

# Vertical Reflex Therapy



## Membership Network Newsletter

All content copyright ©Booth VRT Ltd  
No 29. Summer 2011

Dear Colleague

Welcome to the Summer VRT Newsletter and I hope you will enjoy a break regardless of rain or shine!

This edition contains some interesting articles including one by VRT Practitioner and experienced reflexologist, Sandy Ross, who with others has used her skills in Bosnia, on an annual basis. They help those who are victims of war and the many atrocities that occurred. There is also information about the charity, Healing Hands, who arrange for therapists to offer their skills.

How many of us can look back and wish that we had offered more help or perhaps intervened to assist someone in trouble? Afterwards one may feel guilty that the situation was left to others to sort out possibly due to shyness or fear of being rejected. I have fallen into that category on a few occasions and vowed that the next time I could be of potential assistance I would be more proactive. My opportunity came a couple of months ago on an Air France plane which I boarded following a Paris VRT teaching trip. You can read about it on page 2.

With an ageing population, many more reflexologists are being asked to treat older people who have mental health issues. Sadly, a few people show early signs of dementia in their 50's and 60's but the demographic changes means that numbers of people over 85 will double in the next decade or so, with many more cases occurring. Oran Aviv is a gifted reflexologist whom I met at a conference in Israel who has great experience in this field and has introduced many VRT hand and nail techniques to her clients and their carers. Oran writes about working with dementia and gives guidance on page 5.

Hanne Marquardt, German nurse and reflexologist is the modern guru of reflexology in my view. In her later years, she is still travelling the world teaching reflexology and sharing her many profound insights about the

body and how to heal. I was delighted to spend a weekend learning from her in South Wales in June as we had briefly shared techniques at various conferences over the years. We learnt how to treat scars and work on deeper levels connected with the emotional trauma of the original injury. It is fascinating information and Hanne has written a booklet about treating scars. See her website [www.reflexzonetherapie.com/emarquardt.htm](http://www.reflexzonetherapie.com/emarquardt.htm)



On June 29<sup>th</sup> I had the honour of attending the Institute of Complementary and Natural Medicine (ICNM) awards in London and was pleased to accept a glass plaque and Highly Commended certificate for developing VRT's Outstanding Contribution to Complementary Medicine. This award to VRT is worth quoting on your client leaflets and promotional literature as it was presented by a highly respected organisation. As mentioned before, it is excellent that reflexology and VRT has been recognised for its role in the *wider* complementary field.

Do keep your letters, comments and articles coming in and I hope to see you at future classes.

for Booth VRT Ltd  
Tel 0117 9626746  
Email: [contact@boothvrt.com](mailto:contact@boothvrt.com)  
website: [www.boothvrt.com](http://www.boothvrt.com)

## Never limit the power of reflexology .....a grandmother writes:

Following a very long a difficult delivery, my daughter gave birth to a beautiful baby girl, who, at the time, was reported to be fine. Soon after the delivery my daughter was taken to theatre for an operation and our new granddaughter was left in the delivery room with myself and the midwife. We had been there no more than a couple of minutes when I noticed the baby had a twitch in her right leg. The midwife held the baby's leg quite firmly but the twitch took a couple of minutes to stop and we thought nothing more about it.

My daughter's condition kept her in hospital overnight, with the baby, and during the night my daughter



awoke to see a nurse running off with the baby. Although in complete panic with the situation, my daughter soon realised that her baby daughter had stopped breathing. Following weeks of extensive tests in the special care baby unit, the baby was found to have numerous problems and had had a series of more twitching which were diagnosed as seizures.

Medication improved many of her early problems, but the seizures continued to baffle the consultants and the root of the problem was never found. With the immune system problems, she continued to pick up every childhood ailment and cold that she came in contact with – the colds invariably resulting in a chest infection.

This continued for 8 years with seizures averaging two a week, each leaving her completely drained of energy which resulted in time off school. The endless colds, ailments and chest infections added to the time lost at school – her schooling quite soon fell several years behind others of her age. She was classed as special needs she was stated with a one-to-one teacher.

One day whilst speaking with Lynne Booth she asked about my granddaughter and I took the opportunity to ask if there was anything that she could do. This resulted in my granddaughter having two sessions with Lynn where Lynn worked on the immune system and the appropriate areas for seizures.

The improvement was immediate and amazing. It is now 9 months since Lynne saw

my granddaughter and I can't remember when she had her last cold or chest infection. More importantly, she has only had one seizure in that time – which was due to having a new duvet and getting too over heated – her consultant has also taken her off the programme she was on for brain surgery.

