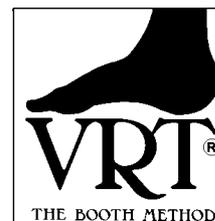


# Vertical Reflex Therapy

## Membership Network Newsletter



No 9. Spring 2005

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Dear VRT Member,

Greetings to you as I write on a wonderful warm Spring morning with the birds singing and daffodils blooming. Warmth and sunshine can certainly lift one's spirits but it does not automatically bring happiness as we know from the devastating effects of the Tsunami on Boxing Day or the Sumatra earthquake. Many of you have been instrumental in fundraising for these causes as well as for the needs of those in Africa and other parts of the world.

We publish two studies on VRT: one on an individual case of epilepsy by Pauline Godden and another by Pauline Thompson on 7 clients with various conditions. We are extremely grateful to these practitioners for their time, dedication and for sharing their results. I look at the advanced reflexology and professionalism to be found in Japan and we congratulate VRT member Zoe Lingren who has undertaken a spectacular and arduous walk down through part of the Grand Canyon, in Colorado, as part of her fundraising for the Bristol Cancer Help Centre.

This Spring newsletter also gives you information on how to clear up the remains of mucous, catarrh or a blocked nose after winter respiratory problems. The useful short article on inhaling is written by Christina Shewell, a leading speech and voice therapist, who explains just why we need to rehydrate our lungs. There are new ways to inhale which do not involve a hot red face under a towel over a basin of boiling water!

Despite the promise of good weather, it is always important to remember that, for many who suffer from depression, a positive change in the weather or improved external circumstances can mean nothing. A therapist can often help a client by lending a listening ear rather than offering specific help, advice or direction. If you are particularly concerned about a client, it is often helpful to ask their permission to write to

their GP if they feel unable to express their needs themselves. GP's are often respectful of complementary therapies and practitioners. Even if they are not, it will at least alert them to the fact that their patient is in need of medical advice. The VRT "Knuckle Dusting" technique, that we teach on the Advanced VRT course, has often been found to be helpful in lifting mild depression especially if caused by menopausal, PMT symptoms or hormonal imbalances in men.

In this issue there is another chance to book a place on the third acclaimed Nico Pauly Nerve Reflexology Course starting on June 30<sup>th</sup> 2005.

We are reproducing again the very popular VRT self-help instruction sheet to copy and give to clients. Just mark 3 key reflexes only and ask your client to work their weight-bearing hands morning and night each day between treatments. In a small study I conducted 6 clients reported an 80-100% improvement in only 4 weeks after working their own hands each day as described.

If you have yet to attend a reflexology conference why not go to the ICR Conference in Amsterdam in September 2005. It is a great chance to network, learn new skills and meet fellow reflexologists. See page 10.

Thanks as always for your interest and support of VRT and please keep those letters, hints and comments coming in.

Kind regards

Lynne Booth

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## "HOW LONG DO VRT RESULTS LAST?"

**Not surprisingly there is no real answer to the above question! Lynne writes:**

In Holland recently I taught a very interesting group of reflexologists from Landelijke Vereniging Landelijke Natuurgeneeswijzen (LVLN). As many of you know, we often have limbs free up on courses and this was no exception and one of the Dutch delegates wrote afterwards saying that VRT was " a wonderful extra treatment, I have used it already on some of my clients and they have wonderful results, I must wait to see how long they will last".

The latter remark is a good point. We often get good VRT results but within a day or so, the old aches, pains or stiffness can return. My findings, and those of others, is that VRT often extends the period of respite from pain or swelling.

I am always heartened to hear from reflexologists who are using VRT to great effect and recently I have heard from several VRT members who are achieving exceptional results. Some of whom have only just learnt VRT but have immediately introduced it and incorporated it into their practice.

The best VRT results are usually orthopaedic improvements that happen at once, such as a knee problem, and the client has no more problems. This has happened a number of times in my experience but it is *not* the norm. VRT certainly helps the body to respond quickly whether it is irritable bowel, skeletal problems or earache.

