

Membership Network Newsletter

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Dear Vertical Reflexology Practitioner,

Warmest greetings to you all for 2014 and I hope you have enjoyed a break over Christmas and New Year.

Many reflexologists combine other modalities as well to complement and enhance their practice. Terri Perry, now resident in Italy, is VRT member and also a very experienced Thought Field Therapy (TFT) practitioner. Read about the results she attained with a stroke client on page 5.

VRT is now on TWITTER and FACEBOOK as well as Linked-In. Please look at our postings and "like us" or re-tweet! Thanks. Read my regular Blogs on www.boothvrt.com/blog/.

References to redacted article below regarding personal story have been removed from online copy.

Babies and Relieving Stress and Tension. They have illustrated instruction sheets and articles to print.



Free VRT Video to help calm crying babies

It is always heartening to hear how VRT has been used in many unusual situations such as on planes, boats and planes. Debra Salzman describes how she got her moving man moving on Moving Day with VRT! See page 4.

How many of you have ever attended a Reflexology conference? VRT member Abigail Langstone-Wring reports on the September 2013 International Council of Reflexologists (ICR) Conference in Cape Town, South Africa. See page 3.

Read Annie Zakiewicz's fascinating report regarding the difference reflexology has made to a 90 year lady who is suffering from Parkinson's disease. See page 9.

I hope that the coming year brings you peace, health and happiness.

Thanks again for your support from all your tutors at Booth VRT. Please continue to send in letter and articles for publication

Kind regards



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Read more inside about our free acclaimed training videos on our Home page on Crying

Article Redacted

A reflexologist offered her personal story for VRT members only and has requested we do not share private details online

**Good health is one of our
most precious gifts:**



**“A healthy person has a thousand wishes and a sick
person has one”.**

Global Reflexology - ICR 2013

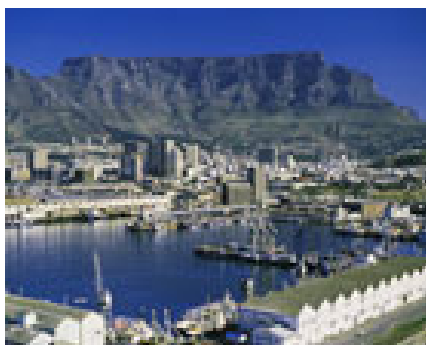
Conference Report, South Africa

By Abigail Langstone -Wring

My first International Council of Reflexologists (ICR) Conference experience was in Portugal 2011. It was there I met Lynne Booth, attended her VRT workshop and was so intrigued by her technique that upon my return to UK made contact and subsequently attended her Basic and Advanced VRT course in Bristol. Joining the VRT Network has kept me "in touch" and the opportunity to attend some further exciting and innovative workshops.



The 2013 ICR Conference was held in September 2013 in Cape Town, South Africa. The conference offers a platform from which invited international respected speakers can share their knowledge and expertise and discuss research. It also offers a forum for debate. Workshops allow "Hands On" experience of new and innovative techniques. Whilst socializing with delegates from around the world gives the opportunity to re-connect with old and to make new friends.



The excitement and enthusiasm for sharing information in our chosen profession was reflected in the electric atmosphere during the opening ceremony. When flags representing every county of attending delegates were carried in and placed on a stage. Presentations were made by speakers from

- **Greece** "Orthopaedic Reflexology"
- **Belgium** "Using the Scientific Pathway Through Energetic Systems"
- **South Africa** "Colours of the Feet", "Reflexology and Our Health - Yesterday, Today and Tomorrow"
- **Israel** The Reflexology Planner for the 9 months of Pregnancy and beyond"
- **UK** "Neuroreflexology" and "The Reflex Resonance Technique"

- **Denmark** "Evidence Based Practice - an act for life"

The whole experience is, in my opinion, totally unique and serves well the common aim to connect reflexologists worldwide for the advancement of our wonderful profession.

It wasn't all work! Some free time in South Africa was spent seeing the sights. This included whale watching, visiting botanical gardens and the Cape of Good Hope, observing penguins, going on a safari and up Table Mountain as well as a most enjoyable visit to a vineyard with the obligatory wine tasting. I hope you have enjoyed reading this brief account of a wonderful adventure. My next adventure will take place in 2015. The Silver Jubilee ICR Conference will nearer the time on the website! Hope to see you there.

www.icr-reflexology.org

Abigail Langstone-Wring BSc.SBRCP MAR ICR, is an ICR Board Member.

