Vertical Reflex Therapy



Membership Network Newsletter

No 23. Winter 2009

Dear Colleague,

Greetings to all fellow VRT Practitioners.

Many therapists are reporting that their clients are now economising on the number of treatments. Some rents for room space in clinics are rising above the rate of inflation. Everyone is being extra careful financially this year and that makes it difficult for many self-employed reflexologists to maintain a decent income. I often meet therapists who have transformed their business by also offering shortened VRT 20-30 minute treatments in the workplace, residential homes or to sports teams, for example. Some professional reflexology organisations provide booklets giving business tips and ideas particularly suitable for use in the complementary field.

The 60-minute VRT DVD has a reputation that goes from strength to strength. It has introductory sessions as well as full treatments so it is suitable for family and friends for Christmas presents! We have a special offer for members, see page 11. The international Reflexology World review of the DVD states:

"This is one DVD you have got to have in your collection. A first class production"

"I have seen a few productions like this on reflexology, but this is by far the most professional I have ever seenthe settings too are quite special".

Please keep your emails, letters and comments coming in. I am enclosing a Case History Sheet and would really encourage VRT members to send in at least one brief case history to share in forthcoming newsletters. Your experiences can help others. They will be printed in the newsletter and may be shared on workshops and in articles. I am also beginning to put a small Self-help VRT book together so any examples of good results regarding self-help for you or your clients will be very much appreciated.

This autumn has been very busy with VRT courses run in various parts of the country.

We have also welcomed Danish reflexologists, Dorthe Krogsgaard and Peter Lund Fransen to Bristol for a superb course on The Spine and Back problems. It was fully subscribed and 30 reflexologists from around the country spent a productive two days learning easily understood but profound techniques to help many back problems. I have invited them back in a year's time for another class on a different topic, to be announced. Read their article on the Sciatic Nerve on page 4.

Nico Pauly has also been in Bristol this autumn and I was delighted when so many reflexologists graduated with a Diploma in Nerve Reflexology. Nico is a University trained medic in physiotherapy but offers a unique bridge between medical procedures and reflexology with the nerve points he uses.

On May 8th the Association of Reflexologists (www.aor.org.uk) have invited me to run a seminar in London on *VRT* and its application in the field of Palliative Care, Older people and Dementia. All reflexologists will become more involved in these issues as the ageing population grows in numbers of the next two decades. Read the startling figures in "The Silver Tsunami" article on page 8.

This newsletter comes with best wishes from all the VRT tutors to wish you a very Happy Christmas and a peaceful, healthy and prosperous New Year.

Kind regards from us all at Booth VRT.

Lynne Booth

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Reflexology and Headaches

Hand reflexology is especially helpful for headaches as there are several options for discreet self-help. Reflexology is an holistic therapy and many different situations can cause a headache including bowel disorders, intolerance to certain foods, stress, travel, light and strong sun, the menopause or PMT, as well as structural problems musculoskeletal issues. The reflexologist will work other specific areas of the hands or foot to support the problem such as the bowel or eye reflexes as well as targeting the spinal reflexes, including lower lumbar and pelvic reflexes. Stress is a common factor in headaches and pressure on the adrenal reflexes can help to calm the body and reduce an adrenal rush.

The VRT repertoire also include the very powerful Nail-working techniques and the simplest of these is to gently pinch each thumb or big toe simultaneously (if working on someone else) for 30 seconds while pressing with your thumb or index finger nail on the middle of their, or your, thumb of big toe nail.

Method – self-help for headaches. You may obtain a more powerful response if the hands are weight-bearing

- Work the neck reflexes situated at the base of each thumb (or big toe) in a pinching movement using your index finger or thumb to relax the muscles and relieve stress.
- Finger-walk the reflexes up the medial side of the thumb (or big toe) to ease the cervical spine.
- Work the lower lumbar spine and pelvic reflexes to ease tension from the entire body.
- Press the adrenal reflexes to balance the body: either to lower an adrenalin rush or to boost a sluggish system.
- One of the most holistic reflexology techniques is the VRT Diaphragm Rocking which is a great release for headaches or insomnia.
- Pinch each centre of thumb nail, nailon-nail and hold for 30 seconds to balance the body and conclude the treatment. It is also helpful to hold third nail on third nail.





Headache Case Study by Lynne Booth

Penny aged 38, came for VRT and reflexology after sufferina fortnightly debilitating headaches. She was very stressed and her shoulder reflexes were tender. Her bowel reflexes were also sensitive to the touch and I asked her if she suffered from constipation or irritable bowel but she said she had no problems. Her neck, head, lumbar reflexes were also extremely tender so I treated these as a priority plus Diaphragm Rocking and stimulation of the adrenals for stress reduction. As I worked the transverse colon reflexes she said her abdomen and "gone warm" which suggested to me that the body was treating this as a priority condition. asked her again if she might be constipated. as this was the indicated via the reflexes. "Certainly not", she replied, "I go regularly once every 3-4 days!" This is an interesting example of how the reflexologist was guided to the root cause of the problem via the reflexes. A toxic bowel is often the source of headaches and Penny's overall condition rapidly improved once she addressed the need for drink more water and to add more fibre to her diet.