For example, reflexologists tell me that, before VRT, a client with oedema may find that their feet are less puffy for a couple of days after a treatment. After VRT it may be 3 - 4 days before the feet begin to swell again. Subsequent treatments often means the return of oedema is further delayed as the body adjusts and heals itself. I have two elderly clients who are now oedema-free as long as they come every 4-5 weeks to maintain their progress. VRT is not magic but it does appear to increase the acceleration of healing quite considerably and after a few sessions the client may no longer need treatment. Although many clients, of course, return for regular preventive maintenance.

## From April 2005 Newsletter of What Doctors Don't Tell You

### **DANGEROUS DRUGS: One in five elderly prescribed drugs that are 'inappropriate'**

Around one in five elderly patients in Europe is being prescribed an 'inappropriate' medicinal drug - in other words, they're taking a dangerous drug for no good reason.

A new study reveals that the problem in Europe is just as bad as that in the USA, where around 40 per cent of elderly residents in care homes are being given the wrong drug. In all, around 7 million Americans are taking the wrong drug at any one time. The drugs increase the risk of an adverse reaction, and even death, in a vulnerable group. Some of the drugs being prescribed appear on what is known as the 'Beers list', which is a guide to doctors of drugs that are considered dangerous in an elderly, frail patient. Inappropriate prescribing also adds pressure to a health service, and extra beds have to be found for patients suffering an adverse reaction. Once in hospital, the patient then runs a 20 per cent risk of a further 'inappropriate' drug being prescribed! Inappropriate prescribing varies enormously from country to country in Europe, a research team from Charles University in Prague has discovered. In Italy the rate is nearly 15 per cent of all prescriptions written, and in Finland it's around 12 per cent. But other studies have suggested much higher figures - with inappropriate prescribing as high as 25 per cent in Italy, and around 15 per cent in the UK. The worst offender is the Czech republic, where 40 per cent of all prescriptions are 'inappropriate'.

(Source: Journal of the American Medical Association, 2005; 293: 1348-58).

\* What drugs are dangerous, which ones are safe? Find out in the WDDTY book, Secrets of the Drugs Industry, a must-read for anyone taking a prescription drug. To order your copy, visit this site:  
<http://www.wddty.co.uk/shop/details.asp?product=341>

### **Membership Renewal**

**SAVE £5 - now only £20  
(£25 outside UK)**

For those members whose annual subscription is due on 1<sup>st</sup> March 2005, you will find a renewal form enclosed. Please post this with your cheque or fax with a card number Thank you.

Pauline Thompson writes :  
**Having completed training in the Lynne Booth method of Vertical Reflexology, I felt that I would like to test out for myself some of the claims made about its success. I asked for volunteers and the following is an account of how Vertical Reflexology can help to reduce symptoms, particularly those relating to muscular-skeletal problems.**

### **VERTICAL REFLEXOLOGY STUDY**

There were seven participants to the study. All participants were offered 4 treatments, on a weekly basis and were given advice on how to use techniques at home. Each participant was asked to measure his or her symptoms on a scale of 1 to 10 – ten being the most severe.

**GL is a 46-year-old male** who has had neck and back problems for several years following two car accidents. He has undergone surgery for prolapsed discs on two occasions and suffered from foot drop after the last operation that took place around 3 years ago. At that time, he underwent regular, standard reflexology treatments and his surgeon commented on how well he progressed. The foot drop improved over time – the medical team who had advised that this would not be a condition that could be improved upon did not expect this.

Due to difficulty fitting treatments in, GL let his treatments lapse but decided to take part in the study to try and alleviate neck and lower back pain. GL underwent the initial 4 treatments and continues to have treatments every 3 weeks or so to maintain the improvements.

At the beginning of the treatment, GL estimated his pain levels as 8 (neck) and 6 (lower back) and he had limited movement in his neck. After the treatment, he stated that he felt an immediate “freeing” of his neck and added that he “felt in a really good mood for the rest of the day. He felt that the benefits of the treatment lasted nearly all week. At the second treatment, he commented that he had a noticeable increase in movement in his neck. At the end of the study, he estimated his pain levels to be 3 (neck) and 2 (back)

**PS is a woman in her fifties** who was suffering severe sinusitis and estimated the levels of discomfort as 8-9. Following the first treatment she noticed that her nose was streaming for

around two days and felt that her estimated discomfort could now be placed at a 5. She used the home techniques as advised and found that these also helped. She commented that she found the treatments “relaxing”

**FT is a woman in her fifties** who was experiencing sleeping difficulties and pain in her neck. She estimated her pain levels at a 6. FT found that her pain levels continued to progressively fall over the four treatments. There was no sudden improvement but rather, a steady slow progress. At the end of the study, she felt that her “whole body felt lots better and she found the actual treatments extremely therapeutic and she was now “sleeping well”. She believes that the treatments gave her a “feeling of well being”. At the end of the study, she estimated her pain levels to be 3 – 4.