Aiki: our VRT Bride



Wedding congratulations to our lovely VRT Tutor for Spain, Aiki Vythoulka. Here she is dancing in Barcelona at her Greek wedding to Enric in December. We wish them happiness for their future together.



The Nerve Graduate Class of 2013

Nico Pauly came to London and Bristol to teach his acclaimed Nerve Reflexology Diploma class for the 5th time. For the first time ever, all participants passed the final examination. Congratulations!

Reflexology, Stroke and checking client medication

By Terri Perry ITEC Dip Reflex and TFT Dx

Following the loss of my mother to a stroke in 2002 I decided to use my therapies to try to help others struck down by stroke. I went to give talks and demonstrations to stroke groups and disability clubs.



At one such evening one lady marvelled at the sensations she felt as I gave VRT to her while she sat in her wheelchair. She told me that during the 5 min demonstration treatment "it made her feet throb for 2 nights" and, her left arm (which had been paralysed by the stroke years before) started to "jump" involuntarily and woke her up. Following this she called me to treat her at home.

This 74 year old lady had suffered a stroke in 2000 and the whole of her left side was paralysed. She had also had a triple heart bypass. Her diabetes was controlled by diet and Glipizide medication. In fact, like many elderly people, she was administered a cocktail of 12 drugs by staff throughout the day. She was relatively young compared to the other residents and resented having to live in a Nursing Home but disability and family circumstances meant she had no choice.

She always had trouble sleeping and would get up to urinate up to 6 times during the night meaning she slept only a couple of hours. She had to monitor her weight and her blood sugar fluctuated quite wildly from 12 to 20. Constipation was always a problem. She had suffered emotional trauma from two suicides in the family which I treated using Thought Field Therapy (TFT).

At the time I met her in March 2004 she was able to walk with a stick but was in a wheelchair (partly because of the danger of her falling and also the staff not wanting to pick her up). She had been receiving fortnightly visits from a State physiotherapist. The physio wanted her to practice walking but she could only do so in the company of the physio as the staff would not walk with her. NHS cutbacks meant that no more physio was provided for her and she became confined to her wheelchair.

Life is not always easy for the complimentary therapist. At my first visit, the staff and matron barred me in the entrance from going to see

my client, even though permission had been granted from her GP for me to treat Mrs X and her daughter wanted her to have it. Mrs X said "it was her right to have what she wanted". Following this, they reluctantly let me in every month thereafter and never again discussed my treatments. This behaviour was detrimental to my client and I continued to use calming techniques on her anger and frustration.

On her first VRT treatment several reflexes were very sensitive after this treatment she reported that she had slept better and a longer duration of 3 or 4 hours.

After about three months treatments she reported having wonderful nights' sleep from 10 pm – 4 am. She was feeling good. Blood sugar had gone to near normal at 7

On 16.6.04 she reported that she now had a problem with heat, sweating and had to have a fan installed in the bedroom. Her GP told her that "one of her pills can cause trouble with the thyroid". I continued to consistently pick up sensitivity on the thyroid reflex and urged her to have it checked.

On 18.11.04 following this treatment she reported being "pretty well with no real problems" She had a slight cough for no real reason but after VRT nail-working was suddenly able to move her left arm slightly! (paralysed side). This was amazing news but I could not reproduce the effect again.

I worked on finger nails and both hands but I used caution working on her cracked feet as she was diabetic. I also noted her toe nails were badly encrusted with fungus and urged her check with her doctor for Candida albicans overgrowth. They dismissed it at first but after insisting on a test she was then prescribed an antifungal medication

7.12.05 Mrs X was now happier and motivated. She joined a class at the local school to learn computer skills. She now reported no health problems other than the constipation. I advised her to drink two glasses of water on waking and continue drinking plain water throughout the day but to stop before evening to prevent her having to get up in the night to urinate.

On 9.6.05 Mrs X reported that she "always sleeps better after my treatment and is sleeping longer" Also, the number of times she was getting up during the night to urinate had reduced from 6 to only 2 or 3.

