

Vertical Reflex Therapy



Membership Network Newsletter

No 21 Spring 2009

Dear Colleague

We may have the wonderful early flowers, blossoms and "green shoots of Spring" but the down turn in the economy is certainly affecting many reflexologists and other complementary practitioners as their clients cut back on treatments to save money. The quote on page 3, that health is the greatest of human blessings, is true in many ways and yet extra care or treatments, for one's own body, are likely to be some of the first economies. However, even without good health, many inspirational people still live very fulfilled and loving lives while overcoming great disability. The quote I often use is more important than ever in these days of stress, pollution and questions raised about the type of food we eat:

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

I recently met a group of about 20 therapists and asked how many of them regularly had complementary treatments. Surprisingly only two people replied positively. Others said that they did not know anyone near to swap treatments, some were "too busy", several said they could not afford regular appointments despite having several health issues that needed addressing. As therapists we need to look after ourselves to the best of our ability, both for our own survival, to be healthy to care for those we love and, thirdly, I feel it is important to put a *value* on our professional skills.

If we are too busy to have a complementary treatment or cannot afford to prioritise our money for health, why should we expect our clients to put their faith and money in us? It is difficult if you do not have a local friend or colleague to swap treatments but why not occasionally book in with a local therapist you don't know? You may even find that, in time, they too would like a complementary treatment and you can arrange an exchange.

This week I was privileged to be present with an elderly man as he died. He had been suffering with leukaemia and had deteriorated suddenly in the previous three days. His pain

control was well-managed but in the previous hour he became restless and very distressed. He murmured that he had the worse pain he had ever felt in his stomach. I remembered that Elizabeth Doeff, a nurse, reflexologist and VRT practitioner, had confirmed how the VRT Nail-Working had calmed a palliative care patient in similar circumstances. For 5 minutes I stroked the reflexes of one hand but also gently held the centre of each finger nail, in turn, for a maximum of 10 seconds each. The man almost instantly became calm and his breathing changed to a more regular pattern. By the end of 5 minutes he was sleeping deeply. 30 minutes later he died, calmly and peacefully, with his wife and myself beside him.

VRT nail-working is simple but very profound whether it is used to help a healthy child get to sleep or in the case above. When lightly holding the centre of each nail, nail-on-nail, it appears to be connecting with a central core body reflex based on Ingham's theory that the whole ten zones of the body are mirrored in the big toes and thumbs. More information can be obtained in my second book *Vertical Reflexology for Hands*



In this issue I am delighted to publish a very interesting, moving and influential paper on Cancer and Children by a Spanish surgeon, Dr Bibiana Carrasco, who also works as a reflexologist in Barcelona. I met her when we were both speakers at the Symposium on Reflexology and Cancer in Israel in October 2008. People like Dr Carrasco, and manual-neurotherapist Nico Pauly, are steeped in medical and scientific backgrounds, yet recognise the benefits of reflexology and other therapies as part of an holistic approach. Reflexology is an evolving natural therapy and we can all play a part in its development.

Lynne Booth

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How much walking you should do to get fit and healthy?

19 March 2009 - What Doctor's Don't Tell You (WDDTY)



While we know that walking is an excellent exercise for improving health and general fitness, most of aren't sure about how long to do it, and how vigorous it needs to be – but now we do. Researchers have figured out the optimum amount – and intensity – of walking that will make a positive difference.

They reckon we need to walk for 30 minutes, five days a week – and that we need to achieve a pace of 100 steps a minute, or 3000 steps in 30 minutes. Researchers from San Diego State University say that people starting out should walk for no more than 10 minutes a day, achieving 1000 steps each time, before walking for longer periods.

The steps are based on walking across level ground, and there is also a very slight variance between the sexes, with men needing to walk between 92 and 102 steps a minute, and women walking at a tempo of between 91 and 115 steps.

(Source: American Journal of Preventive Medicine, 2009; doi: 10.1016/j.amepre.2009.01.021).

An almost instant result ?

Karen Newton, VRT tutor writes: I had a fantastic result with a new client who came wanting to restore her periods. She'd come off the Pill 6 months ago and nothing. I started with VRT and carried on with classical reflexology and also gave her a homoeopathic remedy as a standby to take in four days time if nothing had happened. I saw her yesterday (a week after the first session) and on enquiring how it went she broke out in a huge grin and said her period had started half an hour after getting home!

LETTERS FROM PRACTITIONERS

Since the course I have several fantastic results, one was with a lady who had severely swollen ankles as a result of taking HRT for 16 years, she hated her ankles and had never worn a skirt for that time. Using the VRT, after 4 weeks her ankles were noticeably different, smoother skin tone and had reduced in size.

After 6 weeks the swelling had almost gone and she was wearing a skirt and sandals for the first time in 16 years! She had never had reflexology before and now is a total convert!

Looking forward to seeing the new website.

Kind regards
Susie Gower

I wonder if you can help. I have a client who is confined to a wheelchair as he has had several small strokes and although is not paralyzed, has lost the "power" in his legs. At night he gets terrible "restless leg syndrome". During his last treatment he got RLS in his right leg. Do you know of a way to alleviate this during a treatment?