**RY is in her sixties** and has had spondylosis of the neck for 3 – 4 years. She also suffers from sciatica periodically but the treatment focussed on neck area as sciatica was not causing specific problems at the time of the treatments. RY estimated her pain levels as 7. Immediately following the first treatment, she stated that her neck felt less tight and put her pain level at a 4. Due to a higher workload, the neck pain increased in between the first and second treatment and it was estimated as a 9. RY also attended a physiotherapy appointment in between week 2 and 3 and estimated that the pain had reduced to a 4. At the end of the four treatments pain was said to be a 2. RY commented that she enjoyed reflexology more when she was lying down but did find the treatments beneficial.

**VS is a woman in her early thirties** who was complaining of feelings of low mood, hormonal problems (irregular periods) and Irritable Bowel Syndrome. She estimated the level of hormonal/mood problems as 7 and IBS as a 7. After the first treatment, she experienced a possible healing crisis and was ill, missing the next appointment due to not being at work. Therefore, she only had three treatments. At the end of the three treatments, she informed me that having the treatments had heightened her awareness of her problems and she had visited a specialist and been diagnosed with ovarian cysts. She had been away for the weekend and had been dreading it as her IBS caused her more problems when she was away from home, however she had felt wonderful and estimated

her current problems relating to IBS and mood as a 1 – 2.

**JP is a woman in her fifties** who experiences severe neck problems, which are exacerbated by working on the computer. At the outset of the treatment, her neck pain was estimated as a 4. At the end of the four treatments JP reported that her neck felt much better and she attributed the improvement to the reflexology, estimating her neck pain as a 2.

**KB is a woman in her early forties** who suffers from mild neck pain at her initial visit; she estimated the discomfort as a 2-3. After the first treatment she noticed that the pain had totally gone and she had a much greater freedom of movement. In between the first and second treatment, she was involved in a car accident, which left her with whiplash, and she estimated the pain as a 5. She stated that after the second treatment there was a “vast improvement in the pain she had been experiencing due to the car accident. At the end of the four treatments, she

estimated that her pain levels were at a 1 and added that it was no longer problematic. She described the discomfort as being aware of a slight stiffness, rather than pain.

**After the study**

Current clients are reporting a great improvement in conditions after having had Vertical Reflexology and then a treatment of standard reflexology. One client in particular (PN), an arthritis sufferer, who estimated her pain at a 9, (6-7 on good days), experienced vast improvements in neck pain from the first treatment – the pain was then estimated as a 2-3. Her back pain also reduced and was estimated as a 4 – 5. Steady improvement was made over the following 5 treatments and she now estimates the pain as a 0 (neck) and a 3 (back). She is currently maintaining the improvements by having fortnightly “top up” treatments and is feeling much more mobile, even after undergoing periods of strain when she would have expected to suffer increased pain.

**OUTCOME OF STUDY IN VERTICAL REFLEXOLOGY**

Seven people had 4 vertical reflexology treatments on a weekly basis. A more detailed report is available on request.

Name	Condition	Severity of problem 1 - 10	Comments	Improvements in condition
GL	Long term back and neck problems	Neck - 8 Lower back - 6	Felt immediate increase in movement	Neck - 3 Back - 2
PT	Sinusitis	8 – 9	Felt improvement immediately	3
FT	Neck pain Sleep problems	Neck - 6	Sleeping well. General well being increased	3 - 4
RY	Spondylosis (neck)	7	Found treatments to be beneficial	2
VS	IBS Low Mood	7 7	Felt “wonderful” and couldn’t believe the difference	1 - 2
JP	Neck pain	4	“Neck feels much better, feel the reflexology is helping”	2
KB	Neck pain Following car accident	2 - 3 5	Not problematic	1