Mrs X started exercise classes which had been organised by the local authority for disabled people. She was conscious of her

weight gain made worse by being in a wheelchair all the time.

On 4.10.06 the physiotherapist had her walk down the corridor without using her wheelchair.

On 28.11.07 I applied nail-working on her paralysed left hand. She can now move the thumb on that side but not the fingers. From the very first treatment on 1.4.04 I had consistently picked up sensitivity on the thyroid reflex. This coupled with her sweating, constipation and weight gain could mean her thyroid was not functioning correctly.

On 16.6.04 the eye reflex on both feet became sensitive too. It wasn't until 8.1.09 that she was found to have cataracts on both eyes.

I again advised Mrs X to request a thyroid test from her doctor on receipt of the result she was prescribed Thyroxine. So reflexology had helped pin point a problem. Obviously we are taught never to diagnose but it gave information to point the client in the direction to seek medical help.

From the beginning of 2004 I consistently picked up kidney reflex sensitivity on the right foot. On 8.2.07 Mrs X's specialist said he was "pleased with her progress" but said "her kidneys were getting old" and increased diuretic and cholesterol medication.

Mrs X looked forward to my monthly visits and the treatments calmed her and helped her cope with the frustration of her situation.

She had been affected by emotional trauma both past and present which gave her a tendency to depression. I used Thought Field Therapy to eliminate her upset of bereavement from suicide and the trauma of the original stroke etc. She then felt happier and also her Heart Rate Variability (HRV) improved.

HRV is a scientific measurement of the difference between the beats of the heart which is affected by negative emotion and toxins such as artificial fragrance. Heart Rate Variability is used in the USA by cardiologists and other medical professionals and by some TFT practitioners. Over 40 years ago it was found that when the interval between heartbeats becomes smaller then death follows. Two people can have the same heart rate of 75 beats per minute, while one has a healthy variation in the intervals between beats while the other may be close to death due to extremely small intervals between beats. As the intervals get smaller, death approaches. The risk of death is not just due to heart problems but can be due to cancer, infections,

diabetes or almost any other condition. I find it an invaluable tool when someone is feeling ill.

Mrs X went on a holiday and missed appointments becoming ill whilst away. When she returned to the nursing home she was not well but the staff would not permit me to visit her. Unknown to me, she was admitted to hospital in 2009 and died before I could see her (I went to the hospital to search for her – I was told she had been moved but no information). Even though I had treated her for five years, the nursing home would not let me know what happened or cause of death.

I always take an in-depth case history including all medication and refer to it should relevant reflexes appear sensitive. Many times it has proved invaluable in alerting a client to a potential problem i.e. where medication prescribed by GP and same by another locum doctor or hospital effectively doubling the dose or being prescribed medicines that interact with others. It is important to keep informed of such things.

Unfortunately, like many others, she was sadly failed by "the system". She had endured a lot of stress and trauma because the Nursing Home she had settled in following her stroke suddenly closed with hardly any warning and a place had to be found for her at another where she was not as comfortable and soon its future was uncertain. But, she loved her reflexology treatments and benefitted from them.

This article is printed on-line, in full, at <http://boothvrt.com/research-articles/>

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For more information on Thought Field Therapy (TFT): www.rogercallahan.com

VRT HELPS YOU MOVE – IN MORE WAYS THAN ONE!

It was moving day. At 9am a large lorry arrived, accompanied by three, supposedly, strong men.



The boss of the team only dealt with the packing of fragile items, while the other two loaded all the heavy items, white goods etc. The younger of the two loaders, was a fairly new recruit, and it was not long before it became obvious that he had not yet quite mastered the art of moving heaving loads.

About half an hour into the job we heard the young lad groaning, "ooh-mi-back, I've done

mi back in, ooh-mi-back". He kept stopping, bending over and rubbing his back in obvious pain. It seemed unlikely that he would be able to continue working for much longer that day. He applied the pain killing ointment we offered, which had little effect.

I realised that if we wanted to complete our house move by the end of that same day, I would have to take action.

