenged the originator of this statement that I wished to interview this 'friend' with an Osteopathic colleague no more was ever heard of this matter.

Reflexology and Surgery

Reflexology may bring increased resilience during the surgery if done before. If the client has been immobile for some time, it should be introduced gradually to invigorate the body. Reflexology after the surgery is very important as it could help to prevent adhesions forming and aid the healing process.

If you are not sure about conditions and symptoms that clients present, always err towards caution and refer them to their medical practitioner. For instance, someone may come in with chest or abdominal pain, or perhaps a constant headache, which they have not discussed with their doctor.

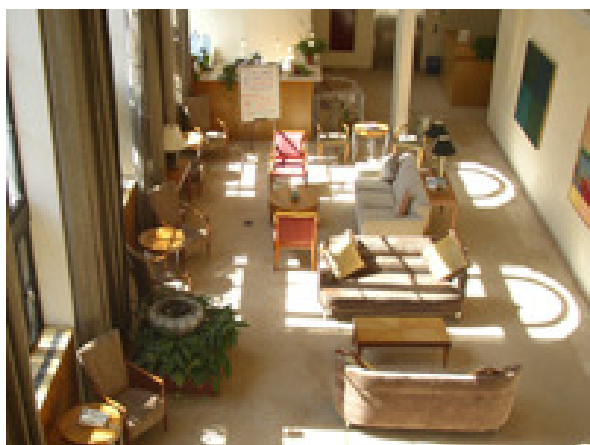
Like any other health-care professional we have a responsibility to our clients. I am not in any way advocating an irresponsible or careless approach to your work. Of course conditions such as swellings of the calf or leg need immediate specialist referral. Also ulceration's, phlebitis or thrombosis of the lower leg would denote caution on the part of the therapist. These would of course need medical attention, but even in these cases reflexology can be adapted or working on the hands would be possible.

It is thought that what many practitioners call contra-indications are their experience of a healing crisis by their client. To understand this more fully it would be easier if the therapist had knowledge of natural therapeutics. Briefly though the object of all true natural healing is to assist the body to eliminate waste and poisonous matter. When the vitality has been raised to sufficient strength the body will create conditions necessary to throw off this morbid material. This often manifests in headaches, colds, flu, diarrhoea etc. The term for this reaction is a 'healing crisis'.

When a client has a 'healing crisis' it means that the vitality of the body has been increased by the sessions, subsequently creating detoxification, which is the only true path to restoring health. No matter what field of natural medicine is used, the body will only be able to create the necessary conditions to bring about a healing crisis if it has enough available vitality. Important point: It should not be interpreted that because a client has no or very few painful reflexes on the feet that they are in good health. On the contrary, it can mean that they do have health problems but because their vitality is low it causes the reflexes to be dull or seemingly non-existent. To create a painful reflex the body needs to have vitality.

Many of you will experience clients who will present you with feet where the reflexes are dull and almost non-evident, and after a few sessions, they suddenly show up as very painful, which might make you think that the client is getting worse. Because of this widely misunderstood belief a client may also feel their condition has deteriorated. If this happens it means your sessions are on the right track and that you are succeeding in raising your client's vitality. While there are very few conditions where it would be unwise to do reflexology.

Lynne Booth visits the Bendheim Integrative Medicine Centre - New York



Lobby at The Bendheim Integrative
Medicine Center

Last Autumn I visited New York on a sunny and sombre Saturday, September 11th, and toured the impressive Blenheim Integrative Medical Centre at the personal invitation of the Medical Director, Barrie R. Cassileth, PhD. It is a dedicated building which was a striking former bank. It is affiliated to the Memorial Sloan-Kettering Cancer Center, a state of the art private cancer hospital which is situated in another part of the city where innovative research and development takes place. It is part of the oldest dedicated cancer hospital in the States that began its work in the 1880's.