## Letters from Practitioners

Dear Lynne

Firstly it was great to hear that you decided to donate Xmas card funds to a charity - many thanks. I have been meaning to contact you for sometime as I had a client who had several attempts with IVF and came to me for reflexology to help with relaxation. I talked to her about VRT and she had only two 5min sessions at the beginning of a conventional treatment and Hey Ho she gave birth to beautiful baby girl. She's visiting me again - I hope all goes well!!!  
Member S B

Dear Lynne

I was in the class in the Chicago area ..... I have been spectacular since you got a release from my lung area that was so full of scar tissue from surgery. I am breathing so much better. Thank you.  
Mrs DS

Dear Lynne

I did the basic VRT course some years ago, and also heard you speak at the AoR conference. Whilst looking through the Hand VRT book this morning, I came up with an idea you might be able to use, although I realise someone may already have thought of it. Have you come across the lap trays, which consist of a melamine board, and are backed by a cushion filled with polystyrene granules? They are designed for eating on the lap. Works quite well for self help hand VRT. Haven't yet tried it on a client. I'm sure you have come across them, but just in case, you can get them at garden centres, National Trust shops and through the little catalogues that come in the Sunday papers.  
Regards  
S E

### Lynne replies:

*Thanks for you comments. We have thought of these NT trays and I have a rather hideous patterned one that someone gave my mother for a present! I often show it on courses but*

*suggest the reflexologists will have better taste when they select one!  
Interestingly - now I teach more VRT hand techniques, reflexologists are suggesting that they find cork/melamine table mats good for hand work as they do not have the lip of the tray to get in the way. I am always looking for better ways of working so thanks very much for your interest!*

Dear Lynne

re: Nico Pauly's Nerve Reflexology  
I have been seeing very excellent results with pain and mobility. This is so beautifully precise. In combination with the VRT and a little Touchpoint ....in short I am amazed with the responses on so many different levels that I am blessed to see. I love this stuff

Stephanie Flynn  
Tennessee, USA

Dear Lynne

Please pass on my thanks to Nico when you are next in contact. The explanation is very clear and another piece of the jigsaw has just fallen neatly into place! You were absolutely right when you said in January that after Part 2 everything starts falling into place.

I am now using Nerve Reflexology in almost every treatment and finding it a great asset.

Yours PG

Dear Lynne

Love the VRT - and with the Diaphragm Rocking amazing things happen while doing it. Lots of clients report that they really feel something going on in different parts of their bodies. Others just can't believe how relaxing it is. Thank you for such wonderful tools!

Kathy

**Please keep your letters coming in with comments, questions or suggestions.**  
**Thank you**

## **NERVE REFLEXOLOGY HELPS CHRONIC FATIGUE SYNDROME**

Zoe Lindgren is a VRT member who has also recently graduated from the first Nico Pauly Nerve Reflexology Course. Many of those who attended Nico's course reported that the new nerve techniques were enhancing their classical reflexology treatments.

She writes:

Seya, my daughter had been feeling very tired for over a month prior to the diagnosis of Mononucleosis (glandular fever caused by the Epstein-Barr virus).

**Symptoms:** Extremely sore throat, swollen tonsils and lymph nodes, very high temperature for four days.

**Progress:** On the fifth day, her immune system kicked in and her sleeping pattern altered, the temperature gradually came down. Now that the acute stage was over, I thought it appropriate to give her a Nerve-Reflexology treatment. I was concerned over the very long recovery period, the Doctor had said three to five weeks away from school with severe tiredness. Seya received her blood test results showing that she had developed Hepatitis, a common complication with glandular fever. The Doctor warned that this type of double whammy can make a person more vulnerable to ME., for example. After the treatment, Seya continued to improve. Three days later, another Nerve-Reflexology treatment seemed to give her energy and she suddenly said that she was bored at home. We consulted with the Doctor who took another blood test. The outcome was favourable in that her liver function was very much improved. He thought it fine that Seya returned to school. Outcome: 10 days following diagnosis Seya was *pipping* around with energy and returned to school. Five days later again, she still appears to be well. Perhaps she is sleeping slightly longer at night.

Zoë Lindgren.