Although I was doubtful that the young lad had ever heard of Reflexology, I offered to work on his feet for a few minutes, and explained how helpful Reflexology could be in these situations. His response was "*I'm OK. I'll just sit down and have a bit of a rest*". This pantomime continued for a while, until I managed to convince him that as people paid me quite a lot of money on a regular basis to treat them, he really had nothing to lose by allowing me to give him a quick freebie.

He reluctantly stood up, while I gave him a good dose of VRT including Metatarsal Pressure and was just finishing up with a wrist twist when the other two workers together with my husband walked in and saw us 'dancing' together in the middle of the living room! My husband, being a regular beneficiary of VRT, immediately understood what was happening. The two removal men, however, were simply aghast to find their work mate dancing, back ache and all, with a middle aged lady in the middle of a moving job. The expressions on their faces were worth capturing on camera – if only it hadn't already been packed!

After a few minutes rest and a glass of water, the lad reluctantly admitted that the pain had eased somewhat. Much to our relief, he continued loading, unloading, carrying heavy items up the stairs in the new house, and managed to complete the move, (which took several more hours), with rarely a moan to be heard or a grimace to be seen.

Thank goodness, VRT saved the day!

Debra Salzman MAR

VRT Charitable giving at Christmas

Instead of cards for members, we donate. This year we have sent a donation to **Sightsavers'** work in the developing world. They say:

"You can make the difference between sight and blindness.

Every year, we support our partners to carry out millions of eye examinations and refer people for treatment to prevent blindness and restore sight".

Read more www.sightsavers.org.uk

Tony Porter is one of the great reflexology pioneers.

We try out his new foot balm.



We have been delighted to try out Tony Porter's super new Foot and Hand cream. It is organic and specially formulated to be paraben and petrochemical free.

Tony's previous balm was very good but this really does appear to be the very best on the market. Great on the body for personal use too but ideal as a foot cream for reflexologists as it contains cocoa butter, rosemary and lavender oil.

Lynne writes: *I have been using Tony Porter Foot and Hand Cream for the last two months and it is just the right texture for precision working on the reflexes, very smooth on the hands with a delicious, natural, subtle aroma. Yes, I am sold on it! Read more it on the ART website & you can buy it on line if you wish:* www.artreflex.com/shop

Five lifestyle changes that reduce your dementia risk

With the news currently focusing on better treatments for dementia, there are five simple lifestyle changes you can make today that will lower your risk of ever getting it.

Even adopting four of the five lifestyle changes when you have dementia will slow your rate of decline by 60 per cent, researchers have found. The 'magic five' are: taking regular exercise, not smoking, maintaining a low body weight, eating a healthy diet and drinking only moderate amounts of alcohol. The most important of the five is regular exercise, say researchers at Cardiff University's medical school.

They also reduce your risk of developing diabetes, heart disease and stroke by 70 per cent compared to someone who hasn't adopted any of the changes. "Healthy behaviours have a far more beneficial effect than any medical treatment," said lead researcher Peter Elwood. Although the lifestyle choices are obvious, and well known, just 1 per cent of adults in Wales is following all five, and 5 per cent of the country's population—which amounts to around 240,000 people—isn't adopting any of them.

Source: PLoS ONE, 2013; 8: e81877 11 December 2013

Hip Replacement Advice

From Lynne Booth

A VRT member

writes: I would like advice regarding a new patient, who has a very sore hip. She was told 2 years ago that she needed a hip replacement, but was not ready to face the operation. She is waiting to see the consultant having just had x rays taken. She gets about 4 hours sleep at night and is in pretty much constant pain but puts on a very brave face. I gave her one treatment with her comprising some VRT to start, then regular reflexology for 20 minutes and VRT at the end. She is quite nervous and fragile as you can imagine. She did say she felt it easier to bend her leg to get her sock on after the treatment. I am trying to help her, but not sure how much I can do, I am sure I can help in some way.



Article Redacted

I just wondered if you could offer any further advice or tips. I think VRT will help generally for someone waiting for a hip replacement but will only work on a superficial basis to relax the surrounding muscles a little and maybe help adjust the pelvis. The protocol you may suggest will be helpful, supportive and would be continued.

