

Vertical Reflex Therapy



Membership Network Newsletter

No 4. Summer 2003

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Dear VRT Member

Welcome to the Summer 2003 VRT Membership Network Newsletter. Thank you to all of you who ordered advanced copies of my new book "Vertical Reflexology for Hands". The book was published, after a delay of one month, on June 26th and the immediate feedback has been very positive. It was immensely heartening to have a call from a member of the public who had tried a few VRT hand techniques from the Self-help chapter to ease a long term back problem. She could not believe that virtually all the lower lumbar pain left within ten minutes of working on her hands

To the new VRT practitioners who have recently joined, we hope that you enjoy the information and look forward to your future contributions and feedback. Enclosed is a VRT Case History form. I would be really grateful to receive feed-back about specific conditions where you have achieved great results with VRT. We are intending to expand our website and this will act as a forum for passing on useful information and ideas for treating particular conditions.

2003 has proved to be a very busy and fulfilling year so far and I have been privileged to teach reflexologists in several parts of the world and the UK. However, from now on the trips will be spaced further apart with more UK venues planned. My second book on hands has been written or proof checked at many airports and on planes and it was finally sent off to the publishers for the last time in April. It is interesting to combine several strands to a career what with treating clients, teaching courses, writing and running Booth VRT. Many reflexologists I meet manage to admirably combine many different commitments including family/social life,

various therapies, clinic or home practice or even a day job as well. However, it is always important to remember that we as therapists must pay attention to our own needs and health requirements too and to make time to relax. I think the following says it all:

Be kind to your body – it's the only place
you live

Kind regards

PRIZE DRAW Case History Request!

All case histories sent in before Sept 30th 2003 will go into a draw. The first name drawn on Sept 30th will receive a VRT wall-chart and postal bouquet of flowers or chocolates.

We value your input immensely and we plan to list sections of case studies on the website to help therapists in their treatment. Please continue to send them in. A form is enclosed and you can always print one off the website or just type it out. The input on a variety of conditions is helpful for other members who seek advice on treating clients.

Thank you

N.B The winner will be sent flowers unless they write "Chocolates" at the bottom of their form!!

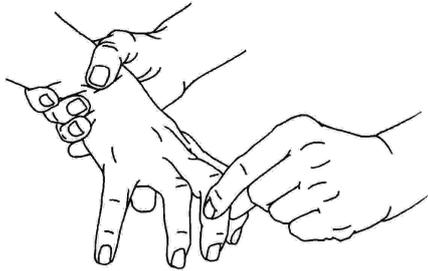
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New VRT Technique to Practise



Working the legs and arms through the Finger Pressure technique

In Vertical Reflexology for Hands we look at the Finger Pressure techniques associated with treating sinus conditions. The individual weight-bearing fingers and thumbs can all be worked individually or singularly to address a particular problem. I find that the third finger is always sensitive when there are sinus problems. If all the fingers are equally sensitive then I may prioritise and just work the middle finger.

Work the arms and Legs in this mode

An unusual but effective way of working is to use the same method that is sometimes used on the 2nd to 5th toes. I was taught, on an advanced reflexology course many years ago, that the 2nd and 5th toes represent the arms and the 3rd and 4th toes represent the legs. When working the hands the first and little finger represents the arms and the 2nd and ring finger represents the legs. It is another aspect of the referral area principle where the knee represents the elbow etc.

I have found that an effective technique is to work the base of the weight-bearing fingers when treating groin strain, pulled muscles in the legs or to aid circulation. Similarly the outer fingers can be worked at the base to help shoulder problems, lymphatic drainage or to aid tissue healing after a mastectomy.

I hope you will experiment with these techniques and report back your findings.

These techniques can be used on the passive hands and feet as well when the reflex stimulation can continue for longer than the VRT 30-second rule.

Reflections on Reflexology Overseas Trips in 2003

Lynne Booth writes:

After 13 countries in the past 13 months I am enjoying this beautiful summer in the UK with no sight of an airport until September! Then I set off to teach in Orlando, Florida and Jamaica where I am speaker at the International Council of Reflexologists as well as running a Basic VRT course for the Jamaican Reflexology Association. See separate conference details.

Teaching in South Africa is always interesting because the quality of reflexology raining is so high and this makes for very dynamic workshops. In fact, South Africa is the only country in the world that has recognised reflexology under the Allied Health Act. In January 2003 we had a two week holiday visiting our daughter on a gap-year project which included the beautiful coastal Garden Route and equally important and interesting places such as Robben Island, the Apartheid Museum in Johannesburg and Soweto. I then ran a series of workshops in Johannesburg, Pretoria, Durban and Cape Town with VRT tutor Jessica Hart. As happened last year, we were amazed at the number of results that we obtained during the teaching day as well as feedback from reflexologists who practised on the family that night. One lady reported that she applied some Advanced VRT techniques such as Metatarsal Pressure and Neural Pathway work to her husband's shoulder reflexes. He slept through the night, with no pain, for the first time in years, and went swimming the next morning with much more freedom of arm movement.