We are absolutely delighted with the results – her health has improved dramatically which in turn has had great impact on her schooling

We have a happy little girl who is enjoying life as she should. A wonderful result which we have not been shy in telling people about. Thank you so much Lynne and thank you VRT

RM, North Somerset



**This photo was taken at Chaukhatgyi Paya in India. The story is that 50 years ago there was a giant standing Buddha poking his head above the temples and monasteries there, but one day “he got tired” and collapsed into a heap on the floor, whereupon he was replaced with the monster sized lazy reclining Buddha you see today – with resplendent markings on his feet!**

## Reflexology to the rescue on a flight

Lynne Booth writes:

On a recent flight back from a teaching trip in Paris, a 9 year old girl in the seat in front of me was violently shaking, crying and appeared to be having an asthma/panic attack. She was choking, hyperventilating and was sick. As the plane took off, with the help of a steward, her mother sat beside her across the aisle and grasped and cradled the child's head in her hands. She explained to the startled passengers that her



daughter had such a fear of flying that it had been difficult to get her on this plane and the trip to France 4 days before had been such an ordeal she vowed never to fly again.

I leant forward and quietly said that I had some reflexology hand techniques that may help calm the girl. I did not feel it was appropriate to immediately offer to treat her child so suggested I worked on the mother's hands and she could then repeat this on her daughter.

The mother instantly felt relaxed and asked me to work directly on her child. I first held her centre thumb nails (nail-on-nail) for about a minute and the girl involuntarily gave a great deep breathe and sigh. I then pinched up and down either side of the thumbs (cervical spine reflexes) and turned to her palm and first pressed gently on the very tender adrenal points on the thenar muscle – the fleshy part of the palm beneath the thumb.

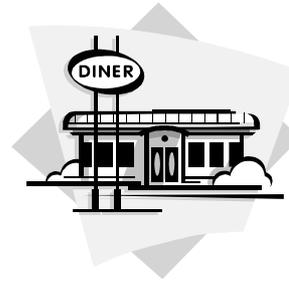
Next, I gently taught her Hand Diaphragm Rocking and she relaxed further as she pressed gently on her palm as she clenched and unclenched fingers. About 5 minutes later she looked across to her mother and smiled, "It's gone!" She read and played a card game with her little brother and occasionally turned round to my seat and demonstrated the Diaphragm Rocking technique.. When the pilot's instructions to prepare for landing were announced, the mother immediately reached for her child's hand as take-offs and landings cause her the most distress. Instead she waggled her fingers in Diaphragm Rocking mode and said again – "*it's gone, I'm OK now!*" Amid many thanks as the family left, I reminded the little girl that she now had a calming technique to use for many situations, whenever she felt frightened. The air stewards came and asked me what I had done to bring about this dramatic change and declared that Easyjet could do with a reflexologist on every plane!

\*\*\*\*\*

**We know finger nails grow faster than toe nails...but how fast?**

**A medical study confirmed that the average fingernail growth rate in 22 health young American adults was faster than that of toenails (3.47 vs. 1.62 mm/month). The little fingernail grew slower than other fingernails, the great toenail grew faster than other toenails**

Yaemsiri S, Hou N, Slining MM, He K.  
Department of Epidemiology, UNC Gillings School of Global Public Health and School of Medicine, University of North Carolina at Chapel Hill, NC, USA



**A story that I must share.....  
by Susanne Hollest IIR, MAR**

Eighteen months ago, we got to know a family who run a diner in a 'caravan' on a route that we travel on each month.....only to find that their 19 year old son had had a terrible car crash and was in a coma with terrible injuries. We had not chatted to them before this, and I offered to put his name in my Reiki distant healing network which I run by email. I also gave his Mum some Reflexology tips for her to work on while he lay in hospital – brain/fingertips etc. So – it became a vital stopping point for our cuppa en route, and each time I would give her more 'homework' to do on her son (including giving her an ear seed to put on his shoulder reflex, which was in spasm – this was promptly removed by the medics!!). He came out of the coma. He had also had part of his skull removed to ease the swelling of his brain and was still in a very bad state, but alive. Each visit, I continued to give her tips to work on for his hands, and also to massage his feet etc. and the improvement continued.

He was moved to a rehab unit, and this time last year, she asked if I would visit him there, as she knew that I was the person who was really going to help him. It has become such a very powerful friendship – the like of which I have never known. I did a lot of Reiki for him on this visit, and hand reflexology etc, and the progress was staggering. He continued to receive Distant Reiki healing. His mother then came up to Melksham last summer and did my Reiki course so that she could do that for him herself. Since then he has continued to improve, and she is going to do my Second Degree course next month. Several months ago he had a 'plate' put in his head, his hair has grown, he is *talking*, and *walking* and can stand up unaided, despite his whole right side being much weaker still.

I have continued to give her Reflexology tips for her to work on his hands. At the time of writing this, he is starting a college course in catering so that he can get back to working in the Diner! His family are having an extension built so that he can come back home.

So, I suggested that if he could be at the Diner on my next visit, it would be an opportunity for

me to see him again, rather than detouring to the unit where he was living. So, while others were eating their egg and chips (!), I was working his hands and elbow (still very much in spasm) – but he is getting his fingers nearly straight now, which is amazing, and can shake hands. I then thought that I would do the thumbnail pituitary hold and some wrist-twists (having recently attended Lynne's latest course, *VRT Sleep, Mobility and new developments* introducing wonderful new techniques) It was so amazing when he stood up, as I had never seen him stand before, and had no idea that he was over 6ft tall!! We laughed so much!! I then got him to show me the extent of his right leg raise – which was very limited. I found the knee/leg reflex on his hand and held the thumb nail and asked him to raise his leg – it came right up high! We were all so thrilled and he and his parents were gob-smacked! I have shown his Mum how to do this for him herself, so that she can repeat it every now and then, which will be good for his back anyway.