Lynne replied: I had a similar client, age 50, come to see me a few years ago who wanted me to give her reflexology with the intention of saving her having a hip replacement operation. She had travelled from another part of the country to see me and was in constant pain and could only walk short distances. At the end of the reflexology session, I told her that I felt that the severity of her condition indicated an operation was necessary and avoiding surgery was a retrograde step. I suggested she should find a local reflexologist whose role would be to give pre and post-operative support her to aid her recovery.

She was very upset and indicated she felt I had let her down. 6 months later, out of the blue, I had a letter from her. She thanked me and said my comments, though unwelcome at the time, had forced her to examine her fears and she went ahead with the operation. She was now working again, had just been on holiday and walking in Yorkshire and that life had changed, beyond measure, for the better and she was mobile and almost pain free. She now realised that "complementary care" meant that allopathic medicine and surgery can work symbiotically with natural therapies to regain health.

Reflexology Case Study on Parkinson's disease

By Annie Zakiewicz

Background to this study

I was invited to give reflexology to residents in a local privately owned care home. It is managed by its owners and provides a very caring and stable environment, with a high percentage of long serving staff members. The owners pay me to treat any of its 19 residents who would like to receive Reflexology. Initially, I was to visit one afternoon every 4 weeks, but it has been so well received I now visit one afternoon every 3 weeks. The duration of the visit is 3 hours. I am given a priority list when I arrive, and I treat them and anyone else who would like a treatment.

I devised a consultation sheet which the care home owner fills in with basic details about the residents and their health issues. I ask her to assess their response to the treatments. I chose conditions that reflexology might benefit. ie: Energy, pain, stress, proneness to urine infections, constipation, oedema, skin problems, mental decline, depression, mood changes, sinus problems, breathing issues, mobility issues, vision/hearing problems and sleep difficulties. For any aspects that apply I ask for ratings of 1 to 10 (1= low, 10 = high). The scores contained within this case study have been assessed by the care home owner. This case study began on my first visit in July 2013, and documents 4 treatments spread over a 4 month period. The residents' name has been changed to preserve anonymity.

Client:

Angharad is a 90 year old widow: A Welsh speaker, who did not learn English until she was 50. It is not known how long she has had Parkinson's disease, but the condition has had a huge impact on her everyday function. She can only be moved around in a wheelchair.

Occupation during working life: Farmers Wife
Medication: Co-careldopa (for Parkinson's), Quetiapine (anti-depressant/anti-psychotic) & Omeprazole (for reflux)

Treatment 1 ~ Hand and Foot Reflexology ~ Duration 15 minutes

Angharad's health and interest in life had been declining for the previous 2 weeks, and it was thought that she was dying. She had eaten and drunk very little during this period. The desired outcome of this treatment was to relax her. I was shown to her room. She was lying in bed unmoving except for a busy tremor in her left hand, which was pulling at her quilt

cover. She was very pale and although I spoke to her and reassured her she appeared to remain unaware of my presence throughout the entire treatment.

I decided to treat her with gentle hand reflexology, using classical reflexology and the following VRT techniques: nail on nail with zonal thumb-walking, along with pituitary pinch. It was easy to treat her right hand, but the tremor in her other hand and the fact that her bed was up against the wall on that side made treating her left hand difficult. So I decided to move to her feet. Gentle classical moves were given, working on spinal, chest and lymphatic reflexes, along with a classical endocrine balance. Incorporated VRT moves were; nail on nail with zonal thumb-walking, pituitary pinch and diaphragm rocking. Treatment closed with a gentle massage to finish. I quietly left the room with no expectations.



Parkinson's disease (PD) is a progressive, neurodegenerative, movement disorder that belongs to the group of conditions called motor system disorders.

Outcome

Two hours later, preparations were being made to serve afternoon tea. I was treating my last client in the community sitting room. To my surprise, Angharad was wheeled into the room in a wheelchair and positioned at the table. She was offered a small slice of chocolate cake, which the care home owner fed her. She devoured it with relish and went on to eat a second piece gulping down tea in between mouthfuls of cake. She was gabbling in Welsh and after she had eaten and drunk all she wanted, she took hold of the care home owners hand and firmly stroked the back of her hand and clearly said "Nice!" I remember absolutely nothing about my last client's treatment, because of the dramatic scene that was unfolding.

This improvement was sustained and continued to improve. When I returned 1 month later, I was told that Angharad's appetite had returned and she was now feeding herself, interacting with family and the staff and sitting with other residents to watch television.