In Durban I was unexpectedly invited to be a special guest at a very formal Graduation service for an Indian massage and reflexology school. The fifteen or so graduates from various countries and communities wore black gowns and mortar boards and were presented with scroll certificates. Before the end of the Apartheid laws it would have been unthinkable for such a multi-racial event to have taken place. We gathered for a Gala Meal in a 5* hotel and, after the ceremony, the guests were asked to speak. It was

a pity that I had given away the only smart dress I had brought with me to the equivalent of a Oxfam shop in Bloemfontein a week earlier! Jessica Hart fortunately found something in her daughter's wardrobe for me to wear.

Still overseas but much nearer are Belfast and Dublin where, helped by VRT tutor Britta Stuart, I ran couple of well attended courses in February. In March I joined VRT tutor Hedwige Dirckx in Belgium and Holland for two Endocrine courses. The nail-working concepts were explained by me in simple terms in English and then Hedwige translated the finer points and details into Flemish. In Holland we were photographed and interviewed for a five page article in the professional journal *Reflexzone*. In Belgium a journalist from a health/lifestyle magazine *Goed Gevoel - Good Feelings* interviewed us and then a photographer came to take photos of the group treating each other with VRT Nail-working. He also insisted on photographing me among the pine trees with the sun supposedly streaming through my hair while I held a forced nervous fixed grin, I am hopeful that the latter will be so awful that it will not appear in print!

Many people tried to dissuade me from a 5-day teaching trip to Dubai to teach at the invitation of a school of complementary medicine because it coincided with the week Iraq finally fell in the Gulf War. I took a pragmatic approach and decided it unlikely that my Arab Emirates plane would be shot down, that the Gulf war zone was nearly 800 miles away and the although the Foreign Office had Dubai on a high level of danger alert – so was London. And, of course, it is always important to honour all commitments whenever possible. I taught interesting ex-patriot reflexologists from several countries (only 20% of the Dubai population are Arab) and it was an invaluable sharing of techniques and ideas in an informal atmosphere. It was fascinating to watch the contrasting Arab, US and BBC slants on the reportage of the war from my almost empty hotel.

Winnipeg in May hosted the Reflexology Association of Canada Conference where I was the keynote speaker and ran VRT courses. Britta

Stuart helped me in many ways and co-presented on research and development of reflexology in general. One of the highlights for us was when we were invited to attend a traditional Pow-Wow for Native Indian graduates of Manitoba University. We went as guests of a Native Indian lady Britta had met. It was a very moving ceremony of drum beat and dancing with hundreds of people from 11 or 12 tribes in traditional clothing. This included the chiefs dressed in magnificent eagle feather head dresses or beaded leather costumes, the elder women, the young male dances and young women and children – all whirling or marching in swathes of colour. After prayers to the spirit of the grain and waters and other natural elements we were amazed to hear our names called. Our host Grace had asked for the tribes to welcome us as honoured guests, which they did by clapping and drum beat. At the end of this most moving occasion we were privileged to meet the chief of all the tribes of Manitoba.

Native American Indian traditions sometimes included a form of reflexology where communities treated each other's feet as part of a shared gift for health.

The RiEN Conference for European reflexologists was held in Riccione, Italy this year and it was good to meet up with old friends from the Association of Reflexologists, the International Institute of Reflexology and colleagues from all over Europe. I even met a VRT practitioner I had taught in Australia who was back-packing round Europe. It is always a time for networking and exchanging of techniques and ideas. The VRT tutors and I met up with Nico Pauly, the Belgium physiotherapist and teacher of manual neurotherapy (MNT). He will be teaching his excellent and profound course through Booth VRT in London next year. See separate sheet for MNT course details.

Travel always broadens the mind and reflexology bridges all cultural and language gaps as techniques can be taught practically by observation. Sharing and learning from each other is the way forward for reflexology to develop as a highly respected, clinical therapy.

Letters Page

Dear VRT

I note that I am only an affiliated member of the VRT Network. What do I have to do to get full membership?

Best wishes
C.R.