Yours hopefully
Jackie Thompson

Lynne replied: When you are treating the client with restless legs, I would suggest you work the leg reflexes in the passive position while holding on to the nail on nail pituitary reflex and also repeat this when his feet are semi-weight-bearing in the wheelchair. The best self help he can do is to work the arms as referral areas for the restless legs at night. I have several elderly people who have worked the lower arm especially to help restless or cramp in the calf and it has made a tremendous difference. You can teach him to caterpillar walk his hands up and down his arm or just gently squeeze in the appropriate place

A reflexologist wrote to VRT Tutor Christine Roscoe after a Fertility Masterclass

I thought I'd share with you the experience I've just had with one of my clients. I was treating my lady who has PCOS, and very long cycles, now up to day 44. She arrived in good spirits and seemed well in herself. I explained I had just been on this VRT / Reflexology Masterclass and she was happy for me to use the VRT on her. She was standing and holding on to the windowsill. After about 1 minute into the treatment (Endocrine flush) she had to sit down. She was feeling very dizzy, faint, nauseous, hot and tearful. After a period of sitting down we decided to try again. Again, after about 1 minute we had to stop as she had the same experience. She then sat in the reclining chair and I went through my normal treatment with her.

I've never had an experience like that with any of my clients, it was really quite amazing. We discussed what had happened, and I said I thought it was a big shift in energy, a release

and letting go, and a positive experience, and she agreed with me.

Christine replied: How interesting. Obviously she was a long term client so well used to treatment so really the Flush was the only difference. I think you did the right thing in trying a second time then sitting her down for the rest. PCOS is a complex Endocrine condition as we discussed in the Masterclass and so she probably does have a lot of emotional issues to shift. But I agree, it could be a positive experience for her. Do try it again next time. It will be interesting to see whether there's any difference in her periods.

Dear Lynne

I am treating an 85 year old gentleman with lots of medical problems, but his main 'bone of contention' is his lack of mobility - (he really should have a hip replacement, but they won't do it - he gets pains in his hips and knees). I have been giving him Reiki for over a year now (he has always refused conventional Reflexology), but I talked to him about the training day and what you were doing and he decided that he would have a treatment with VRT and conventional reflexology. He has just rung to say that he slept much better and when he did his exercises his pain was easier as was his mobility. My question - how often should I do a treatment for him (I usually see him once a week).

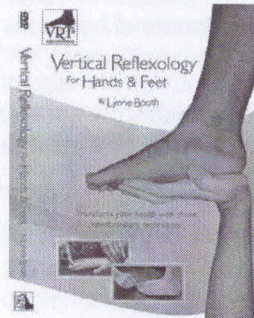
Veronica Ducker

Lynne replied: I am delighted you have had a response to the VRT on an 85 year old man. Ideally you would give him 3 treatments of ½ hour a week if he was a friend or relative but if he is a client it would be better for him to have two half hour sessions a week rather than one hour, although I know this is not often possible. He could also be taught three key weight bearing reflexes to work on his hands twice a day ...only 30 seconds per reflex (see self-help sheet that is given out on every VRT workshop). Teach him self-help hand Diaphragm Rocking too so he can do this before he goes to bed and if he wakes in the night. Lots of my elderly residents at the St Monica Trust practice this.

A wise man should consider that health
is the greatest of human blessings.
Hippocrates 640 BC

THE VERTICAL REFLEXOLOGY DVD FOR HANDS AND FEET

**IT IS SELLING VERY WELL WITH
EXCELLENT REVIEWS
HAVE YOU BOUGHT YOUR COPY YET?
On special offer £17.99 – on line from
www.boothvrt.com, contact us or see
order form. 60 minutes of clear instruction.**



Excellent reviews in the International therapist Journal (FHT). See AoR Reflexions and Footprints.

Alzheimer's: The one tell-tale sign in middle- age

04 July 2008 - What Doctor's Don't Tell You (WDDTY)

If your levels of the 'good' HDL cholesterol are too low, you increase your chances of a poor memory – and it may eventually lead to Alzheimer's disease,

Researchers have discovered that HDL cholesterol can slow the laying down of beta-amyloid plaques that are characteristic of Alzheimer's.

And an early tell-tale sign is a poor memory in middle age, as researchers discovered when they assessed the mental acuity and HDL cholesterol levels of 3,673 civil servants.

They discovered that people with low levels of HDL cholesterol were 53 per cent more likely to suffer memory loss compared with those with the highest HDL levels. And those with impaired memory have a much greater chance of developing dementia and Alzheimer's in later life.

HDL levels can be raised by eating a diet rich in healthy fats such as olive oil.

(Source: Arteriosclerosis, Thrombosis, and Vascular Biology, 2008; June 30, 2008; doi: 10.1161/ATVBAHA.108.163998).



"Vertical Reflexology is great for accelerating recovery from various sports injuries. I've also learnt lots of beneficial self-help VRT techniques to use in between treatments. It has helped me immensely to reach my peak, at every level, and I would recommend Lynne's work to all."