Energy Levels (Pre-treatment rated at 1) - risen to 4

Pain (Pre-treatment rated at 3) dropped to 2
Stress levels (Pre-treatment rated at 4) dropped to 3

Prone to Urine infections (Pre-treatment rated at 9) - none in the past month

Constipation (Pre-treatment rated at 8) No improvement

Oedema (Pre-treatment rated at 1) No improvement

Skin Problems (Pre-treatment rated at 5) No improvement

Mental decline/ Depression (Pre-treatment rated at 2) dropped to 1

Mobility Issues (Pre-treatment rated at 8) dropped to 5

Vision/ Hearing Problems (Pre-treatment rated 4) dropped to 3

Sleep difficulties (Pre-treatment rated 4) dropped to 3

Treatment 2 ~ Foot reflexology ~ Duration 15 minutes

I was shown to Angharad's room, where she was sitting up in bed waiting for me. She was obviously pleased to see me and spoke in Welsh, telling me to put the kettle on and make a cup of tea (not possible in her room, but a gesture she was known for making in the past). Because of her hand tremor, I decided to repeat my foot treatment. Gentle classical moves, working on spinal, chest and lymphatic reflexes, along with a classical endocrine balance. Incorporated VRT moves were; nail on nail with zonal thumb-walking, pituitary pinch and diaphragm rocking. Treatment closed with a gentle massage to finish.

She talked in Welsh throughout her treatment, but I couldn't understand her, but I spoke reassuringly to her in English.

Outcome

Within 30 mins of her treatment she had an unexpected and massive bowel movement. The improvement from the last treatment maintained, but no further progress.

Treatment 3 ~ Foot reflexology ~ Duration 15 minutes

I was shown to Angharad's room where she had just woken up from a nap. She was fairly

quiet during this treatment, but receptive. Her left hand tremored as it worked at the quilt cover. Foot treatment routine repeated. Gentle classical moves, working on spinal, chest and lymphatic reflexes, along with a classical endocrine balance. Incorporated VRT moves were; nail on nail with zonal thumb-walking, pituitary pinch and diaphragm rocking. Treatment closed with a gentle massage to finish.

Outcome

The improvement from the last treatment maintained, but no further progress. Has better muscle control and is now able to sit in armchair for longer periods without her muscles giving way and causing her to collapse to one side or fall out of the armchair.

Treatment 4 ~ VRT Hand reflexology ~ Duration 15 minutes

Angharad had just woken from her nap and was in bed and was in a good position for hand reflexology. I did the complete VRT basic hand routine, and added the VRT endocrine balance and endocrine flush, and ended with a gentle hand massage, with emphasis on soothing spinal reflexes. She was very quiet, during this treatment, just looking at me, but relaxed and enjoyed the session. No tremor apparent today.

Outcome & Overall Conclusion

The improvement from the last treatment maintained, but no further progress:

1. Energy Levels (Pre-treatment rated at 1) - risen to 5
2. Pain (Pre-treatment rated at 3) dropped to 2
3. Stress levels (Pre-treatment rated at 4) dropped to 2
4. Prone to Urine infections (Pre-treatment rated at 9) dropped to 1
5. Constipation (Pre-treatment rated at 8) dropped to 2
6. Oedema (Pre-treatment rated at 1) No improvement
7. Skin Problems (Pre-treatment rated at 5) No improvement
8. Mental decline/ Depression (Pre-treatment rated at 2) dropped to 1
9. Mobility Issues (Pre-treatment rated at 8) dropped to 4
10. Vision/ Hearing Problems (Pre-treatment rated 4) dropped to 1
11. Sleep difficulties (Pre-treatment rated 4) dropped to 1

Main symptoms of Parkinson's

The Parkinson's Society website (www.parkinsons.org.uk/content/parkinsons-symptoms) states that people with Parkinson's may display any of the following symptoms. Angharad has shown and maintained improvements in the below.