Reply: Everyone is an affiliated member of the VRT Network and we chose this term for the following reason. At present I have not had time to present our courses for full accreditation complete with exam and submission of case histories which would mean that people could become registered VRT practitioners with letters after their name. Now the book and my year of intensive travel is out of the way I hope to apply myself to that! I felt it would be wrong to say "registered member" as that is something to be achieved as a special qualification in its own right. Of course, many teaching courses register people at the drop of the a hat or give out meaningless "diplomas" after a weekend course. I think our way is more professional and I am sure you would be the first to agree. Will let you know how things progress.

Dear Lynne

24 hours after arriving on holiday in Cyprus I found myself in excruciating pain with a totally frozen shoulder. I was of course unable to work on myself due to a completely immobile arm! My next door neighbour was a young man who was working his way through an AoR course in Nicosia. With nowhere else to go I asked him if he would work on me with VRT if I instructed him. He was also greatly assisted by your book!

From a total frozen shoulder, after one treatment, I could feel it beginning to free up. This delightful young man worked on me vertically every day for two weeks by which time my arms and shoulders were very mobile.

I have had so many successes with VRT as you know. here is another that worked in my own favour this time.

Very sincerely

Shirley Harris

Dear Lynne

Something you may find interesting that I've noticed while administering VRT - I'm 30 weeks pregnant now, so the baby's movements are quite profound, but which seem to happen only at certain times. I notice that when I do the synergistic technique only, baby is quiet, but as soon as I add in the ZT, the baby moves - this seems to happen every time.

I have also found that I am able to feel a sort of "pulsing" when I use the ZT, in the places the client feels it - which I have been using as my own indicator - so clients who now know the technique well don't need to tell me what its doing.

I felt I should also tell you that I have been administering VRT to clients on the bed - they lie or sit back with their knees bent and their feet as close to their bodies as is comfortable - allowing for as much weight bearing as possible - they have appreciated being able to relax more with the VRT and it has allowed me to administer it comfortably with my preggie tummy. A VRT therapist I know, whose body is disfigured from childhood polio, has also found this position helpful for her to apply. I seem to be getting similar results to those I got when clients stood up. I find I only use the standing position for those really "stubborn" points which don't respond as efficiently - of which I have only had two.

Kind regards

Clare Roy

Reply: Pulsing via the reflexes is a very good indicator when connecting with a Zonal Trigger. Those of you have attended the Endocrine course, or who enrol on the Hand/Nail course will be amazed at the sensitivity of many a dorsal reflex when it is connected to a nail reflex when worked nail-on-nail.

I am very interested the good response regarding the semi-weight-bearing position on the bed. It may have the same effect as working on the feet when they rest on a wheel chair platform. It is a very useful compromise if you do not want people to stand after a relaxing treatment, or if you cannot kneel for any reason or they cannot stand.

Dear Lynne

I attended the three courses you ran last year and have been extremely impressed with the results I get with VRT. A client who came to me because she was desperate to have a baby and had been having no success became pregnant immediately after having the endocrine flush treatment on ovulation day. She was so thrilled she wants me to give her VRT during her labour for pain relief. Have you any advice which may be useful to help her cope - she is very keen to do everything naturally.

*Many thanks.
Sue S*

Reply: One of the best techniques to help in labour is if someone can work the standing foot (metatarsal pressure) from the back. i.e pinch either side of the ankles and glide down from above uterus/ovary points towards the bladder several times. - use a tiny bit of cream - this appears to help dilate the cervix and relax the pelvis.

Self help Diaphragm Rocking is excellent , also when the woman works the weight-bearing hands This could include the main points on the hands, pelvis, uterus, lumbar spine, endocrine glands etc. Always brush round the wrists to activate the Zonal Triggers.

Any reflexology work for a few seconds on the weight-bearing feet as the woman walks around while in labour is welcome. Teach her to give her thumbs the Pituitary Pinch using nail on nail in the middle of the thumb between treatments.

Also a member wrote in with the following suggestion:

I went to a workshop last weekend with Hanne Marquardt which was inspiring in many ways. I asked what she recommended for bringing on labour if the due date is passed. She recommended stimulating the autonomic nervous system to stimulate the body's birth reflexes - it seemed a refreshing idea, as I had only considered stimulating the uterus and perhaps the endocrine system.

Hi Lynne

1. I've been treating a client with Stroke (right side) for at least 15 months now. He found it very helpful and he claimed that it made him feel so good all over and the movement feels easier and natural. The physiotherapists who treat him claim that G looked so well. And the muscle texture is much improved. The physio and I, are trying to synchronise our treatment. This past 2 months I've been giving him a 30 minutes weekly VRT treatment. He can now wiggle his little finger which was rigid before and he claimed that he can put his finger on what is new, but all the movement feels natural. I will keep you updated with this interesting case. Today I start using the nail to nail technique specifically working on the shoulder.

2. My 86 year old client claim that after 7 weekly VRT sessions her balance and mobility is much improved, she's now walking with out her walking stick.