## **Reflexology in Japan**

Lynne Booth writes about the current position of reflexology in Japan and its growing acceptance as a credible complementary therapy.

This February I spent 12 very interesting and demanding days in Tokyo at the Japanese Reflexologist Education College known as REFLE which is owned by the large Hospitality Inc. company in Japan. VRT will eventually be taught in Japan in 2005 and it is fortunate that the courses will coincide with the Japanese translation of my first book, *Vertical Reflexology*.



REFLE has its own purpose built reflexology school in a five story building in Tokyo. The standard of tuition and training is exceptional and the majority of the tutors have been trained by internationally respected Renee Tanner and her tutors from the International Federation of Reflexologists. The 8 tutors had been using and practising VRT, assisted by my translated book, for several months and this culminated in a continuous 9 days of VRT training. As soon as the course finished at 5 - 5.30 each day (I had a translator with me at all times) the tutors would begin rewriting their notes and practising on each other. The following day we would work through their questions and suggestions before beginning on the next one of the 6 VRT courses plus revision courses.

It was interesting for me to see the entire body of my work unfold as the week progressed as I am used to teaching 2-3 VRT courses in succession rather than 6 plus days at once! There were also two large public

lectures to reflexologists where I demonstrated VRT and taught them to work on each other plus self-help. Each time therapists got results with the VRT and a young woman was able to lift her arm above her head for the first time in months. I could not understand what she was saying or why the group were clapping so heartily. It turned out that the lady was in so much pain she was visiting a hospital clinic every other day for a week or so. She had even received physiotherapy treatment that morning. However, a few minutes of VRT enabled her to lift her arms up with no pain! A spectacular result and a nice way to introduce VRT to Japanese reflexologists although I was careful to stress this level of result was not always to be expected!

Japan does not have a national federation of reflexologists but national schools set their own, usually very high, standards. Most reputable schools seek to have accredited courses run by international schools of reflexology such as the IFR as mentioned above.

REFLE will teach the authorised VRT courses. They also owns 34 reflexology clinics or salons that are based in Tokyo and many other large cities in Japan. Some are in individual premises and others are in luxurious top class department stores akin to those in Knightsbridge, London. I visited one where business people were reclining on incredibly comfortable modern low couches. The décor was sage green, natural pine, smoked glass and classic Japanese prints and elegant plants. The courteous and highly skilled therapists ensured that the numbers of clients was large through out the day. There were seven cubicles in the clinic I visited. It would be a wonderful model of reflexology/complementary care to reproduce in the UK if a large company was prepared to put up the resources.

My visit to Japan was a totally new cultural experience for me. The residents of Tokyo number of 16 million and yet there is no litter on the streets, the spotless trains run every 2 minutes and 3 million commuters a day manage to pass through the one main station alone in an orderly manner complete with paid "People Pushers" who push the maximum number of people into a carriage! I travelled to work on my own each day on the trains and surprisingly saw no westerners anywhere for 8 days running! I was staying in a large international hotel, walked along busy streets, was taken to Japanese restaurants and shops in the centre of Tokyo and yet it was only at a temple and a restaurant on the last day that I met two Canadians and a man from Oxford!. I was told that 15 million Japanese visit other countries each year by only 5 million foreigners visit Japan. February was very much out of season although I just caught sight of the early cherry blossom buds in the Imperial Palace Gardens.

As always when teaching in the UK or abroad I learn from the people I teach. Japan was no exception and we explored different ways of working using VRT as well as their own reflexology techniques. Those of you who have attended the Hand and Nail VRT course will know of the self-help thumb techniques illustrated below that can have a general calming effect and are also helpful in controlling hot flushes in menopausal women. When I taught this move it took two positions to work both the thumb nails (one by one) - see illustration (a). Akiko suggested that, by placing the thumbs in a manageable but slightly less comfortable position, you can powerfully work both central thumb nails at the same time - see illustration (b) This means both *Central Pituitary Nail Reflexes* are worked together. I am always open to suggestions when it comes to VRT development, so please send in any ideas or techniques.