It was a privilege to see how a medical establishment works and co-operates with complementary care to provide the best holistic help for people who have cancer. There are also many patients who are helped to *live* with cancer, who are in remission, as well as those who are terminally ill. Some reflexology is offered and acupuncture and herbal remedies featured largely as well as other therapies. The aesthetic feel to centre was tasteful, calming, with works of art on the walls and rooms for counselling, discussion, relaxation and treatment sessions. One

administrative room is actually inside the enormous walk-in safe from the building's former grand banking era! The hospital's website gives an interesting overview of the philosophy of the Center and what it provides. The information below is taken largely from their website. www.mskcc.org

"Integrative medicine combines the discipline of modern science with the wisdom of ancient healing. It can transform the physical, emotional, and spiritual dimensions of the lives of people living with chronic or life-threatening illness.

Complementary therapies such as touch therapies, mind-body therapies, acupuncture, nutrition, physical activity and fitness, and dietary supplements are not substitutes for mainstream medical care. But when used in concert with medical treatment they can help alleviate stress, reduce pain and anxiety, manage physical and emotional symptoms, and enhance quality of life.

Acupuncture for the Treatment of Chronic Lymphedema
Cassileth, Barrie, PhD
<http://www.mskcc.org/mskcc/html/11901.cfm>

The Bendheim Integrative Medicine Center at 1429 First Avenue, New York offers the program's entire suite of services and therapies in a beautiful spa-like setting. The center is open to the public regardless of their hospital affiliation.

The guiding principle at Memorial Sloan-Kettering is to offer people with cancer the most effective treatment and the highest quality of care. Within the Integrative Medicine Service, our experienced therapists are fully trained and certified. They have been carefully selected for their symptom management skills and sensitivity to patient needs.

Through our award-winning *About Herbs* database, the service also collects and disseminates free and thorough information about over-the-counter products and unproven cancer treatments, and their effects in the context of cancer care.

Additional scientific evaluation of alternative and complementary therapies is needed. Scientific scrutiny has been increasingly applied in recent years. Some avid proponents maintain that it is unnecessary to study unconventional therapies; that their longevity and popularity provide adequate "proof" of validity. But how do we really know when a treatment works? We know only after it has been scientifically tested and found to be more effective than doing nothing, and at least as effective as other therapies. Comparisons are

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crucial and feasible -- and they help tell us whether a therapy can pose any danger to our health. Anecdotal reports are not adequate. Thankfully, the burgeoning interest in alternative and complementary therapies has been accompanied by a growing interest in studying them properly. The quality of research in this area can and must be equivalent to any scientific study. The public needs and has a right to know whether healing methods, conventional or unconventional, fulfill proponent promises.

Research Program

The Integrative Medicine Service research program has two major components:

Quality of Life Studies

Quality of life studies address the ability of Memorial Sloan-Kettering Cancer Center's Integrative Medicine services to relieve pain and other symptoms. Research currently underway or under development includes studies of acupuncture for fatigue, shortness of breath, hot flashes, nausea, and pain. We will also initiate a project to look at music therapy's benefits in the recovery room. In addition, we are working with Memorial Sloan-Kettering's Pain and Palliative Care Service to construct a controlled trial of the benefits of massage therapy for terminally ill patients.

Botanical Therapies

Research suggests that some botanicals may have important benefits against cancer. Our botanicals research program, The Memorial Sloan-Kettering Cancer Center Research Center for Botanical Immunomodulators, in collaboration with the Institute of Chinese Medicine, in Hong Kong, will systematically investigate immune-modulating botanical supplements, their composition, and mechanisms of action. The research projects will be carried out by investigators from Memorial Sloan-Kettering, The Rockefeller University, and Weill Medical College of Cornell University. The clinical implications of the Center's work are comprehensive, including cancer prevention and treatment, management of treatment complications, health maintenance, and survivorship.

All Integrative Medicine research related to quality of life studies and botanical therapies is conducted in collaboration with senior laboratory and clinical scientists at Memorial Sloan-Kettering Cancer Center and the Sloan-Kettering Institute

Membership Renewal £25 per annum (£30 overseas) Pay by Standing Order : still only £20!

For those members whose annual subscriptions were renewable on 1st March 2011 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. **The membership in the UK is £25 but you have the option to keep it at the same fee by paying £20 by standing order.** Overseas VRT subscriptions are £30.

YOU CAN PAY ON-LINE
www.boothvrt.com

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.