3. I used the combination of Conventional and Advance VRT with my ME Client. After 8 weekly session she said " I feel like a new woman" she

also said "It sounds funny but after 10 years of not having enough energy it feel so strange to actually go to bed not feeling exhausted and to wake up with lots of energy and feel good.

I think your discovering and sharing with us your Harmoniser technique make a lot of difference. It makes me feel confidence to treat client with severe heart problem and few other delicate conditions. Well done, and keep up the good work.

Gemma Wicker

N.B Gemma has also been having extremely good results with skeletal problems using VRT.

Association of Reflexologists

**AOR CONFERENCE DETAILS
July 22nd - 24th 2004**

University of Warwick

**Theme: "You and Your Practice
over the next 5 years"**

**Open to non-members
Largest ever reflexology conference
in the UK**

Key-note speaker: Hanne Marquardt

Tel: 01278 733393

VRT Accreditation

We have our VRT Course Accreditation by the Guild of Complementary Practitioners.
5 CPD points per course.

Reference numbers are:

Basic VRT Course: C204

Advanced VRT Course: C219

Endocrine VRT Course: C220

Guild of Complementary Practitioners

Tel: 0118 973 5757

E-mail: info@gcpnet.com

Website: www.gcpnet.com

"Lord, we know what we are, but know not what we may be".

William Shakespeare

"The greatest discovery of an generation is that human beings can alter their lives by altering their attitudes of mind"

Dr Albert Schweitzer

"It is a great mistake to look too far ahead. Only one link in the chain of destiny can be handles at a time"

Sir Winston Churchill

Three quotes found by Tony Porter and included in a previous ART newsletter:

The International Council of Reflexologists Conference - September 2003

Jamaica - Montego Bay

Speakers at the ICR conference include Dr Vendryes, a world renowned medical doctor, naturopath and author from Jamaica, Moss Arnold from Australia who is the originator of Chi Reflexology, Father Josef a Swiss catholic priest from Taiwan, Lynne Booth (VRT) and Pauline Wills from the UK. Pauline is reflexologist and colour practitioner and medical practitioner Dr Manzanares from Catalonia who also runs government approved reflexology training.

Website: www.icr-reflexology.org

e-mail: icr.samek@sympatico.ca

Tel:+1 (905) 770-2464

IMPORTANT NOTICE

**New Clinical Reflexology course
which can "start a revolution in
classical foot reflexology"**

**Manual-Neuro Therapy Course
with Mr Nico Pauly,
Belgium Physiotherapist and
Manual-Neuro therapist.
in London / Bristol 2004**

Nico Pauly writes:

"Nerve-reflexology can start a revolution in classical foot-reflexology. The nerve-reflex points are very powerful and have an immediate effect. However, you can not reduce the use of these points to simple technical tools that anyone can bring into his or her way of handling the foot.

Nerve-reflexology is a "treatment-concept". If you want to use these nerve-reflex points in a proper way, at the right time and on the right place, than you need to know how the nervous system acts on pain and how the somatic and autonomous nervous system are related to each other. Through my twenty years of study in pain-mechanisms I succeeded to bring in nerve-reflexology to medicine-science.

Although Manual Neurotherapy still remains a little on the "alternative" side within physiotherapy, hundreds of physio's in Belgium, Holland and Germany are treating patients with this concept in permanent consultation with medical doctors. Manual Neurotherapy, and therefore Nerve-Reflexology, is a "science-based" concept and I want to keep it like that. It offers a great opportunity to reflexologists to get an access to the modern medicine world".

We are delighted to announce that Booth VRT has finally scheduled this long awaited course in the London for 2004. This is a highly effective and acclaimed course for qualified reflexologists. It is not a VRT course but is organised by Booth VRT and these techniques will greatly enhance your conventional and VRT practice. You will learn clinical reflexology techniques from a medically qualified tutor who has also studied the Froneburg method of reflexology in Germany.

Some of you have already shown great interest in this and places are limited to 24 persons per course and applications will dealt with on a strictly first-come-first-served basis. Course booking forms will be available to AoR members and other VRT practitioners in September but

VRT Network Members have a six week head start if they wish to apply. Nico has taught this course to the main the Reflexology Associations in Holland and Denmark where it was extremely well received. This is a advanced reflexology course and there is no manual work on the body - it is a course that addresses the working of the Nervous System through the feet. It is a fairly demanding course which requires an good understanding of anatomy and physiology and it is a requirement that a recommended book on the Central Nervous System is read prior to commencing the course for background reading. A 60 page manual that covers the MNT reflexology course will be provided for all course attendees at no extra cost.