- Tremor (shaking)
- Slowness of movement
- Rigidity (stiffness)
- Physical and other symptoms of Parkinson's
- Bladder and bowel problems
- Eye problems
- Falls and dizziness
- Freezing
- Pain
- Restless legs syndrome
- Skin, scalp and sweating problems
- Sleep problems
- Speech and communication problems
- Swallowing problems

Mental health and Parkinson's

- Anxiety
- Dementia
- Depression
- Hallucinations and delusions
- Memory problems

Care home Owners Comments

Q: What has Reflexology done for Angharad?

Angharad frequently suffered from constipation and frequent urine and eye infections. In the four months that she has been receiving reflexology she has had no urine infections, only one eye infection and constipation is no longer a problem. I think that all of these can be directly attributed to the fact that she can now swallow. Eating and drinking is no longer a struggle and consequently her body is now nourished and hydrated. Her speech is clearer and she has fewer weeping episodes. She is sleeping well. Overall she is happier and more alert. Her muscle tone is better and stays upright in a chair instead of collapsing to one side. She is responding to what is going on around her. The other day I saw her tapping her feet to the music that was playing on the television. We are delighted with the dramatic improvements we have seen in Angharad, and hope that in time the condition of her skin will improve too, as it is very fragile.

Q: Is it cost effective for you to pay me to come to the home?

Yes. As you know, reflexology is now established as part of a 3 week cycle in the home. Reflexology is one week, a beautician the next and a craft teacher the other; a

hairdresser comes in regularly too. When clients are delivered into my care I want them to be cared for and happy. All of this is included in the care package we offer ~ it is not an extra. My staff are very caring, but they can't deliver what you ladies do. For one afternoon a week I know that something special is arranged for them, and that makes me and my staff happy too. The clients get excited when they know you are coming, so they have the anticipation, the event and the afterglow, they are much easier to care for. There is something for everyone. All of it gives them and the staff a tremendous lift and we have seen a dramatic rise in morale. I can't attribute the improvement to reflexology alone in every case, but it all adds to the mix. However, Angharad only has reflexology and what it has done for her has been jaw-dropping. If each client had to pay for reflexology, they wouldn't necessarily choose to have it, because their budgets are tight. It would have passed Angharad by, and her story may have had a very different ending.

VRT CLASSES FOR 2014 BOOK NOW!

How long is it since you took a VRT class? These award winning training days will teach you many new skills VRT that Lynne Booth has developed and includes the exciting VRT techniques combined with mobilisation for amazingly quick responses. Book on line or phone the organiser direct. [See links for full programme plus new dates are always being added:](#)

Remember you can return to take a Refresher for only £65.00 on certain classes. Phone 01179 626746 for details.

UK classes

www.boothvrt.com/course-dates-booking

Overseas classes

www.boothvrt.com/overseas-courses

2014

Feb: Spain and Switzerland

Mar: Berks, London, Notts/Derby, USA

April: Spain, Birmingham, Portugal

May: Suffolk, Portugal

June: Spain

Sept: Bristol, Spain

Oct: Spain, Bristol (Nerve Reflexology – confirmed dates to be announced)

Nov: Brecon, Wales.

Consultant gynaecologist observes that reflexology is far superior to the surgical procedure to alleviate painful periods.

This report of the medical trial conducted by consultant, Mr Lindsay McMillan, FRCOG and Anthony Porter, Reflexologist, at Whipps Cross Hospital (NHS) in London in 1994 was published in Vertical Reflexology for Hands in 2003. This year-long trial was discontinued after 9 months because, to quote Mr McMillan, *"I could not submit women for a potentially dangerous procedure under a general anaesthesia when it seemed the results were so unfavourable compared to a treatment such as reflexology". It became blatantly obvious that Reflexology was far superior to the then current surgical treatment for severe dysmenorrhoea and I felt that it was unethical for me to continue the trial"*.

The following report illustrates the real benefits of *complementary* medicine when the medical profession are open-minded in looking for an holistic approach to helping their patients regain health. This document is exceptional as non-invasive reflexology gave better results. In this *conventional* reflexology trial on patients with severe period pain (dysmenorrhoea) at Whipps Cross Hospital in London, consultant gynaecological surgeon, Mr Lindsay McMillan FRCOG describes how his year long trial was not completed.

Mr McMillan worked closely throughout the trial with Anthony Porter who is an outstanding reflexologist and founder of Advanced Reflexology Training (ART) for post-graduate study.