Nerve Reflexology Upgrade *Brain, Organs and Emotions* 19-20 February 2011

34 graduate Nerve Reflexology Diploma graduates enjoyed a fascinating weekend with Nico Pauly and Griet Rondel. Below Griet demonstrates the profound connections between our reflexes, organs and the effect on brain function.



VRT – OUTSTANDING CONTRIBUTION TO COMPLEMENTARY MEDICINE AWARD

ICMN 2011

VRT Practitioners can emphasise this prestigious new award in client literature and on their websites.

Enclosed are two pages from the latest journal but you can print off colour copies of the journal pages to display when discussing the benefits and reputation of VRT and the treatments offered.



ICNM Journal Spring 2011
www.icnm.org.uk



**Association of Reflexologists (AoR)
SUMMER SCHOOLS**

**20 - 22 May 2011 Harrogate
1 - 3 July 2011 Torquay
www.aor.org.uk**

Speakers: Lynne Booth, Tony Porter, Jenni Grant, Gill Thomson, Peter Lund Frandsen and Dorthe Krogsgaard & Tracey Smith

**Locations: Harrogate: Majestic Hotel,
Torquay: The Grand Hotel**

The Summer Schools will include practical sessions on VRT, ART, Maternity reflexology and back and spine issues and much more including a room to exchange reflexology treatments and a chance to meet and discuss ideas with other reflexologists.

Accommodation is not included. Lunch will be provided. By attending this event you will gain 20 CPD points. (Cheaper Travelodge available.

Price : £280 member (Non-members £380)

**NEC Holistic Health, Birmingham
Federation of Holistic Therapists (FHT)
Conference
Sunday 8 - Monday 9 May 2011
VRT and New Developments
www.fht.org.uk**

**International Council of Reflexologists
(ICR) Conference - Castro Verde Portugal
September 16th - 19th 2011
Vertical Reflexology for Chronic Illness & Dementia
www.icr-reflexology.org**

**European Conference of Reflexology:
Children First
Luxembourg
11-13 May 2012
VRT- Subtle Synergistic and gentle techniques
for children
www.reflexology-childrenfirst.org**

***Lynne writes.....I recently treated an 84 year old lady with very limited speech and cognitive powers. She suddenly became very lucid and profound and said:
"Do you know that the saddest phrase in the English language is, 'if only'?"***

I felt inspired to try to limit future times of regret by being positive and pro-active in my thoughts and deeds from now on!

ESSENTIAL INFORMATION!

**From March 1st 2011 the Advertising Standards Authority has new powers to check all websites for suspect claims. Your leaflets and promotional literature should all be thoroughly checked.
www.asa.org.uk**

All marketing communications on websites, as well as leaflets and advertisements, will be regulated by the ASA, the UK's independent regulator of advertising across all media.

Please ensure that you follow recent guidelines published by the ASA following a number of complaints against reflexologists' promotional website material.

Your professional body should have sent you full and detailed guidelines as to how to protect yourself from possible prosecution. If not, please contact them at once so you can check your literature and website. We have always known that we cannot claim reflexology will "cure" medical conditions but you can no longer suggest that "reflexology is effective with certain conditions", for example.

You may state that reflexology *may* or *might* help, rather than *will* help, with general conditions. Arthritis for example should now be referred to as "*joint pain*", Sub-Fertility should now be referred to as "*Fertility issues*" according to the Association of Reflexologists who have research this thoroughly. They also state that VRT (and ART etc) should be referred to by its full name, Vertical Reflex Therapy, on websites and promotional literature.

**Nightingale Collaboration – "challenging misleading healthcare claims"
www.nightingale-collaboration.org**

This new organisation has been set up by a group determined to challenge therapists' healthcare claims and to robustly protect the public from misleading promotional literature. They have a stated remit to expose and report complementary therapists if their website material does not meet the new guidelines and report them to the ASA for possible prosecution. Their volunteer members are urged to scrutinise websites for misleading claims and in March 2011 it was: Homeopathy.

Please read the information on their Home page and especially on their Focus of the Month page: www.nightingale-collaboration.org/focus-of-the-month There is nothing to concern reflexologists if we strictly follow the new ASA guidelines and those of our professional bodies.