If you enjoy an academic/clinical approach to reflexology and trained with an accredited school you will gain great benefits from this course. Please contact Booth VRT if you wish to ask further questions or if you are still unsure of your suitability.

SEE SEPARATE YELLOW SHEET FOR PRELIMINARY COURSE DETAILS

Practitioner Case Studies

Condition: 3 Months pregnant, instability of pelvis

Client: Female 30 years

The young mother who had already 2 children, complained of pain during the walking, standing and reclining position in pelvic area. I did a gentle conventional reflexology treatment and added synergistic VRT on her lower back, hip reflex and a reflex point for pelvic ligaments on her outer ankle, very low on the calcaneus bone. (This point is used in Neuro reflex therapy) This point was very sensitive and I pressed on it until her pain went a way which wasn't longer than 15 seconds.

Because she wanted to come once in three weeks I advised her meanwhile to work on the hip reflex and pelvic area on her hands. She felt better after the first treatment and I simply repeated the same reflexes every visit. In reclining position also worked softly on her endocrine reflexes. Pelvic instability can be caused by imbalance of oestrogen.

The woman felt that the instability was much better after regular treatments but it wasn't completely solved. It gave her much more comfort and a good sleep. She had a very easy labour and gave birth to a daughter.

Hedwige Dirx
VRT Tutor
Belgium and Holland

Condition: Chronic Constipation

Client: Female 4 years old

Lily was a bright four year old girl who had experienced major bowel problems for at least two years. Initially she had been anxious about passing bowel motions and this resulted in her holding on for so long the anal sphincter appeared to go into spasm and she became increasingly constipated. The whole process became chronic so that she would sometimes not pass any motions for up to two weeks and would be in pain, suffered from the toxicity of impacted faeces and was less energetic and not so mobile due to an extended abdomen. She had seen various doctors but there was concern that there was an emotional factor that was exacerbating the problem. I worked gently on her bowel and abdominal reflexes and stimulated the lower lumbar reflexes that helped the central nervous system. I then taught her mother some simple reflexology techniques to use when she lay down to help Lily relax and to stimulate the bowel. I only saw Lily once but a couple of weeks after my treatment she had a bad flu virus and lay on the sofa for days and was unwell for three weeks. Her mother then had many opportunities to give the child a few minutes of reflexology and VRT techniques each day. Within 6 weeks Lily was passing a motion at least once every two days and from then on her general health and demeanour have improved rapidly.

Lynne Booth, VRT Tutor

POLYCYSTIC OVARY SYNDROME

Isn't it strange how sometimes there can be clusters of clients presenting with the same conditions? Last year I had lots of clients with Depression. At the moment, I am treating 6 women with Polycystic Ovary Syndrome (PCOS). Some of them are coming to boost their fertility and some want help with regulating periods and hormone levels. This is where Reflexology and VRT can be incredibly powerful and successful.

What is Polycystic Ovary Syndrome?

It is a common endocrine condition generally defined as polycystic ovaries (i.e with many small cysts), together with one or more characteristic features - hairiness and male-pattern baldness due to too high levels of male hormones, infertility, obesity, acne, irregular or painful periods.

What symptoms does it cause?

- Period problems – pain, irregularity or heavy
- Infertility due to infrequent or no ovulation
- Acne, excessively oily skin or hairiness (hirsutism) due to excess male-type hormones – on face, chest, stomach
- Obesity – and a great difficulty in losing weight
- Diabetes, over production of insulin and inefficient use of insulin in the body
- High blood pressure
- High risk of miscarriage

CASE STUDY

S was 28 and she had recently had a second miscarriage when she started coming for Reflexology. She was obviously grieving, but also felt that her hormones were 'all over the place' and had just been given a diagnosis of PCOS. When the time was right, S wanted to get pregnant and carry the baby to full term. Menstruation had resumed 4 weeks after the miscarriage but S was advised not to try for another baby for at least 3 months.

AIMS OF TREATMENT - I had several aims when treating her – to reduce her stress, to aid her body in recovering from the miscarriage, to balance and boost her endocrine system in order to increase her chances of becoming pregnant.

TREATMENT – S came weekly for 8 sessions and I gave VRT using the Basic and Endocrine techniques plus a full traditional Reflexology treatment each time. For the next 3 months we did fortnightly treatments, plus S would come for a VRT and Endocrine treatment as an extra boost when she was ovulating.

RESULT - Over the five months, she reported that her periods were regular and much lighter and that ovulation was now obvious. She had joined a slimming club and had been able to lose a stone – a task which had previously been impossible for her. Her hay-fever has not appeared this season.

Oh and she is now 32 weeks pregnant!!!! She has continued to have regular Reflexology throughout and has had a very healthy and ailment free pregnancy.