I am using this on so many patients, including my regular fortnightly visit to a wheelchair-bound elderly man – he is so thrilled that he can now raise and kick his legs out more. I feel quite emotional writing this – it is all so incredibly humbling, isn't it?

**Susanne Hollest IIR, MAR**

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

For those members whose annual subscriptions were renewable on 1<sup>st</sup> July 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](http://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.

**Any members wishing to retake a VRT class as a refresher may do so for only £60!!!**

**MY ANNUAL TRIP TO BOSNIA  
by Sandy Ross  
Reflexologist and VRT Practitioner**



**Sandy Ross ( left ) in Sarajevo**

The siege of Sarajevo lasted 1,425 days between 1992-95 and left 12,500 dead and 61,000 wounded. Thousands of people suffered the atrocities of torture, rape, long periods in concentration camps, house arrest and worst of all, ethnic cleansing on a scale of unimaginable proportions.

Shortly after the end of the war, in 1996, a group of complimentary therapists decided they must help and formed the Healing Hands Network, a charity which has been working to help heal the pain and trauma these people are still suffering daily. The charity has been active in Sarajevo for the last 13 years and therapists, who raise their own funds to pay for flights etc, commit to spending two weeks in Sarajevo between April and October. We have our own house where we operate from and we also visit three other locations in villages surrounding the town, serving people who cannot get into the main clinic.

Our therapists offer many different therapies to their clients. Massage, Reflexology, Reiki, Spiritual Healing, Cranial-sacral therapy, Acupuncture, Shiatsu, EFT, the list is endless. I personally offer massage, reflexology and Reiki, and have been going to Sarajevo for the last seven years. Our working day operates between 9am and 5pm Mon-Fri, during which we provide seven treatments. Each treatment is discussed with our manager/interpreter as to the suitability and needs of the client. We see people with a variety of traumas and effects of war, such as shrapnel wounds, bullet wounds, amputation of legs, arms, feet and toes. These we can see, but the emotional traumas are deep and hidden and can last a life-time.

These people are very open to any form of Holistic healing and as such benefit greatly from our therapies. They always welcome us with open arms and will accept and embrace any of our treatments. It is a joy for us to see

the change in them after they have been treated, big smiles and hugs are doled out unconditionally. We are humbled by their enthusiastic responses and although we do not understand each other in a verbal context, we find this is unnecessary as body language portrays exactly how they and we feel about each other.

The Healing Hands Network is now offering help to our returning service-men and women suffering with the ravages of war and the debilitating effects of PTS. If you feel in anyway you are interested in our work please contact our website or ring or email our administrator on:  
Tel 01885 410620.  
Email: hhnadmin@btconnect.com

### About the Healing Hands Network



“Our members are qualified and experienced therapists offering a range of treatments including massage, reflexology, aromatherapy, reiki and other mainstream complementary therapies. They are all volunteers and raise the funds needed for their trip - £750 in 2011. Our clients come from the Association of Concentration Camp Victims, the Association of Civil War Victims and the Centre for Torture Victims. We treat everyone who comes, regardless of race, colour or creed, and although we listen to what they have to say we are careful not to take sides in a situation which has set neighbour against neighbour.

Holistic approaches to healing are accepted unconditionally in Bosnia and Herzegovina, and as a result of this the therapeutic benefits we are able to achieve are sometimes greatly accentuated. Many clients say how much better they are feeling. Sometimes they are sleeping better or perhaps their continual aches and pains are relieved and they have a better quality of life. Other clients report an increase in optimism and hope, and a wealth of other positive effects.

### How you can help

Healing Hands Network pioneered its unique and exciting work in Sarajevo, and we have stayed there because the need is still so great. But we hope in time to work in other parts of the world where the need is even greater, including returning servicemen and women in the UK who are suffering from post traumatic stress disorder. To achieve our aim, we need help – more members and more money. If you can help in any way – by volunteering or by giving us your financial support or help with fundraising and publicity – please get in touch.  
[www.healinghandsnetwork.org.uk](http://www.healinghandsnetwork.org.uk)

\*\*\*\*\*

### Reflexology and Dementia by Oran Aviv

Those suffering from Alzheimer's/Dementia can benefit greatly from Reflexology and other complimentary or alternative treatments, but the practitioner needs to take into consideration some of the challenges of a client with dementia.



Dementia is organic brain damage. It is degeneration of the brain cells. Alzheimer's is the main disease that leads to 50% of the cases of dementia. It causes cognitive, emotional and personality changes. As the disease progresses, these changes become more severe. Treatments need to be attuned to the client's stage of dementia, but there are some basic rules that will make your treatment pleasant and comfortable for clients at any stage:

#### 1. Respect and Patience

Probably the most important way to have a positive relationship with clients that have Alzheimer's/Dementia is to respect them and treat them as fellow human beings.