Lee Johnson, Professional Championship Footballer

Introduction to report on Cancer in Children

Dr Bibiana Carrasco, Spain

Dr Bibiana Carrasco is a consultant paediatrician in Barcelona. Her career path is very unusual as she is a surgeon who has also trained in reflexology. This is the paper that she presented at the First International Symposium on Reflexology and Cancer in Israel in October 2008. Other complementary speakers at the conference, including myself, were impressed by the number of medical speakers who presented very positively about reflexology and its input in the field of cancer. Dr Carrasco's contribution was particularly outstanding and this paper is included with due acknowledgement. – Lynne Booth

REFLEXOLOGY THERAPY IN CHILDREN AND TEENS WITH CANCER



Since the spring of 2004, I've been performing weekly Reflexology treatments to the children in the Haematology-Oncology unit, in Sant Joan de Deu Hospital, Barcelona.

This project is possible thanks to three important factors: The hospital, AFANOC (Association of Families And Friends Of Children with Cancer) and my own professional characteristics.

1. Sant Joan de Deu Hospital - is both a maternity and paediatric hospital, of 300 beds. It is one of the two most important paediatric centres in Barcelona. This hospital has a high

technological and scientific level, and it is also sensitive to the emotional and family situations of the patients.

A range of services is offered to meet the various needs that arise during the stay in the hospital. These services are: a team of volunteers, school in the same building, access to computers, psychological and religious support. Furthermore, the hospital supports and encourages the work of external associations working on emotional and social aspects. There are associations of clowns and musicians, among others.

Sant Joan de Deu Hospital is open to other kinds of medicine. For example, some anaesthetists practice acupuncture within the hospital, whenever it is requested by a patient.

Other hospitals in Barcelona are completely closed to complementary medicine. I've met professionals who practice Reiki, for example, to patients admitted in their hospitals, and hide this fact to the hospital management. In another hospital in Barcelona, I started Reflexology treatment to a girl with leukaemia, as requested by the family and with the permission of her oncologist. After the second session, the Head of Department found out and forbid my therapeutic activity in the unit, discrediting the oncologist working in his own team.

2. AFANOC - is an Association of Families And Friends Of Children with Cancer. This association has been helping families with children suffering from cancer for the last 20 years. The help they provide includes economic, social, psychological, emotional support and playful activities, both in the hospital and at home. To provide these services, AFANOC relies on a great team of volunteers, as well as some professionals in several fields. This is a non-profit organisation, which relies on public subsidies to finance all their activities. This association pays for my work in the hospital.

3 – My professional situation - I started my career as a paediatric surgeon in Sant Joan de Deu Hospital in 1983. Most of the staff there knows me from my student years. Subsequently, I've worked in other hospitals too.

The first step was presenting to AFANOC my project. This was aimed at providing Reflexology treatment to children with cancer, to improve as much as possible their physical and emotional state. AFANOC management agreed to this because it was an opportunity to widen their field of action. Also, my own position as a physician gave an image of responsibility and professionalism to the project.

Afterwards, we thought about which hospitals could we work in. AFANOC is present in several hospitals around Catalonia. The only hospital that accepted my proposal was Sant Joan de Deu Hospital in Barcelona. This was because they know me as a physician, and they accept some complementary medicines. Other hospitals where I presented my project refused the offer due to the prejudices about alternative medicine, even in those where I was known as a surgeon. Reflexology is still not very well known or accepted in Spain.

Since 2004, I have treated some 220 children of all ages, from infants a few months old up to teens aged 19. I started by myself, one day a week. Currently, two reflexologists (no physicians or nurses) help me on a voluntary basis and work two days a week. We have conducted more than 900 treatments in these four years. We basically follow the technique of the Marquardt School.

The most common diagnoses have been leukaemia (lymphoblastic and myeloblastic), lymphomas (Hodgkin's and non-Hodgkin type), tumours of the central nervous system (brain and spinal cord) and osteosarcoma. The most common ages have been between 4 and 8 years old, and about 13 years old.

The most common problems found in these children were:

Mood disorders: rage, anger, intolerance, intransigence, reluctance, sadness, depression.

Alterations in the digestive system: loss of appetite, abdominal pain, vomiting (caused by Cisplatin), diarrhoea, constipation (caused by Vincristine), mucositis (present in 50% of the cases from the 7th day of treatment, and while there is neutropaenia).

Decreased muscle strength: joint mobility, accompanied by pain in back and limbs.

Changes in skin and hair: dry skin from 20-22 days since starting the treatment, hair loss depending on what medication is being used.

Specific problems associated with each type of tumour.

Reflexology has been useful in some of these problems, decreasing the intensity and quality of symptoms.

The way we organise our work is as follows:

- a. **Information** gathering on each child by physicians and nurses.
- b. Therapist and technique are **introduced** to the family and the child.

- c. **Reflexology treatment** is administered.
- d. **Recording** of treatment in the medical history of the child.
- e. **Report back verbally** to physicians about any possible important situation observed.