THE OTHER CLIENTS WITH PCOS?

All have found that their periods have become regular and lighter. 2 have been able to lose some weight and one is delighted that her blood pressure has gone down. One had a baby 2 years ago and I was lucky enough to be at the birth giving Reflexology to her during Labour and also to the baby when he was born. This client has reported that her ovarian cysts have now disappeared.

Fantastic results for them and for reflexology - especially Endocrine VRT which I have found has made such a huge difference to clients with not only PCOS, but also to women with PMT and menopausal problems.

Chris Roscoe, VRT Tutor

VRT Network Member's Question - Please send in your questions for the next newsletter

Dear Lynne,

Please could you tell me if any of the other members have experience of treating Macular Degeneration and any successes. I am currently treating an elderly man with the 'wet' advanced condition who has been given up on by the medical profession and is nearly blind. I have so far given two treatments using VRT and conventional reflexology and he believes he can now see part of the features of my face!

I would be very interested in anyone's experiences of treating degenerative eye conditions such as this.

Thanks

Terri Perry terri@shepherdsdrive.freeserve.co.uk Tel: 01284 830624

JULY VRT MEMBERSHIP RENEWALS PLEASE COMPLETE ENCLOSED PINK FORM!

- For those of you VRT Network members whose membership is due for renewal at this time and I would encourage you do so.
- The new VRT book on Hand Reflexology is receiving excellent reviews and articles which will point readers seeking general VRT treatments to our website listing of authorised practitioners. Last year we received over 1500 requests for VRT practitioners.
- Special members offers will continue to be made, including reductions on subsequent or revision VRT courses.
- Information on new techniques, case studies, articles.
- Priority booking for specialised courses.

INFORMATION AND EXPLANATION ABOUT THE NEW VRT HAND COURSES

There are now two Basic VRT courses, one is the original introductory course which concentrates on the feet and the other is the new Conventional Hand and Basic Foot/Hand VRT course which concentrates on hand reflexology and the basic VRT concepts. Once this course has been attended, reflexologists can proceed to attend any of the advanced hand or foot courses on offer. The Conventional Hand/VRT Basic course and the Advanced VRT Hand course can be attended on consecutive days when available. The courses have been devised to introduce reflexologists to the wonderful response that the hands give to conventional and VRT techniques. Hand reflexology takes the accessibility of reflexology one step further as the hands are easily available and always ready to be touched. The hands are equally responsive - they just take a little longer to kick in. As with foot VRT, the hands become more responsive when weight-bearing or even partially weight-bearing. Self-help on the hands enables the client to accelerate the healing processes between treatments.

NEW - ONE DAY CONVENTIONAL HAND AND BASIC FOOT/HAND VRT COURSE

This course is both for reflexologists new to VRT and VRT Practitioners who wish to learn more about conventional hand reflexology techniques, i.e. working on the passive hands. The course aims to give many practical hand skills to reflexologists who may not have studied much hand reflexology during their training. In the latter part of the day it also introduces VRT, its development, techniques and principles and gives a resume of Synergistic and Zonal Trigger concepts to newcomers or offers a recap of VRT basic techniques latterly applied to the hands to existing VRT practitioners.

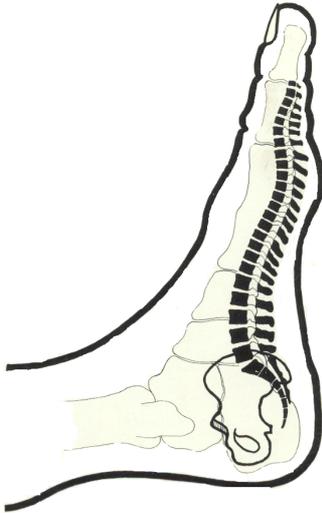
- Relaxation techniques on the hands
- Finger and thumb walking techniques and use of knuckles
- Study of dorsal and palmar hand charts
- Conventional hand reflexology positions and *clasped hands* techniques
- Specifically working the finger, palm, dorsum, webbing and wristband.
- Introduction to Vertical Reflex therapy
- Synergistic and Zonal trigger concepts
- Basic VRT Hand treatment

NEW - ONE DAY ADVANCED VRT HAND AND NAIL-WORKING COURSE

An advanced VRT workshop for reflexologists who have attended either of the Basic VRT Foot or Hand Courses. This brand new course will be based on Lynne Booth's second revolutionary new book 'Vertical Reflexology for Hands'. This covers new work on the weight-bearing and passive hands, in addition *VRT nail-working* using a precise grid system on the nail reflexes will be covered. Many other new VRT Hand techniques are introduced for specific ailments.