Mr McMillan wrote the following report which outlines the aim of the trial and the results below:

"In 1994 I took a number of young women who all suffered refractory dysmenorrhoea and complained of very severe pain at the time of their periods (menses). Many of the women would be hospitalised due to their extreme discomfort. All these patients had had conventional treatment such as combined oral contraceptives, bond steriodals and analgesia at the time of their periods with little or no effect on their pain.

At that time there was a theory that if one transected the nerve fibres that run on the medial aspect of both uterosacral ligaments this would cure the pain experienced at the time of the period.

Although it is true that a large percentage of the nerve fibres run in the medial aspect of the

uterosacral surgery, the approach was to laparoscope a patient and to use a laser or cutting diathermy needle to transect the uterosacral ligaments close to their attachment to the cervix

The theory was that this would then cure the severe dysmenorrhoea. A number of papers were published at the time but unfortunately I do not have these to hand. They indicated that this procedure was successful but I had serious doubts from personal experience.

Knowing Anthony Porter's skill as a reflexologist could often alleviate dysmenorrhoea we set up a trial which involved me choosing the patients and randomly selecting them either for surgery, laparoscopic surgery or a course of reflexology.

The course of reflexology we set out for the patients was:

To have a session of reflexology once a week for the four weeks leading up to their menstrual bleed.

In the second month two treatments in the two weeks prior to their menses. The third month two weekly treatments in the two weeks prior to their menses and thereafter a single treatment in the week before the onset of their menses.

The aim of the trial was that the patients were laparoscoped. Other pathology was excluded from their pelvis such as endometriosis and if there was no obvious evidence of other pathology, the uterosacral ligaments were transected using a laser scalpel.

By the end of nine to ten months when we began to correlate the figures it became plainly obvious that Anthony's success in alleviating severe dysmenorrhoea in these young women was in the region of 85% - 90%, whereas in surgical treatment it was probably less than half that figure.

It was at this point that I made the difficult decision that I could not submit women for a potentially dangerous procedure under a general anaesthesia when it seemed the results were so unfavourable compared to a treatment such as reflexology".

VRT Tutors Lilian Gautheron, Lynne Booth with Alik Vythoulka were teaching VRT in Toulouse, France in November 2013.



New Free VRT resources on our website

Crying Baby? & Relieving Stress and Tension videos

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Calm a Crying Baby



One of the most effective reflexology techniques to use with babies is the VRT Synergistic Reflexology – when two identical hands and foot reflexes are worked simultaneously.

This reflexology technique is an obvious choice to use when feeding a small baby, as he or she can be cradled in a parent's arms while one hand makes feather-light strokes on the foot on either stomach or bowel reflexes, while the other hand gently strokes the baby's palm on the same side of their body.

A baby's fingers or toes should never be worked, as they are too fragile.

Even a tiny baby can be held so that their feet are briefly weight-bearing for effective reflexology techniques to be used. Babies that are crying or restless can learn to recognize particular types of touch used in reflexology techniques, and they find this form of treatment calming and therapeutic.

Relieving Stress and Tension

Stress and tension are unfortunately a part of modern-day life, and finding therapies, techniques and methods to combat and reduce them is essential for a happier, healthier and harmonious life.

Try our exclusive and simple five-minute workout to relieve stress and tension at any time. View the free video on Relieving

Learn to rock the hands to aid sleep.

Working the adrenal reflexes on the palm to support relaxation.

Learn discreet reflexology thumb nail-working techniques to calm the body.



Membership Renewal Notice

This Winter 2013 issue inaugurates the start of the VRT Electronic Newsletter.

The membership fee is still not increased and from now on there is one category of £25 per annum for UK and international and £20 by Standing Order.

UK or sterling accounts pay only £20 per annum by Standing Order

Annual Membership Renewal £25 per annum

YOU CAN PAY ON-LINE

For those members whose annual subscriptions were renewable on 1st Nov 2013 your email will request you to renew online or send a cheque.

www.boothvrt.com/vrt-membership

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 newsletters.

Why not re-take a previous VRT class as a Refresher for only £65 per day? Courses coming up in the Midlands, Northern England, London and Bristol for 2014 see page 10 and online: www.boothvrt.com/course-dates-booking/

Contact us on:

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