1. We collect **information** about the diagnosis and, above all, of the physical and emotional situation of patients. We ask physicians and nurses to learn the needs and priorities. Over the years, communication has greatly improved. On some occasions, the same physicians and nurses are the ones who refer a child for Reflexology treatment. This usually occurs when the child is very nervous, has strong pain or is very depressed and does not want to speak or eat.

2. When we enter the room, we **introduce** ourselves as therapists and tell them about the association. When it is the first time that we meet them, we briefly explain the technique and its effects. Children may reject the proposal, even if their family is very interested in the treatment. I give great importance to the child's freedom to choose. EVERYTHING in the hospital is compulsory. We very much respect the physical and emotional state they find themselves in at any particular time. Although Reflexology is very useful, I do not want to impose it on anybody. There are children who already know its effects, but sometimes they may be unwilling or unable to receive it. We have received more than 150 negative responses to our treatment offers.

The main grounds for rejection are: the physical condition of the child (they are asleep, not well, just back from theatre), the child's emotional state (they are scared, angry, intolerant, depressive), they refuse because they do not feel like it or they think they do not need it, they would like to do other activities (eating, playing, watching TV). With young children, under 3 years old, sometimes I just sing and play with them while I touch their feet very lightly through the sheets or socks.

Most of the time children and their families are hoping and wishing for the day of therapy.

3. **Treatment** is done with the child lying in bed and the therapist sitting in a chair at the foot of the bed. On many occasions we must adapt to the needs of the child. The child may be sitting on the couch or in the arms of their parents.

We start the treatment itself with gentle mobilization of the joints and muscles of the foot. This is useful to test the acceptance of the child to the treatment.

We continue by stimulating mainly three systems: renal (kidney, ureters and bladder), digestive (liver and spleen), and central nervous system (head and spine).

We then continue by working on the symptoms that they may have on that day. The most frequent are usually found in the digestive system (abdominal pain, mucositis, constipation), spine (back pain) and headache (migraine, discomfort in the eyes). The most frequently observed changes are: disappearance or reduction of pain and improvement of constipation.

The painful points found, are treated with sedation manoeuvres, as the child's tolerance allows. The painful areas most commonly found are: liver, spleen, some area of the bowel, solar plexus, pituitary gland, some point of the spinal cord, and the tumour area. They are worked upon even if they do not correspond to any symptoms.

The following step is seeking the points of tension: occipital-mastoid, temporomandibular joint, esterno-clavicular joint, acromiale-clavicular joint, solar plexus and pubic symphysis. These are worked on by sedation when they are painful. Very often children do not express the feelings of fear, anger, anxiety or disagreement, which are present at points of tension.

If the patient allows it, work on the elimination systems is repeated.

Regulation manoeuvres are performed at the end of treatment, but these are also useful at other times:

- to initiate treatment, instead of or in addition to preparatory movements.
- to calm after producing pain, because most children tolerate this badly.
- To balance vegetative reactions: sweat, tears, anxiety, rejection, crying, etc.
- usually, as the end of treatment, to make it easier for them to rest.

The duration of treatment and the work varies greatly, depending on the state and tolerance of each child. The time ranges from four or five minutes up to thirty or forty minutes. There have been different approaches:

- lightly caressing the feet only,
- treating through the socks,
- treating only one foot,
- stop the treatment at any stage because the child takes the legs away and does not want to be touched any more.

Obviously, we respect each situation, we know it can change the following week. Parents may be sad or disappointed because he has lost a good opportunity. In fact, there is always some

effect, however small it may be, and the children and their families notice.

Whenever we can, we encourage parents to do any simple Reflexology manoeuvre during the week in the hospital or at home. We teach some of the most useful points for their children: areas of the head and abdomen, mainly. For now, we only know of twenty families which sometimes give massage to their children.

4. After finishing the treatment, we briefly **record** with medical vocabulary, the treatment performed in the medical chart of each child. We have our personal record, where we write everything we perform and observe exactly.

In the medical history we can write: there is change in area of liver and points of tension that suggests a degree of stress, the child has relaxed by the end of the treatment. In our own records we specify the sensitive points that the child feels and our own sensations to touch; particular points of tension that have been painful, record the manoeuvre that has been more relaxing. We also record any changes since the previous treatment.

5. We **report back verbally** to physicians and nurses any important situations we've seen. On occasions we have perceived pain in an area free of symptoms or tumour. On explaining this to physicians, we discovered this is an area they are studying on suspicion of metastasis. At other times, a decrease of liver pain coincides with the improvement of the blood levels of the liver.

Over time, physicians have been listening with increasing interest the information we give them.

Hospital treatment has some specific features. Some of them are beneficial:

- It is an opportunity to provide physical and emotional support to the child during this phase of their process. These aspects are also cared for by psychologists and nurses.
- This intervention supplements their basic treatment (chemotherapy, radiotherapy, surgery, etc.).
- It is an opportunity to have direct contact with the medical team, with up to date information on the status of the child. With years of experience we have improved communication and the use of information.
- It is possible to treat symptoms immediately. On several occasions the treatment has succeeded in reducing a post-operative pain that had continued unabated with the usual medication,

because the child was able to relax, which is a very important component in the perception of pain.