### **Illustration of the Calming Nail-on-Nail Pituitary Pinch.**

(a) 2 moves to work both thumbs

(b) work both thumbs simultaneously

## EPILEPSY

*Epilepsy is often a difficult condition to treat and reflexologists carefully and gently work the head/cervical and neural pathway reflexes. Some reflexology schools list epilepsy as a contra-indication along with other conditions such as cancer, high fever, early post-operative and even later pregnancy I respect their views. However, I have worked successfully with epileptic conditions and my training was with the International Institute of Reflexology where few contra-indications are indicated due to the fact that Eunice Gingham was convinced that reflexology was simply a trigger for the body to help to treat itself and self-regulate the healing processes. VRT Practitioner, Patricia Godden, reports on her very interesting case study in epilepsy. Lynne Booth*

### **Case Study: Epilepsy**

A lady of 45 years with epilepsy presented for reflexology. When she was 19, she had surgery on the tendons of her feet. During further surgery about 13 years ago, the metatarsal heads were removed on the second to fifth toes of each foot. She does not know why this was done. After that operation, she tended to walk on the inside of her feet and had worn sandals or 'flip-flops' because her feet did not fit into normal shoes. The epilepsy developed about 11 years ago. These times are as accurate as she can remember because her memory has been affected. She is unable to take any medication for the epilepsy because of the severe side effects she suffers.

She has found that she does not have seizures if she exercises at a high rate, is stressed or excited. At the time she presented for reflexology, she was having 3 – 5 grand mal (seizures of up to 3 minutes) each day. After each seizure she had extreme hypoglycaemia and would eat much sweet food although she normally did not like sweet things. As a consequence, she had put on 3 stone. She was suffering heart burn because much of the increased weight was just below her diaphragm. Her sleep pattern was considerably disturbed as she would sleep for a while after each seizure but be

unable to sleep at night. She was unable to do anything in the house, even boil a kettle, for fear of another seizure. She had given up and did not even want to go to the gym to exercise. A cycle of no exercise resulting in having seizures and being unable to exercise had developed. She had chiropractic to her cranial bones and spine to correct displacement which occurred if she hit her head when she fell at the start of a seizure and the severe hyperextension of her back during seizures. The chiropractor had referred her to me as he knew I worked with 'energy'.

On each foot there was a large gap between the first and second toes and the second to fifth toes were very close together, probably due to the absence of the metatarsal heads. There was scar tissue over the distal metatarsals. I considered conventional reflexology was not suitable as the relaxing effect may lead to a seizure. I decided to use VRT so she had to stand and would be unable to relax physically during the treatment. If 'stress' decreases her seizure rate, there was a link with the adrenal glands. After feeling the energies over her feet for a few seconds, I immediately worked the adrenal glands. After that I worked the reflexes for the torso and spine. The flow of energy was blocked around the left ankle and the distal ends of the metatarsals on the right foot. I ran a finger tip lightly up and down the second to fifth zones over the metatarsals and toes on each foot. After doing this it felt as if the toes were reconnected to the feet. The big toes had felt too sensitive to work at the start of the treatment. By the end of the treatment, I was able to work them very gently. I very tentatively worked the pituitary reflexes for a few seconds. She said her vision cleared while working this reflex but became blurred again afterwards. She had not said her vision was blurred while I was taking the case history.

She came for a second treatment two weeks later. She felt very down in the afternoon after the first treatment and had cried until she went to bed. She had urinated much more than normal for 2 – 3 days. Since then she had noted the following improvements:

....continued

1. Very energetic
2. Sense of satiety much better so controlling food intake
3. Had 3 seizures in the 2 weeks instead of 3-5 per day
4. A change in mental attitude so she wanted to go to the gym
5. Able to go to the gym 3 times a week so now able to keep the seizures at bay
6. Sleeping better
7. She had been able to wear shoes for the first time in 15 years.

During a phone call two months after the second treatment, the positive changes noted after the first treatment had been maintained. In addition she has not had any heart burn. In this two months she has only had two seizures and they were on the same day. She has only been able to lose a small amount of weight. Further tests have indicated that she is at the lower end of the normal range in thyroid function tests. She is sleeping a lot and can be tearful. Further investigations are being considered.

There had been no improvement of her vision. I decided to use only VRT during the second treatment as I had done for the first session. Her feet felt less sensitive and I was able to work the reflex points slightly more deeply. I did quite a lot of work on the reflexes for the liver and stomach. There was no clearing of her vision when I worked the pituitary reflexes during this treatment.