Research: Reflexology for Headaches
Brendstrup, D., Eriksen, L., and Launso, L.,
"Reflexology Is An Effective Treatment for
Headaches." Zoneterapeuten (Journal of the
Danish Reflexologists Association, FDZ), Number 8,
1995.

SYNOPSIS OF STUDY

220 clients in a government study at the School of Pharmacy with headaches were given of foot reflexology session. After 3 months, 16% was cured, 65% stated that reflexology was helpful, 18% stated their headaches were unchanged and 19% stopped taking medicine.

CONCLUSION

The study indicates that treatment with reflexology is able to cure or help both tension headaches and migraines.

The Department of Social Pharmacy, The Royal Danish University of Pharmacy

Reference:

www.reflexologyresearch.net/CatHeadache s.shtml

VRT Master Classes in 2010

Come and join Lynne Booth on her special VRT Master classes on the following subjects:

Lynne has classes in 'Pain and Mobility issues' and also 'Palliative Care, Older People and Dementia' topics.

Mainly foot reflexology but several hand techniques introduced as well.



Classes in 2010 are now for 4-6 people and cost £115 per person per day (£120 non-members).

See enclosed booking form for the full Bristol class dates.

Pain and Mobility Wed. 17th February 2010 Pain and Mobility Wed. 24th March 2010 Palliative Care Wed. 5th May 2010

BODY WORLDS The Original Exhibition of Real Human Bodies.

Lynne writes: the Body Worlds exhibition was fascinating. I have seen it twice. The catalogue is one of the best illustrated anatomy books that I possess.

The publishers write: Never before has an exhibition moved the public as profoundly and changed the view of personal corporeality as strongly as has Gunther von Hagens BODY WORLDS. Through the aesthetic presentation of real, anatomically prepared human bodies, the exhibition uses death to convey descriptive knowledge about life and lets it become a deeply impressive encounter with ones bodily interior. More than 26 million people worldwide, of which 6 million in Germany, have experienced this encounter. This catalogue shows the extraordinary: anatomical specimens that have been prepared and preserved with a special technique invented by Gunther von Hagens. In addition to the medical-contributions anatomical description of the human body, the catalogue contains to the topics of anatomy and plastination, posed specimens, and mandatory interment, as well as articles written by renowned scientists from the fields of anatomy and medical history, philosophy, aesthetics and art history, biology,

and religious studies. The chapter about the anatomy and function of the human body is divided into the following sub-chapters: 1. The Locomotive System 2. The Nervous System 3. The Respiratory System 4. The Cardiovascular System 5. The Digestive System 6. The Urinary Tract and Reproductive Organs 7. Prenatal Development 8. Whole-Body Plastinates.

You can order the catalogue from www.bodyworlds.com

"The Kindness of Strangers"



Lynne Booth writes:

The great cry is always that "time is money" and yet it so important to focus on giving out as well as receiving. We never know when an act of kindness will have a long term effect. In fact, Kate Adie's autobiography was called "The Kindness of Strangers". About twenty years ago I attended evening reflexology classes at Neal's Yard in Bristol as a taster and had subsequently decided I wanted to train professionally but was still investigating where to study. Then a chance meeting changed the course of my enquiries. I was staying away at a hotel spa and, for a treat, booked a massage. The masseur was also a reflexologist and after my hour session she freely gave up half an hour of her time to tell of me training opportunities and gave me a reflexology chart and contact addresses. She recommended Anthony Porter who was in his last year of teaching for the International Institute of Reflexology (IIR) before founding ART. It was the best move I could have made.

Over the years I have encouraged students to always be ready to share their knowledge and time, and have mentioned to classes what an important meeting that was on my career path. Then, three years ago, I was a speaker at an AoR conference and was shown to my seat at a table of strangers for the gala meal. The woman next to me said she was pleased to meet me as she was fascinated to learn more about VRT and this was one of the reasons she had attended the conference. I thought she looked vaguely familiar and, when I heard her unusual first name, I asked her is she had worked in a certain spa hotel 20 years ago! She said she had, and was amazed to hear she had treated me and that I had acted on her good advice. She, of course, had no

recollection of me at all, as I imagine she often generously gave of her time. I was delighted to be able to thank her in person for setting me on a career path that led to the development of VRT. What an extraordinary co-incidence!

"Do mobile phones cause brain tumours"? Major study appears to give confirmation



Long-term use of mobile phones can cause brain tumours, a major World Health Organization study will finally announce later this year.

People who have used a mobile phone for more than 10 years face a 'significantly increased risk' of

developing brain tumours such as glioma, says the Interphone study, which reviewed the evidence from 13 countries, involving around 12,800 people. It will publish its conclusions later this year following a delay of four years.