- Precise reflex working on the grid reflexes on the thumb nails
- Unique VRT Nail-working charts for practise sessions
- Working on the secondary helper nails and connecting techniques to dorsal reflexes
- Working individual weight-bearing fingers
- Making new connections to the Zonal Triggers and neural pathways.
- Special combinations of nail/reflex techniques
- Specific treatments for common ailments will be discussed
- Comprehensive handout provided
- Introductory coverage of classical and updated hand reflexology techniques
- Powerful self-help techniques for therapists, clients, family and friends

Comprehensive handouts, articles and dorsal chart are provided for all courses and a 20 minute *Complete VRT treatment* will be taught. A Certificate of Attendance will be issued.



STOP PRESS!!!!

**Nerve - reflexology at the foot
skeleton**

**Originating from Manual
Neurotherapy,**

***"a new clinical direction in foot
reflexology"***

Nerve Reflexology Courses with Mr Nico Pauly organised by Booth VRT Ltd

**London or Bristol venue 2004 - For expressions of interest please
email:contact@boothvrt.com or telephone 01179 626746**

**FULL DETAILS AND VENUE BOOKING SHEET WILL BE POSTED TO ALL
MEMBERS IN AUGUST. 24 PLACES PER COURSE. FIRST-COME-FIRST
SERVED. Those expressing interest now will have preference.**

**The complete course comprises 3 separate seminars which must be taken in
order. You may book up for seminar 1 alone (either January or March) or for
all three seminars 1, 2 and 3.**

Prices of seminars will be approximately £100 per day

**or Seminar 1a 3 days 15th - 17th January 2004
Seminar 1b 3 days 11th - 13th March 2004**

**then Seminar 2 2 days 2nd - 3rd July 2004
then Seminar 3 3 days 9th - 11th September 2004**

Nico Pauly writes:

"Nerve-reflexology can start a revolution in classical foot-reflexology. The nerve-reflex points are very powerful and have an immediate effect. Although Manual Neurotherapy has been taught to hundreds of physiotherapists in Belgium, Holland and Germany who are treating patients with this concept in permanent consultation with medical doctors. Manual Neurotherapy, and therefore Nerve-Reflexology, is a "science-based" concept and I want to keep it like that. It offers a great opportunity to reflexologists to get an access to the modern medicine world".

In the sixties, Walter Froneberg (Germany) developed an overall method of treatment for physiotherapists, osteopaths and chiropractors: Manual Neurotherapy.

Within this therapy, he combined three methods of treatment: neuro-muscular massage – mobilisations of the spine – nerve reflex therapy at the foot.

By using this method, he was capable of treating not only disorders of the motor system, but also complicated forms of chronic pain with a mixture of exterior and interior complaints.

Mr. Froneberg was convinced that intervening with the nervous system was essential for a quick and efficient treatment of pain. The nervous system is indeed the conductor and director of all the effects on muscles, organs and glands. It also plays an important part in the handling of pain.

The nerve reflex points on the foot make it possible to intervene on all levels of the nervous system. This is possible for e.g. the level of the peripheral nerve and the muscle, but also for the circuits in the spinal cord and the organs, or for the brainstem, etc.

With a thorough knowledge of the nervous system in general and, more specifically, its behaviour in case of pain, the foot reflexologist can use the above mentioned points in his/her treatment. This gives the therapist the possibility to normalise the nervous impulses on tissues and, after that, to treat the tissue itself. This leads to a faster, more efficient and more lasting result.

Nerve reflex points are pressed with a continuous pressure and by means of a special technique. The reflex point does or does not react by causing pain. If the pain disappears under constant pressure, one can notice a therapeutic effect, e.g. relaxation of muscles. If the pain lasts, this is an indication for the therapist that other structures are interfering with the working of this nerve or nervous structure. This point then functions as an indication or guide for further treatment.

Nico Pauly, physical therapist, manual neurotherapist and manual therapist, enlarged the use of nerve-reflex points by new points for the orthosympathetic nervous system and for visceral nerve plexi and for the neuro-endocrine system. He also worked out a therapeutic concept for working with nerve-reflex points based on a clear clinical reasoning system. The patient's signs and symptoms are collected in a clinical thinking network based on modern pain science. This leads to well structured treatment plans in which nerve-reflexology and classic foot reflexology meet each other. This science-based approach also gives the opportunity to bring in foot reflexology in a more academic medical thinking and handling process.

During the seminars on Nerve Reflexology, various subjects will be dealt with, such as:

- functional working of the nervous system,
- anatomical design and functions of nerves,
- characteristics of pain,
- clinical observations at the level of the spine,
- segmental relations between motor system and organ system,
- practice of the nerve reflex points,
- integration of nerve reflex points in the overall treatment.
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This subject matter guarantees a widening of the knowledge of the behaviour of pain and an expansion of the treatment field of the foot reflexologists.