I feel that working the adrenal reflexes broke the cycle which allowed her to recommence exercise. Work on the pituitary reflex may have cleared the vision temporarily as the pituitary is close to the optic chiasm. She may have urinated much more after the first treatment as a result of the work on the pituitary reflex affecting the release of anti-diuretic hormone. Reconnecting the energy flow between the toes and metatarsals may have helped. She wants to come for further treatments to see if VRT can help normalise her weight.

We arranged a further treatment three weeks later but she had to cancel it due to a family bereavement. In this time she had had one further seizure but due to the stress of the bereavement and being able to exercise again she had been able to control the epilepsy.

Patricia Godden

### **ACTION AID ASKS - WHY RECYCLE?**

- JUST ONE MOBILE PHONE COULD PROVIDE AN EDUCATION FOR ONE DISABLED CHILD IN BANGLADESH FOR 1 YEAR
- 10 HEWLETT PACKARD INJET CARTRIDGES COULD PROVIDE LEARNING MATERIALS FOR 25 CHILDREN IN ETHIOPIA.
- 30 MILLION INKJET CARTRIDGES, COMPRISING 2.7 MILLION LITRES OF OIL, ARE THROWN INTO LOCAL LANDFILL EACH YEAR.

Getting involved costs nothing.

Action Aid can provide *Freepost* plastic envelopes to return old mobile phones and cartridges.

The details are  
 Actionaid Recycling  
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 Bristol  
 BS2 OFA

TEL: 0845 3100 20 [www.actionaidrecycling.org.uk](http://www.actionaidrecycling.org.uk)

**Christina Shewell is a leading voice and speech therapist who has a private clinic as well as working at a NHS hospital. This is a useful article to copy for clients.**

## **PRACTICAL THROAT CARE**

### **Hydrating the Vocal Cords**

These are better named vocal folds, since they are not narrow cords like rubber bands, but are like two little shelves of mucous membrane covered muscle that lie inside the larynx in your neck. The covering of the two folds likes to be kept moist and flexible - the environment of the Kew Gardens Hothouse is perfect for them!

Keeping the lining of your throat and voice box moist is one important aspect of looking after your voice. It is also highly relevant if you are troubled with one of those persistent irritating dry coughs that can linger after an original cold/cough.

There are two main ways to do this:

- 1) Increase the amount of water that you drink. Many of us simply do not take in enough fluids during the day, and can become rather dehydrated without knowing it. Tea and coffee both have a diuretic effect in that we tend to excrete almost as much as we drink. Water tends to be more easily absorbed by the cells that need it. Try to drink 6 - 8 glasses of water each day, spacing this out over the day. You can drink this in the form of squash if this is easier.
- 2) Regular steaming may also be advised. If you can steam twice a day for 10-15 minutes, the moisture goes into the cells of your vocal folds - somewhere that no lozenge, gargle, or linctus can ever reach.

It is beneficial because:

- 1) It 'plumps up' the cells of the strained vocal folds and increases their flexibility and healing
- 2) It puts in moisture to the whole vocal tract - after a throat bug the lining of the vocal tract can feel dry, and that can add to coughing or vocal strain. Extra moisture

encourages relaxation of any excess tension, and can be soothing after heavy voice use or exposure to a smoky atmosphere.

- 3) Because of the extra moisture that is put in, the cells of the mucous membranes do not have to produce so much lubrication, so the mucus produced by the cells just above the larynx actually gets less.

At Boots, or any good chemist, buy a Clearway steam-inhaling mug, which is often easier to use than the traditional head over pudding basin with towel method, which usually results in a hot red steamy face as well! Top up the mug at least three times in 15 minutes as the water inevitably cools and loses the steam. Ordinary water from the kettle is fine - but if you have a cold or throat infection, try 4 or 5 drops of Olbas Oil or Tea Tree oil in each inhalation - the latter has been found to be a good antiseptic.

**N.B. YOU ARE HANDLING JUST BOILED VERY HOT WATER - PLEASE BE EXTREMELY CAREFUL**

You can buy an electrical steam inhaler, which is easier to manage but not essential. It costs about £50.00 and is available by post - or in person - from John Bell and Croyden in London. Their phone number is 0207 935 5555.