Although this seems obvious, I have found that many people who work with Alzheimer's/Dementia patients tend to talk down to them like children. This is terribly degrading and hurtful.

A person with Alzheimer's/Dementia may forget who you are at each treatment. Always introduce yourself as if it is the first time you are meeting. Avoid putting your client into

an uncomfortable position by asking him if he knows who you are; rather say your name and ask him if he would like a treatment today.

Never talk about your client in front of him or her. If you need to discuss your treatment with a family member, do this privately or on the phone.

## 2. Make the treatment short and precise

The attention span of a client with dementia can be limited. It is best to begin with a short 20 minute treatment to see how your client responds. In subsequent treatments, you may be able to increase the duration of the session.

Plan your session to be a treatment only. Your client may not know the answers to your questions, which could cause feelings of confusion, frustration or incompetence. Obtain information about health history and permission from a family member/medical staff prior to the treatment session.

## 3. Treatment Environment

It is extremely difficult for a person with Alzheimer's/Dementia to focus. The treatment has to take place where there are no distractions. The treatment room should be quiet; even playing soft music may be a distraction for someone with Alzheimer's. As much as possible, avoid distractions such as people walking in and out or noise outside the window. Hunger and thirst are other distractions to consider before providing a treatment. Make sure the treatment is not set right before mealtime.

Finally, it is best to set appointments in the morning. In the afternoon your client may be tired – an additional distraction. Later in the afternoon Alzheimer's/Dementia patients may be most agitated, with a drop in cognitive ability. This time is known as sun downing since it occurs around sunset.

## 4. Emotions

Many times a complementary treatment like Reflexology, can cause a flood of emotions. Life is already very confusing for a person with Alzheimer's/Dementia. Many will do their best to hide their condition from others and themselves. They tend to find excuses to explain their memory loss and change, but the disease is scary and frustrating. These hidden emotions can come out during a treatment.

As the disease progresses, a person may tend to remember more past than current events.

The person many times will relive their past and actually think they are the younger person they once were. If this person had a rich and happy youth and childhood this may be a lovely experience. If the person was, for example, in the Holocaust, he may be reliving a bitter, sad and frightening experience.

If there is a flood of emotion, redirecting the person to another topic may reduce anger and upset. This can easily be done by staying on the same subject, but redirecting to something more pleasant. For example, if a person becomes upset remembering that his spouse died, try asking questions about his children and grandchildren.



I find treating those with Alzheimer's/Dementia to be a most rewarding experience.

Complimentary treatments can have an important calming effect on these clients, but they can do much more. These clients normally lack private and personal time with others, and can benefit from receiving the full attention of a therapist during a session. Most people with Alzheimer's/Dementia feel very lost and lonely. Many have lost contact with friends and even family.

Family members may have a very difficult time relating to their family member who has regressed due to the disease. As a therapist, you are meeting the person as he or she is now and can accept him as he is today. By caring, touching and being there for him, your treatments can have a very amazing effect on one with Alzheimer's/Dementia.

*Oran Aviv has been practicing Reflexology since 1995 and is a graduate of the Israel Alzheimer's Association's "Health Activities" Project course. Oran gives Reflexology treatments and organizes activities to improve memory and cognitive ability in the Alzheimer's/Dementia unit of the Kfar Saba Senior Day Center in Israel and in private homes.. She also teaches Hand Reflexology Courses to caregivers of patients with Alzheimer's/Dementia.*  
Oran@reflexandmore.co



## Letters

I have just received the latest VRT network newsletter which I always find very informative for Reflexology and not filled with adverts and course details as found in other national Reflexology magazines, so keep up the good work.

Mary Mortimer, Hampshire

The reflexology/VRT treatment I had with you concerning my right wrist really helped, and I was able to play in a concert on the Saturday, plus Friday's rehearsal without any trouble and I also gave a performance yesterday. The swelling is being slow to go down completely, and the osteopath is recommending wearing the support for a bit longer.



F.J Bristol.

Lynne Booth comments: *This musician had badly sprained her wrist so I extensively worked the referral areas on her right weight-bearing ankle for 3-4 minutes at the end of her treatment. Her wrist responded immediately and was less painful and more flexible and this mobility appeared to accelerate over the next 24 hours..*

I wanted to let you know I have used and taught Parkinson's disease patients themselves to use your Diaphragm Rocking on the hand and we are seeing sometimes instant results! I'm hoping to get a project started at a hospital where the physical therapists and Occupational therapists will use hand reflexology on patients with Parkinson's.

Oran Aviv, Israel

I would like to tell you about my experience with VRT in the first week after the course in Paris. My colleague arrived at work in obvious pain. She had bursitis in the right shoulder. She couldn't move her arm at all. Normally she is a very fit woman of 39 years. I gave her the short overall VRT treatment along and then worked and held her shoulder reflexes, Zonal Trigger and shoulder zone on the hands. I repeated this halfway through the day and in the evening. The next morning she text-messaged me she had lots less pain and lots more mobility. Two days later I gave her two more short treatments at the beginning and end of the day. The next day she felt as good as new. So nice to have been able to immediately put the VRT techniques into practice.