Each seminar deals with all the aspects of a specific systems of the body so that at the end of the course all organs, glands and part of the skeletal system can be treated in this way.

All three seminars taken will lead to receiving the certificate “Qualified Nerve-Reflexologist” after taking a practical exam.

Planning and subject of the workshops.

This course in Nerve-Reflexology is divided into 3 seminars. This Neurotherapy course for reflexologists works only on the feet.

The first two seminars deal with a specific region of the body, with the somato-motoric structures as well as the autonomous-vegetative structures. Each seminar also pays attention to the necessary theoretical knowledge to handle Nerve-Reflexology in an efficient way. Theory is always followed by practical applications, so as to guarantee a continuous interaction between theory and practice. Theory and practice each stand for 50 % of the course material. The third seminar will deal with the high cervical and cranial region as well as with a repetition and integration of the body regions into an overall treatment concept.

Seminar 1 and 3 will take 3 days of 6 hours each, seminar 2 will take 2 days of 6 hours each, which equals an overall duration of 48 hours.

Seminar 1. The lumbar and sacral region including the lower abdomen, pelvis and lower limbs. (3 full consecutive days duration)

The following subjects will be dealt with:

A: Theory:

- functional aspects in the organisation of the nervous system,
- functional division of the dorsal horn,
- primary and secondary pain,
- lumbar, plexus, sacral plexus, pudendal plexus,
- organisation of the orthosympathetic and parasympathetic system in this region,
- clinical reasoning in history taking and examination.

B: Practice:

- nerve reflex points for **the lumbar and sacral spine**
- nerve reflex points for **the lumbar, sacral and pudendal plexus**
- nerve reflex points for **the lumbo-sacral orthosympathetic system**
- nerve reflex points for **prevertebral ganglia**

- nerve reflex points for **the innervation of the intestines and the reproductive organs**
- nerve reflex points **for kidneys and bladder**
- history taking and basic examination **of the lumbar and sacral spine**
- practical training in clinical reasoning
- drawing up a holistic treatment scheme with integration of the Nerve-Reflexology into conventional foot reflexology.

Seminar 2. The lower cervical and thoracic region, including the upper abdomen and thoracic organs and upper (2 full consecutive days duration to be taken after Seminar 1)

limbs.

A: Theory:

- thoracic and brachial plexus
- orthosympathetically maintained pain,
- the cranio-cervicale parasympathetic system
- structure of the solar plexus,
- clinical reasoning in history taking and examination.

B: Practice:

- nerve reflex points for **the thoracic and lower cervical spine**
- nerve reflex points for **the thoracic and brachial plexus**
- nerve reflex points for **pre-vertebral ganglia**
- nerve reflex points for **the thoracic and higher abdomen organs**
- history taking and **basic examination of the lower cervical and thoracic spine**
- practice in clinical reasoning
- integration of nerve reflex therapy into conventional foot reflexology.

Seminar 3. The high cervical and cranial region, including the neuro-endocrine system. (3 full consecutive days duration to be taken after Seminar 2)

A: Theory:

- cervical plexus
- functions of the medula-pons-thalamus-lymbic system
- organisation of the neuro-endocrine system in relation to auto-immunity
- central pain

B: Practice:

- nerve reflex points for **the high cervical spine**
- nerve reflex points for **the cervical plexus**
- nerve reflex points for **the brainstem and cortex**
- nerve reflex points for **the trigeminal nerve**
- nerve reflex points for **eyes, ears and teeth**
- nerve reflex points for **the neuro-endocrine organs**
- attention for central pain: **M.S., Parkinson....**
- attention for chronic auto-immunity diseases, e.g. **M.E., Lupus, Polyarthritis,**
- integration of the three seminars: holistic treatment
- discussion of cases

Notice.

The indicated subject matter may change. The lecturer will adapt to the progress of the participants.

If the lecturer notices that either theory or practice must be taught to quickly, parts of the subject matter will be transferred to the next seminar.

The complete course comprises 3 separate seminars which must be taken in order. You may book up for seminar 1 alone (either January or March) or for all three seminars 1, 2 and 3.

Prices of seminars is £95 per day. the deposit is £50 per day.

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| | Seminar 1a | 3 days | 15 th - 17 th January 2004 |
| or | Seminar 1b | 3 days | 11 th - 13 th March 2004 |
| then | Seminar 2 | 2 days | 2 nd - 3 rd July 2004 |
| then | Seminar 3 | 3 days | 9 th - 11 th September 2004 |