Whichever method you use the rule is the same - as far as possible steam inhale twice a day for 2 weeks and then once a day. It is that daily moisturising that can make such a difference and really help.

*© Christina Shewell 2004*

### **International Council of Reflexologists**

**Conference, Amsterdam 16<sup>th</sup> - 18<sup>th</sup>  
September 2005**

**email: [icr@mountaincable.net](mailto:icr@mountaincable.net)  
Website: [www.icr-reflexology.org](http://www.icr-reflexology.org)**

**The RiEN Conference is being held in  
September 2006 in Eire**

Congratulations to VRT Tutor, Britta Stewart and her new husband Peter Dolan



Many of you know Britta Stewart who teaches VRT in Northern Ireland and Eire. On March 18<sup>th</sup> Britta got married to Peter Dolan in a wonderful setting of a small church in the country near Mullingar about 50 miles west of Dublin. After the wedding she and the groom walked down the street of this tiny hamlet, over a bridge and along a little path across the fields to the 12<sup>th</sup> century ruins of Fore Abbey. A very atmospheric and picturesque setting for the wedding photos. We all wish Britta and Peter every future happiness.

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**VRT Member reflexologist Zoe Lingren is a spokesperson for the Bristol Cancer Help Centre  
[info@bristolcancerhelp.org](mailto:info@bristolcancerhelp.org)**

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**HURRY - ANOTHER CHANCE TO ENROL ON THE REMARKABLE NICO PAULY  
NERVE REFLEXOLOGY COURSE!**

Booth VRT is delighted to announce that we have just booked Mr Nico Pauly for the third time to run his acclaimed three-part Nerve Reflexology Diploma Course in Bristol, UK in 2005-6. The previous two courses, which are authorised by IRSK-WINGS, have been very popular and over-subscribed. I have personally studied this excellent course which comprises 3 seminars (8 days in total) over a period of 8 months and the results I have obtained with clients has been outstanding. This is an opportunity to raise your reflexology skills to a new level of excellence with a clinical practitioner.

Nico has 30 years clinical medical experience in Belgium as a physio/manual-neuro therapist working and teaching in medical clinics. This course contains no body work as such and is specifically devised for, and taught to, reflexologists. After studying with Nico Pauly, reflexologists are able to greatly enhance their practice by working precisely on specific nerve reflexes that influence all parts of the body including the lower lumbar and pelvic region, all organs and glands and the upper torso and head reflexes. Nico has presented his work at an AoR one day seminar, the ART conference in London in 1999 and the ICR conference in Rome in 2001. He is an excellent presenter, totally fluent in English with an engaging sense of humour coupled with an extensive knowledge that he imparts in an easily understandable manner.

In his own practice Mr Pauly combines his medical manipulative work with Nerve Reflexology and has trained under Hanne Marquardt and Walter Froneberg. Nico's course uses classical foot reflexology combined with special foot nerve reflexes. The course is open to all qualified reflexologists and a 60 page manual and an extra illustrated manual of all nerve reflexes is provided as part of the course fee which is £105 per day. Fees can be paid in stages or a monthly standing order can be arranged.

Attached are details of the full course content and tutor details, a detailed Booking Form and a summary from the Course Evaluation of the first Diploma Course that was completed in July 2004.

Please email or telephone for further information. Bristol is only 1.25 hours from London by high speed train and has excellent motorway, coach links plus an international airport. A wide variety of local accommodation is available at rates much cheaper than London. The venue itself is at the St. Monica Trust which offers a spacious lecture room and dining facilities, 23 acres of grounds and gardens, free on-site parking and the use of a swimming pool after the course finishes each day, if desired. The venue is on main bus routes and is equidistant from the two Bristol railway stations.

**IF YOU ARE INTERESTED IN FUTURE NERVE REFLEXOLOGY COURSES PLEASE LET US KNOW AND WE WILL KEEP YOU INFORMED OF DATES FOR NEXT THE COURSE WHICH WILL NOT BE UNTIL 2006-7. AT SOME POINT IN THE FUTURE WE MAY ALSO RUN THE FIRST, LEVEL 1, 3 DAY COURSE ON THE LUMBAR REFLEXES AS AN INTRODUCTION.**