- It is an offer of total freedom: the child can talk, play, draw, read, listen to music, watch TV, eat, or even refuse the treatment. In any event,, we always recommend the child to remain calm, and lying down in silence. Often, games and songs are the only means for carrying out the treatment. In infants the treatment can be done with the baby in the arms of his mother or father. I consider very important the opportunity they get to choose, within a fully planned environment.
- It is an opportunity to teach parents who are interested, some useful manoeuvres for their children. Very few families will give some sort of massage during the week to their child.

Other features are not as desirable, but they can not be avoided:

Discontinuity in treatment. Children are admitted to the minimum time possible, and the Reflexology treatment only happens while in hospital.

Little privacy and silence. Family, nurses, clowns, teachers, volunteers and others enter the room at any time. Over the years, we have achieved more respect and staff will only come into the room when it is essential.

The main effects produced have been:

- Relaxation and wellness in over 90% of children. Most of them, together with their families, want and expect the next session of Reflexology. Some children do not relax, but get energy to eat or play. A 17 year old boy asked for treatment specifically to sleep better.
- Improvement of the sleeping patterns. They say from the first treatment, they sleep better every night.
- Regulation of some systems: digestive (improving the intestinal transit), hormonal (menarche appears after several months of amenorrhoea).
- Decrease or disappearance of some osteo-muscular aches.

Throughout the experience some situations have been observed more often:

- Pain in the reflex liver and spleen area. It is generally observed in the 3rd or 4th weeks of treatment. Sometimes it is not pain, but children can appreciate a special sensitivity to touch.
- Pain at the points of tension, especially solar plexus.
- Pain in the pituitary gland's point.

- Dry skin on the soles of the feet, also from the 3rd or 4th week of treatment.
- Precise location of the organ or area operated, especially in solid tumours.
- A match of the symptoms changing in the body with the reflexes in the feet.
- Unanimity in the sense of well being and relaxation. Although some do not express it verbally, most of them are anxiously awaiting the next treatment.
- Improvement of renal function. Increased micturation (especially in volume) a few hours after the treatment.
- Regulation of the digestive function. Constipation, common in these situations (due to immobilisation, loss of appetite and medication) generally improved in quite a variable way. Some children had a bowel motion a few hours after the treatment. Other children need several sessions to regulate their bowel function.
- Variable decrease in pain. In some cases, pain disappeared momentarily or decreased for a few hours, after the treatment of reflex zones.

To conclude, I would like to underline some statements about the benefits of reflexology:

- It is a very useful complement in Oncology.
- It is very well tolerated and accepted both by the sick children and their families.
- It offers clear physical and emotional benefits.
- It helps improving digestive symptoms.
- It is beneficial in pain management.
- It opens a collaboration path among professionals, to continue treating and studying its effects.



Seven Minutes to Natural Pain Release: WHEE for Tapping Your Pain Away--The Revolutionary New Self-Healing Method
by Dr Daniel J. Benor

Many practitioners are interested in training courses for EFT www.emofree.com or THT www.thoughtfieldtherapy.co.uk which is the more advanced tapping of for qualified practitioners. The EFT website is very helpful with masses of case histories and a search engine. However, the psychologist, Dr Daniel Benor www.wholistichealingresearch.com has used EFT/THT and EMDR (medical left-right brain techniques) in a shortened version very successfully on all types and ages of people. He has a good new book: "7 minutes to Natural Pain Release" This is the simple alternate tapping/slapping of your upper arms with arms crossed. It's like hugging yourself except that you gently slap your upper arms alternately.

Precision Reflexology

by Jan Williamson

Precision Reflexology is one form of reflexology and, as such, it holds the same rationale as other forms of the therapy. It focuses on stimulating the reflex points on the feet in order to establish homeostasis throughout the entire system. In addition to a full reflexology treatment there is also a particular technique used called "linking" which offers a way to connect to the subtle energy of each client. There is a full practitioner training course based on precision work but "linking" can easily be adopted by practitioners who have trained in other schools. The aim of precision reflexology is to connect to a person's energy system, to adjust it and strive to create harmony.



Linking uses a light touch to connect two, three or four defined reflex points in order to add power and precision to the treatment. As the link is held the practitioner pauses and is aware of any responses that can be felt. Students are taught to differentiate between the different links and to interpret the range of reactions. Each of the links has specific applications and has the potential to produce certain effects. Precision reflexology works holistically and acknowledges the body's multi-directional network of communication that works on physical, emotional, mental and spiritual levels. This approach to therapy work recognises the individuality of each client and progress through treatments responds accordingly. Having access to subtle energy gives an added dimension to each consultation.

There is an additional element to precision work which involves the Chakra system. There are links which connect to each Chakra, allowing definition and guidance in energetic work. Students are taught how to use the linking technique in order to be able to respond to the individuality of each client in realistic and appropriate ways.