Roos de Rijk, Utrecht, Holland

## What are the risks for using talcum powder on a client's feet?

**Lynne comments:** *I am surprised to find that some reflexologists still use talcum powder on their client's feet. I was always advised that cornstarch (or a foot balm) was preferable to talc as there were unproven concerns about a possible carcinogenic effect. Tracey Smith, Reflexology Support Manager, from the Association of Reflexologists ([www.aor.org.uk](http://www.aor.org.uk)) wrote about this issue and these comments are taken from [www.livestrong.com](http://www.livestrong.com)*

Tracey Smith writes that foot powder, such as talcum powder, has a similar molecular make-up as asbestos and some types of talcum powder may contain low levels of asbestos. In addition, talcum powder is a magnesium silicate inorganic product that may migrate into the genital tract or the lungs and cause irritation. In rare circumstances, due to the chemical make-up of talc, there is a risk of cancer.

### Alternative Options

Tracey Smith suggests the use of cornstarch as an alternative foot powder to talcum powder. Cornstarch is organic and the body can break down the product naturally. However, cornstarch may cause allergic reactions in people that are prone to allergies. The risks of using talcum powder in a reflexology treatment are not conclusive and there is little scientific research to either confirm or deny the perceived risks, but it is wise to be aware of them. Consult a qualified health professional for advice on using foot powder for a reflexology treatment.

***"Diagnoses should not be seen as stamps on the rest of our lives, but as dynamic changeable processes".***

*From Hanne Marquardt's "Collected Treasures from the "Footpath" of Life"*

## SLEEP, MOBILITY AND NEW DEVELOPMENTS CLASSES

Bristol October 23<sup>rd</sup>  
London and Eire Nov 6<sup>th</sup>



**The November 6<sup>th</sup> class in London has only one place left at time of publication. The Bristol October 23<sup>rd</sup> is over two thirds full already. We have had exceptional feedback regarding results from attendees of the first February workshop so do join us to learn new VRT skills to help clients plus family and friends. Lynne Booth.**

***"Fantastic day – the VRT wrist twist is transforming my practice!"***

Lynne Booth regularly writes for Positive Health Journal as their "Expert Columnist" on Reflexology issues. Here is her article from the April 2011 edition reprinted with kind permission of Positive Health.

## Reflexology:working corresponding limbs to ease cramp, restless legs and tennis elbow.

Reflexology has always been an attractive therapy for a wide variety of people because only the feet and hands are usually touched and there is no requirement to undress. There are also interesting possibilities for applying self-help reflexology in active situations to bring about immediate relief from an acute condition utilising the concept of reflexology "Referral areas". I recently watched a football match and saw a player fall, pick himself up and limp along for a few seconds while holding and rotating his wrist. He then resumed full participation for the rest of the 90 minutes. I was impressed to see that some of the immediate self-help reflexology principles I had taught him were being applied to a potential injury as he had been stimulating pressure points on his left *wrist* to help release a muscle spasm in his corresponding left *ankle*.

I had previously shown the player self-help reflexology to prevent further injury. It is always a dilemma for a slightly injured athlete to judge whether to play through the pain barrier and recover or continue to function in pain with the concern that overuse of the injured part will exacerbate the problem. A referral area, in reflexology terms, is an anatomically related area on the body which can be worked instead of, or in addition to, the affected area. For example, if someone hits their right knee, they need not touch the painful knee itself but vigorously work the corresponding reflexes on their right elbow for about 60 seconds although this can be increased to several minutes of gently massaging and stimulating the elbow and perhaps applying a little arm rotation as well. The healing effect of reflexology may be amplified by working the *weight-bearing* arm to help a leg condition, or vice versa, using the concepts I developed in Vertical Reflex Therapy (VRT) [Ref 1 and 2]. In this mode the client works specific reflexes for a maximum of 30 seconds

In reflexology, the entire body can be stimulated via pressure, or "reflex", points on the hands and feet and the aim is to bring about a natural balance and healing to the way the body functions. Hand and foot reflexology can be expanded to include the arms and legs

and there are also various specialised reflexology therapies such as face or ear reflexology. Reflexology referral areas are a powerful and simple adjunct to self-help and professional reflexology treatments.

**Reflexology Referral Areas** are a standard concept in all reflexology teaching. By working the appropriate reflexes on the hands or foot you can consolidate your work by stimulating the reflexes on the actual parts of the body. Be very specific about isolating a particular reflex point that *precisely* corresponds to the same part of the limb and remember the rule concerning some of the more common referral areas:

- The wrist corresponds to the ankle.
- The individual fingers corresponds to the individual toes
- The elbow corresponds to the knee
- The palm corresponds to the sole
- The lower arm corresponds to the calf area of the leg
- The upper arm corresponds to the thigh area of the leg
- The heel of the palm corresponds to the heel of the foot

If a client has a fractured foot in plaster then reflexology cannot be applied to the foot but instead the two reflexology systems on the hand would be treated consecutively. Firstly, the reflexologist would work to generally stimulate all the organs, glands, and musculoskeletal reflexes that are mapped out on the hands in the same way as they appear on the feet. The hands are just as sensitive as the feet and the all hand reflexes are equally responsive. Secondly, "referral area" reflexology would be applied the left hand to stimulate the left foot itself. For example, if the big toe and first metatarsal bone were fractured on the foot then extra attention would be paid to gently applying pressure, rotation and stimulation to the left thumb and the fleshy areas around the first metacarpal bone to energetically improve the blood supply and homeostasis (balance) to the injured part.