The School of Precision Reflexology, based in Devon, was founded by **Prue Miskin** and is now run by **Jan Williamson** who was herself taught by Prue many years ago. Jan has developed a CPD programme of courses for practitioners who have trained in other schools who are interested in learning precision techniques.

For further information please contact Jan Williamson –

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Website - www.precisionreflexology.com
Telephone – 0044(0)1626 853236

The School of Precision Reflexology

The School of Precision Reflexology was founded by Prue Miskin and is now run by Jan Williamson. Training offered by the school includes full practitioner training and a CPD programme consisting of –

- Basic Precision Reflexology course
- Diet and Nutrition for Reflexologists
- Advanced Precision Reflexology

(Please note that these are the only authorised courses available on Precision Reflexology.)

In addition the school has a professional organisation, The Federation of Precision Reflexology, which all graduates are eligible to join.

Jan is based in Devon but also teaches in various venues throughout the U.K. For details contact Jan Williamson

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VRT CASE STUDIES

1. CONDITION TREATED: Shoulder with limited movement

CLIENT – 81-year-old male

DURATION OF ILLNESS – 58 years

NO OF VRT TREATMENTS – 3

AIM OF VRT TREATMENT – To improve the range of movement in his shoulder, my client has prostate cancer now in remission, I treat him at a drop in cancer centre who have recently provided Yoga sessions for their clients, my client loves them, but finds it difficult due to his shoulder which frustrates him, he can only lift his elbow level to his chest. The original injury was in 1950 when he was working for BT a ladder fell off a van on to his shoulder, he has had 2 courses of physiotherapy and some heat treatment over the years with the NHS.

RESULT – After 1st VRT treatment working on shoulder reflexes we checked his range of movement and there was a slight improvement, the elbow could now be lifted to shoulder level.

At second VRT treatment my client was a bit reluctant to continue as he felt it could not improve further, I persuaded him to try once more and he agreed, I did exactly the same just working on his shoulder reflexes, this time after treatment he could lift his arm right up into the air, we were both amazed mainly because he had suffered with this limited movement for so many years and he was resigned to it always being like that. He now enjoys his Yoga sessions and being able to do many things he could not do before, he tells everyone he meets!! I have treated it again at a 3rd session but felt it really was not needed, my client was afraid it would go back to how it was, I have now convinced him it will most probably stay as it is.

Sandy Thompson
Tunbridge Wells, Kent.

2. CONDITION TREATED – Meniere's Disease, Tinnitus

CLIENT – 43-year-old female

DURATION OF ILLNESS – 1 year

NO OF VRT TREATMENTS – 3

AIM OF VRT TREATMENT – to alleviate vertigo and tinnitus

My client had a knee reconstruction operation following a skiing accident in March 2008, we used VRT successfully after her operation to help recovery, 4 sessions 1 month apart.

Over the past year she has been having attacks of vertigo and tinnitus, which was eventually diagnosed as Meniere's disease in November 2008. My client was keen to try VRT on her ears to attempt to relieve the tinnitus and constant noises in her ear.

RESULT – During 1st treatment my client experienced tingling in her ears during diaphragm rocking then warmth deep in her ears. This same experience was felt during 2nd and 3rd treatments I also worked on the ear reflexes with client standing.

At 4th treatment I asked client how her appointment had gone with her specialist, she said very well as there had been a 20% improvement in her hearing. I asked if this was

good and she replied the specialist said it was unheard of, the hearing usually only deteriorates with Meniere's disease. He wanted to know what she had been doing and she mentioned the reflexology, this is now on her notes.

Sandy Thompson
Tunbridge Wells, Kent

Dorthe Krogsgaard and Peter Lund Frandsen present:

Round about: The Spine - Back Pain
Bristol Nov 14 and 15 2009

Reflexology Course in Bristol

Touchpoint is well-known in Denmark and around the world for the series of continuing education reflexology workshops "Round about..."



In each workshop they concentrate on a specific health problem or body area and examine it in detail from many viewpoints.

In order to develop a more effective and direct treatment, they include the best from different reflexology traditions around the world – more reflexes, better results.

Dorthe and Peter always include conventional knowledge such as anatomy/physiology, pathology and allopathic treatment. They offer alternative views on disease causation, and look at the philosophical and psychological implications involved.

The workshops have a strong focus on practical hands-on work and learning techniques that may immediately be set to use in the practice.

The goal of the workshop Round about: The Spine - Back Pain is to convey an understanding of back problems and how to treat them successfully. You will also learn how spine reflexes can be used to reach the entire body. Dorthe and Peter will introduce Nerve Reflexology, a natural extension of the original Ingham method. They will bring in different Scandinavian methods, detailed reflex zones for back muscles and you will learn a simple but effective way of analyzing and adjusting posture and gait.

Headlines for the workshop include:

- Common back problems
- Nerve reflex points for all spinal nerves
- Reflexes for the spine on the lower leg
- Muscle reflexes
- Seven techniques for working the spine reflex
- Stress management by balancing the autonomic nervous system
- Importance and treatment of the sacro-iliac joint
- Assessment and treatment of the Psoas muscle
- Analysis and correction of posture, stance and gait

With the workshop comes an extensive syllabus covering both theory and hands-on techniques plus comprehensive handouts.