One of the key factors in the successful utilisation of VRT/reflexology referral areas is to teach the client a few simple self-help techniques, on their corresponding limbs, which they can apply twice daily for a few minutes.

### Restless Leg Syndrome

A woman of 80 presented with restless leg syndrome often coupled with cramp in her calves. She woke several times every night with her legs painfully twitching and jerking. It

was disturbing her sleep and that of her husband and both were becoming increasingly tired and anxious as medication and complementary nutritional supplements had not helped to alleviate the condition. The twitching and sensitivity usually began in her right leg and I firstly paid special attention to working the neural pathway and all spinal reflexes in her both feet but with special emphasis on her right foot.

I taught her the Diaphragm Rocking self-help treatment for hands that I developed to help induce a peaceful night's sleep thus reducing tensions and general stress levels. After her first reflexology treatment she reported much deeper sleep and a slight cessation in the restless leg syndrome. On the second treatment I taught her how to use reflexology and Vertical Reflex Therapy techniques prior to going to bed and during the night. Before bed she would place her *weight-bearing* arms, one by one, on a table and rub, squeeze and press her lower arm in a series of little pressure points to stimulate the corresponding referral reflexes in her legs for about 2 minutes. This alone brought about a drastic cessation in the involuntary twitching throughout the night.



If she woke in the night she would immediately start pinching and rubbing her lower arms, concentrating on areas that corresponded to particularly sensitive areas of her legs while remaining supine. She would work the lower arm muscles to correspond with her calves. She only got out of bed occasionally to work her weight-bearing arm if the sensation would not abate. Within a month she was no longer much troubled by this condition but kept it at bay with preventative self-help techniques several times per week. Her husband too was delighted to return to restful nights and less daytime fatigue.

### Tennis Elbow

A manager, mid-forties, in a large company, had been diagnosed with right-sided tennis elbow and was often in excruciating pain and sometimes even had difficulty shaking a client's hand without winching. He would also have a dull muscle ache in his lower right arm following a long drive. After general reflexology treatment he stood for 4 minutes of weight-bearing Vertical Reflex Therapy, including work on his calves to help his lower arm, and I worked his elbow reflexes on his hands and feet simultaneously for 30 seconds each. This

is called Synergistic VRT as the result of two reflexes being worked simultaneously is greater than if they were worked separately. The knee is the reflexology referral area for the elbow and the client was able to press, and massage his right knee and he felt it helped to calm the inflamed elbow sensation he often experienced. Within four reflexology sessions over a month, plus daily self-help, he reported a great improvement after weeks of inertia.

[www.positivehealth.com](http://www.positivehealth.com)

## VRT TUTOR'S CASE STUDY

**Britta Stewart Dolan**



**Condition treated :**  
Spinal Stenosis

**Client:** Female

**Age:** 84 years

**Duration of illness :** approx. 24 years  
She had 6 weekly reflexology and VRT sessions

### Aim of VRT treatment

To loosen her left hip and lower back, where the tension there in the muscles lead it to be very painful. Mobility was difficult when lifting herself off a chair or bed after sitting or laying for a long time. Aim of VRT was to bypass the legacy of problems and try to re-energise the bodies innate healing power to the spinal reflexes. The aim was to make the mobility in the areas mentioned much more mobile while also aiming to lessen the pain she experiences.

### Result

After the first week, the client recalled her right shoulder was looser and her pain was not as bad for the first and second day after the treatment in her back and hip. Then after the second and third treatment she reported no change in her hip stiffness but her calf in her left leg was much more relaxed and she found she had a little more positive energy and was feeling nurtured.

The fourth treatment was significant, she found her feet were very painful after the treatment the next day, she did however feel a surge of energy that week and even started to paint a wall in her kitchen which meant she got up on a ladder.

The fifth treatment was taking a lot of care of her shoulder and neck as this was the area with the specific pain, she said it could be related to the painting, over doing it which she does tend to do when she has energy. However she felt the hip was a little better.

The last treatment results were over all improvement in the pain in the lower back and hip however it was not gone and she was a lot better in her mobility in sitting and standing from a laying position, however, we agreed to do monthly VRT and reflexology sessions and I gave her hand homework for daily 1minute treatment to the spinal reflexes and hip reflexes. I look forward to reporting when I see her next if the looseness and lowered pain still holds.

#### **Any contraindications?**

No contraindications, but she is elderly and with her bones being frail, I worked with caution and less pressure on her feet. With regard to hand reflexology, I was able to press quite deep.

#### **Other comments**

This was a challenge as the spinal stenosis diagnosis meant I was aware of nerve pain, which I didn't wish to cause any further pain, I was always aware while treating to go extra gently on this lovely lady.

### **VRT TUTOR'S CASE STUDY**

**Chris Roscoe – VRT Tutor**

**Condition treated :** Arthritis in knee

**Client:**Male

**Age** 51

**Duration of illness** (approx.) several years

**No. of VRT/reflexology treatments** - 3 only VRT given due to time constraints – see details of client below

**Aim of VRT treatment :** to alleviate pain and aid mobility in knee. To avoid scheduled replacement surgery if possible

**Result** Full house!! Pain gone, mobility increased and surgery postponed – indefinitely No contraindications.

Of mice and men.....Read on:



People who have been on one of my Basic courses will probably recognise this success story as I usually tell it during the course!

A few years ago, I was plagued with mice in my kitchen. I'm not frightened of them but am not keen on sharing my kitchen with them. I tried all the humane and then inhumane methods to get rid of them with a spectacular lack of success and so contacted the council pest department.

Along came a man who put top grade poison in every room in the house. He asked what my uniform coat was for and I explained that I did Reflexology. He asked whether it could help arthritis. He was on the waiting list for a knee replacement. He was quite young for this sort of surgery - 51 - but had been in a lot of pain for years.

I offered to do 5 minutes VRT on him after he'd finished putting down the poison. As I was working on him, he said the pain was easing dramatically and at the end of the treatment it had gone completely. He was amazed and ecstatically happy as he hadn't been pain free for years. He came back 3 weeks later to check up on my mice situation - they'd all gone and so had his pain. After another 3 weeks, he returned to check on the mice once more - no sign of any and I checked on his knee - still no pain and his GP had taken him off the knee replacement waiting list. I was so pleased for him. A win-win situation all round!

\*\*\*\*\*

*Lynne Booth is often asked what are the differences between VRT, ART and classical reflexology so here is a brief resumé of the 3 types of reflexology!*

#### **Advanced Reflexology Techniques (ART)**

A practicing reflexologist since 1972, Anthony Porter has given many thousands of treatments and lectured internationally. Many years of accumulated experience have enabled the development of Advanced Reflexology Techniques, some of which are adapted and refined from existing practices, others are his own unique discoveries. New ideas that could be utilised alongside the more orthodox techniques applied by most reflexologists. ART techniques are a system using not just the orthodox 'walking' approach, but also other types of contacts. These are easy to learn and less taxing on the fingers, hands and posture of the therapist. When used correctly they form a most therapeutic addition to reflexology. Because of Anthony's involvement with the medical profession, he

was able to observe how various techniques might create certain physiological responses in his patients.

It was through this that the ART techniques were conceived, and in a pilot study at a London hospital proved highly effective. The techniques can be easily introduced into an existing protocol. They are straight – forward to learn and to apply, the important factor is that there are the correct ways of doing this and other ways that make it hard work, plus being bad for your hands and posture.

Anthony states that it is his mission, and that of the ART tutors, to demonstrate to reflexologists and the public everywhere, the huge difference between the generally accepted image of reflexology as a gentle, relaxing, beauty type of therapy, with that of proper, authoritative, professional, therapeutically effective reflexology. He discovered that a painful reflex does *not* always mean a pathological disturbance in a corresponding organ - it is the reflex texture which is important in detecting whether a disturbance is present! In fact sensitive reflexes can mean a better prognosis for a sick patient. [www.artreflex.com](http://www.artreflex.com)

### **Vertical Reflex Therapy (VRT)**

Vertical Reflex Therapy (VRT) is also known as Vertical Reflexology. VRT is briefly applied to the standing/*weight-bearing* dorsal foot/hand reflexes at the beginning and end of a reflexology session for a maximum of 5 minutes. It was discovered and developed by reflexologist Lynne Booth in the mid-1990's at the St Monica Trust, Bristol: a 24-hour nursing/residential care complex for over 400 older people where she has practiced for 16 years. She found that she often got better results by working the dorsum of the semi-weight-bearing feet of wheelchair clients as it was often difficult to access the plantar of the feet. Lynne mapped out all the plantar reflexes onto the dorsum and thus worked the body three-dimensionally. It is an adjunct to classical reflexology where VRT's therapeutic response often appears quicker, possibly because all the anatomic nerves, and therefore the actual reflexes, become sensitised when fully weight-bearing. In 1997 The Trust sanctioned a medically-monitored study on VRT and Pain/Mobility issues with positive results.

There are numerous testimonies to VRT's efficacy and it is suggested that VRT may help intransigent conditions and musculo-skeletal may often respond the quickest. Clients can be offered comprehensive shortened 25 minute

treatments of combined classical reflexology and VRT plus self-help VRT. is ideally suited for children.

VRT Nail-working : all systems of the body have been mapped out on the nails and can be stimulated by finely working nail-on-nail for 30 seconds. Very powerful results can be achieved by simultaneously connecting nail and dorsal reflexes for certain priority reflexes.