Dorthe Krogsgaard

With 28 years of experience working full time in her Copenhagen based practise, Dorthe is one of the reflexology veterans in Denmark. Throughout her career she has always been actively involved with raising the profession's standards and documenting its effects. Dorthe has served as chairperson for the Danish Reflexologists Association, FDZ and was instrumental in establishing FDZ's Research Committee in 1991. Dorthe Krogsgaard has lectured at international conferences and served as a board member and vice president of the International Council of Reflexologists.

Peter Lund Frandsen

Peter has studied modern physics and philosophy in the USA, and medicine at University of Copenhagen, Denmark. He also studied reflexology and has practiced this since 1990. For many years Peter has been actively involved with the Danish Reflexologists Association (FDZ) co-ordinating the association's international activities and website.

Peter is a member of the International Society for the Study of Subtle Energy and Energy Medicine and closely follows the research frontiers in the fields of physics, biophysics and consciousness research.

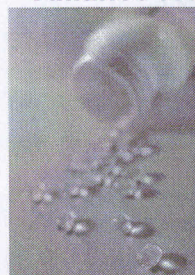
Peter Lund Frandsen is an international lecturer and author of many articles on various aspects of reflexology.

**Complementary Practitioners
are often overworked Manual
Workers!**



Is this the solution? –see page 12

CODEX and the Alliance for Natural Health (ANH)



Lynne Booth writes:

Many complementary practitioners are rightly concerned about international governmental plans to limit, or ban, sources of natural products such as nutritional supplements. The decision

making body is commonly referred to as Codex and the Alliance for Natural Health is spearheading a campaign in the UK to prevent the discontinuation of nutritional supplements and services. See below for an overview of the ANH's work and a resume of Codex Alimentarius and some popular misconceptions. The policies generated by this Commission will affect us all in the years to come.

Alliance for Natural Health www.anhcampaign.org

As an alliance, the ANH brings together, globally, natural health practitioners, medical doctors, scientists, lawyers, consumers and patients and other interested persons and organisations—all with a common interest to promote natural health as the rightful, primary approach to the management of human health.

Why are we important to you?

We are working on your behalf to help stop limitations on access to wholesome, safe foods and effective natural products used by millions in healthcare, whilst also raising awareness about, and working to limit, unsafe food technologies and contamination of the food supply. In a world where pharmaceutical drugs, complete with a raft of side effects, have become accepted by the medical establishment and healthcare authorities as the central plank in healthcare, people from all walks of life and from every continent of the world are choosing natural ways to maintain and promote health.

Register your concern to the Prime Minister

<http://petitions.number10.gov.uk/Vitamins/>

Mission Statement from ANH

Executive Director of ANH, Dr Robert Verkerk, and past Legal Director, David Hinde, following the ANH's successful referral of its case to the European Court of Justice (January 2004), to protect bans on food supplements, particularly natural sources of vitamins and minerals

"Natural products, be they herbs from long-standing eastern or other traditional medicinal cultures or sophisticated food supplements and functional foods, continue to help millions of people to restore balance in their bodies, so that self-healing processes are restored and good health is resumed. But therapeutically active foods and natural products are now deeply under threat, nationally and internationally, as increasingly stringent regulatory requirements are being ushered in by pharmaceutically-biased regulators, supported by a clutch of trans-national corporations in the pharmaceutical and food sectors.

We in the ANH believe that every person has a right to use nature to help maintain or regain health, and it is an infringement of our civil liberties to prevent this. We also argue that good science and good law are the vital tools needed to help re-access this right, given that our bodies' metabolism and healing systems work together with rather than against nature. Good science and good law is what ANH does daily on your behalf, working locally, nationally and internationally"

What is Codex Alimentarius?

The Codex Alimentarius Commission is an inter-governmental body with around 170 member countries. The Commission co-ordinates work undertaken by international governmental and non-governmental organisations (NGOs) on food guidelines and standards. Most of the international NGOs at Codex meetings are representatives of trans-national corporations. Non-governmental organisations can apply for 'observer status' but do not have voting rights.

Codex has become the primary international standard-setting body for the global food trade and is comprised of a secretariat based at the FAO's HQ in Rome. There are around 30 committees and intergovernmental task forces hosted by different countries around of the world; each dealing with specific aspects of the food chain, on issues ranging from dairy to cereals, pulses to meats, organic foods, genetically modified (GM) foods, food additives, food supplements, pesticide residues and food hygiene.

Misinformation about Codex timescales

There is a rumour circulating that Codex will come into force on December 31st 2009. This rumour is incorrect. This date actually represents one of many implementation dates of the European Food Supplements Directive and is nothing directly to do with Codex.

The text for the Codex Guideline on Vitamin and Mineral Food Supplements, which has been based closely on the EU Directive—sharing some of its text verbatim—was ratified in July 2005 but is unlikely to be finalised until around 2012 or 2013.