The VRT techniques are easily assimilated on accredited one day workshops and can be immediately integrated into a reflexologist's repertoire. VRT complements all forms of reflexology and enhances, rather than replaces, other techniques and skills. As little as 1 - 2 minutes of VRT may be highly effective.

### **Classical Reflexology**

Reflexology is a gentle and effective therapy in which the reflexologist's hands are used to apply subtle pressure to reflex points on the feet. It is ancient science, dating back 5000 years, that states that all the glands, organs and parts of the body have a corresponding reflex point on the feet (and hands). By stimulating these points in a specific manner it is suggested that the body can be triggered to bring about self-healing. It is used in hospitals, clinics, schools, sports clubs, residential care and the workplace. Reflexology works on a system of 10 zones – five per side of the body. Acupuncture is another therapy that uses similar energy paths called meridians.

\*\*\*\*\*

### **Is there a risk of brain cancer from using a mobile phone?**

A cancer charity said the evidence for brain cancer from mobile phones was too weak to draw strong conclusions from. A group of 31 experts has been meeting in Lyon, France, to review human evidence coming from epidemiological studies.



They said they looked at all relevant human studies of people using mobile phones and exposure to electromagnetic fields in their workplace. Any link is not certain – they concluded that it was “not clearly established that it does cause cancer in humans”.

The WHO's International Agency for Research on Cancer (IARC) can give mobile phones one of five scientific labels: carcinogenic, probably

carcinogenic, possibly carcinogenic, not classifiable or not carcinogenic.

It concluded that mobiles should be rated as “possibly carcinogenic” because of a possible link with a type of brain cancer – glioma.

Ed Yong, head of health information at Cancer Research UK, said: “The WHO’s verdict means that there is some evidence linking mobile phones to cancer but it is too weak to draw strong conclusions from. “The vast majority of existing studies have not found a link between phones and cancer, and if such a link exists, it is unlikely to be a large one.

“The risk of brain cancer is similar in people who use mobile phones compared to those who don’t, and rates of this cancer have not gone up in recent years despite a dramatic rise in phone use during the 1980s.

“However, not enough is known to totally rule out a risk, and there has been very little research on the long-term effects of using phones.” The WHO estimated that there are five billion mobile phone subscriptions globally.

Christopher Wild, director of the IARC, said: “Given the potential consequences for public health of this classification and findings it is important that additional research be conducted into the long term, heavy use of mobile phones. “Pending the availability of such information, it is important to take pragmatic measures to reduce exposure such as hands free devices or texting.”

Reference: What doctors don’t tell you. [www.wddty.com/mobile-phones-could-be-banned-from-all-schools.html](http://www.wddty.com/mobile-phones-could-be-banned-from-all-schools.html)

\*\*\*\*\*

**Come and join Lynne Booth for a popular Master Class for only 4-6 people**

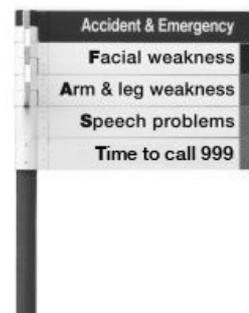
**OLDER PEOPLE/DEMENTIA AND PALLIATIVE CARE  
Bristol Master Class  
Wednesday October 5<sup>th</sup> 2011**

- *Special considerations for working with older people. Improvising your techniques on domiciliary visits.*
- *Special considerations for working in palliative care situations. Check list and cautions in oncology situations.*
- *Sleep and relaxation techniques including self-help techniques for clients and their carers.*

- *Balancing the body – using synergistic central thumb nail techniques, specific reflexes and the helper spine.*
- *Calming/holding to reduce stress.*
- *New Pain and Mobility techniques to address the needs of immobile clients.*
- *VRT “fanning” techniques: profound techniques on the metatarsals.*
- *Treating the whole body through the thumb nails – with special reference to dementia*

\*\*\*\*\*

**“FAST” ACTION IS REQUIRED FOR POSSIBLE STROKE**



**Cut out and keep this reminder!**

I make no apologies about printing this reminder again about checks to make on a person who appears to faint. It could be that they have had a stroke and every minute counts – so get help fast if they have any of the 3 symptoms listed above. You do not have to be old to experience a stroke. I have printed this check-list picture and now keep it my wallet since a client told me the following story:

*He was at a business meeting and colleague appeared to faint and was unconscious for a few minutes. A first-aider put the person in the recovery position and others gathered round with water and cool damp cloths. The collapsed person had a grey pallor but came round and said they were OK. My client half remembered the “FAST” checks from a conversation with me and suggested they call 999. He was told it was not necessary by the group as the woman who fainted said she felt OK. She then passed out for a 2<sup>nd</sup> time and still no ambulance was immediately called. My client was about to override everyone and phone when the vital 999 call was finally made. The woman was kept overnight for observation in hospital and had blood tests and heart investigations. If it had been a full blown stroke, 20 valuable minutes would have been lost. My client wishes he had been able to produce the FAST check- list to give authority to his concerns. So please cut this out and keep this available. [www.stroke.org.uk](http://www.stroke.org.uk)*