CLOMID (or Chlomid)

by Christine Roscoe

As therapists, we are seeing more and more people with fertility problems or delayed conception. Some of them will also be undergoing fertility investigations and / or treatments. We need to have a professional understanding of the investigations, tests, treatments and medication that our clients may be undergoing. One of the most popular drugs used to heighten fertility is Clomid, which is used to help induce and regulate ovulation. This is a brief description of the drug and its use but always refer clients to their GP for advice.



What is Clomid?

Clomid is a fertility medication that is used to induce ovulation. It works to stimulate the ovaries to mature an increased number of follicles every month. Because Clomid increases the number of mature follicles in the ovaries, the drug also increases the likelihood of ovulation and pregnancy.

How Does Clomid Work?

Clomid works to increase the amount of three hormones involved in the ovulation process, including:

- Gonadotropin-releasing hormone (GnRH)
- Luteinising hormone (LH)
- Follicle-stimulating hormone (FSH)

Clomid 'tricks' the body into believing that it has lowered levels of oestrogen (necessary for ovulation). As a result, the brain begins to secrete increased levels of GnRH, which, in turn, stimulates the release of FSH and LH. These hormones then trigger the ovaries to begin to mature more follicles.

What is Clomid Prescribed For?

Clomid is generally prescribed for couples where a woman has problems such as:

- Anovulation i.e. no ovulation
- Polycystic Ovary Syndrome (PCOS)
- Irregular menstruation or irregular ovulation

Clomid is also used to increase the number of follicles available for IVF treatment procedures.

How is it taken?

Clomid is taken orally on specific days of the menstrual cycle. Dosages usually begin at 50 mg and continue on this dosage for a cycle or two. If there is no improvement in ovulation, the dosage can be increased to a maximum of 200 mg per day.

Clomid is normally taken for a maximum of six cycles, after which use will be discontinued if it proves ineffective and another type of fertility treatments will be tried.

Potential Side Effects

Generally, Clomid side effects are mild and not particularly troublesome. However, at higher doses women may experience:

- mood swings
- nausea and vomiting
- breast tenderness
- headache
- fatigue

30% of women using Clomid also experience changes in their cervical mucus. Cervical mucous could then become hostile to sperm, making conception difficult.

Potential Complications

The main risk associated with Clomid use is the potential for developing Ovarian Hyperstimulation Syndrome (OHSS). OHSS can occur with the use of any type of ovulation stimulating drug. It happens when cysts begin to form on the ovaries, causing them to swell. Typically, OHSS disappears without treatment but, without proper monitoring, the syndrome can become dangerous. Potential complications could include:

- kidney problems
- liver problems
- fluid collection in the lungs and stomach
- twisting of the ovaries

It is essential that clients are monitored for signs of OHSS while you are taking Clomid. Worryingly, Clomid is freely available to buy on the internet – so no check ups or monitoring.

Success Rates

Clomid is generally a very effective drug for most women suffering from ovulatory dysfunction. Between 70% and 90% of women taking Clomid begin to ovulate within the first three cycles. Additionally, 40% of couples become pregnant during the first three cycles. It is important to be aware that there is a 5% to 10% chance of multiple pregnancy (especially twin pregnancy) when taking Clomid.

Research from www.babycentre.co.uk
www.womens-health.co.uk
www.netdoctor.co.uk

Christine Roscoe runs very successful VRT Masterclasses for 4 VRT practitioners only. They have been very popular as the combination of Chris' teaching skills, knowledge and practical sessions enables a reflexologist to immediately offer their clients a specialised approach to Sub-fertility issues. See application form with newsletter.



"I thoroughly enjoyed the Masterclass in Sub-Fertility issues and came away with some new techniques and lots of information to pass on to clients. It was really stimulating to talk to other therapists too, learn from each other and look at different approaches. When I went back home, I modified my treatments to include the Endocrine VRT routine, and some of the Precision Reflexology and Reiki techniques I'd learned. I put together an Information Pack to give to clients which contained information about lifestyle, diet, a pre-conception plan plus useful websites, books etc. People were really positive about it and I was delighted that two of my long term fertility clients were pregnant within 3 months".

Autumn 2008 attendee

Complementary Practitioners are often Manual Workers!

A reflexologist described this excellent ball exerciser, *The Handmaster Plus* and recommends it to help strengthen the hands.

"Strengthen muscles and improve blood flow to your hand, wrist and elbow. ... This elasticated ball is a convenient and unobtrusive therapy to assist those suffering from poor hand performance, overuse and repetitive strain injuries to the forearms. Simply open and close the hand squeezing the ball and stretching the elastic, and exercise weak and painful muscles in a gentle yet effective routine".

Demo: http://www.habdirect.co.uk/products/Handmaster_Plus_Hand_Muscle_Trainer_for_h_and_therapy_exercise-p7725-r456

Supplier: <http://www.ethicalsuperstore.com/category/sport-leisure-and-outdoor/sportswear/fitness-equipment/handmaster-plus.html>

Cost approximately £10.00