Study head Dr Elisabeth Cardis said the report will include a "public health warning" about mobile phone usage, especially among children. France has been one of the first countries to act, and has banned the use of mobile phones in primary schools. The UK has merely cautioned about the overuse of the phones by children and adolescents.

The Interphone researchers said that six of the eight studies they reviewed found that mobile phone usage increased the risk of glioma by up to 39 per cent, while the risk of acoustic neuroma, a benign tumour between the ear and the brain, increased nearly four times among people who had used a mobile phone for more than 10 years.

Despite its findings, some critics believe the Interphone study has played down the real risks by including people who use a mobile phone only infrequently, and by excluding children altogether. Critics point out that the study was partly funded by the mobile phone industry, whose own research has invariably failed to find any link between its products and brain tumours.

(Source: Daily Telegraph, October 24, 2009).

Roundabout: The Spine – Back Pain 2 day seminar with Peter Lund Fransen and Dorthe Krogsgaard

I am pleased to publish an article by reflexologists Dorthe Krogsgaard and Peter Lund Fransen from Denmark on the Sciatic Nerve. Dorthe and Peter came over to Bristol mid-



November and ran an excellent two day seminar in their series: Round about the Spine. It was fascinating to see how the psoas muscle can actually relax and lengthening after only a short specific treatment using their specialist techniques. The combination of two very professional and proficient people, working so well together made the entire learning experience a pleasure. Peter also brought a video camera for close-ups as Dorthe demonstrated. This seminar demonstrated how an ideal course could be run when two excellent tutors cover a syllabus!

It makes fascinating reading and gives you clear instructions and charts for you to experiment with this nerve reflex on the medial side of the ankle. Remember that all nerve reflex points may also be worked very briefly in the VRT mode for a maximum of 30 seconds only. Usually 15 seconds is sufficient on these sensitive points.

"Fantastic course! Really enjoyed it and Dorthe and Peter were excellent. They made it very easy to understand and I feel confident to have a go. Many thanks for getting a pair of excellent tutors!!

"Dorthe and Peter are a lovely couple who have a great way of sharing their knowledge.

"I used some of the techniques combined with VRT last week with good results. All we learnt was so inspiring. Thank you so much again."

The Sciatic Nerve – The Nerve of Reflexology

By Dorthe Krogsgaard and Peter Lund Frandsen, Denmark

Treating sciatic pains is a true sport for reflexologists. Knowing the few most common causes, it is usually quite simple to treat. That the sciatic nerve can also be involved in knee

problems, swollen legs and other leg problems is perhaps new knowledge for some - and how many reflexologists realise that the sciatic nerve is responsible for transmitting back to the central nervous system all the impulses from the sole of the foot?

Simplicity and knowledge often go hand in hand. Even though it can be straightforward to treat sciatica, it requires a good knowledge about the common causes and connections involved. Among other subjects this is included in Touchpoint's workshop "Round about: The Spine". In this article we will show a few important techniques to include in the treatment of sciatic pain.

Sciatica is pain radiating from the buttocks down into the leg. Somewhere along its course the sciatic nerve is entrapped, causing irritation or inflammation and thereby pain.

Fact box - Sciatic Nerve

Latin name: Nervus Ischiadicus

Origin: L4 - S3 (sacral plexus)

Course: Through the pelvis into the gluteal region profound for the greatest gluteal muscle and distal for the piriform. Continues down the back of the leg where it splits into two branches, the peroneal and tibial nerves.

- Motor innervation: Hamstrings and complete lower leg and foot.
- Sensory innervation: Lower leg and foot.

The sciatic nerve is the largest peripheral nerve in the body. In the gluteal region its diameter is like the little finger.

Root pressure

Slightly simplified, one can distinguish between two main causes of sciatic pains: Entrapment of the root and muscle tensions in the pelvic or gluteal regions.

Root pressure involves the spinal nerves from L4-S3. They may be compromised by a slipped or herniated intervertebral disc, which is most commonly seen in the 30-50 age group.

Entrapment of the nerve roots may also be due to arthrotic narrowing of the spinal canal itself (spinal stenosis). This is more often the case with elderly persons. reflex for the piriformis muscle. The reflex is treated thoroughly with slow, deep movements. It is a good idea to pay extra attention to the origin (sacrum) and attachment (greater trochanter).



The Piriformis muscle

A more common cause for sciatica is muscle tensions in the buttocks. The sciatic nerve leaves the pelvis through an opening (the infrapiriform foramen) where it shares the limited amount of space with several muscles, nerves and vessels (see figure 1). The nerve has a special relation to the piriform muscle, in some persons in actually passes right through the muscle. The piriform muscle originates on the ventral surface (inside) of the sacrum at the level of S2-S4 and attaches to the femur (greater trochanter). Tensions in this muscle can therefore very easily compress the sciatic nerve (piriformis syndrome) and cause pain. Luckily this condition is relatively easy to assess and treat.



Reflex for the piriformis muscle

Foot Nerve reflex point for the sciatic nerve

This point has a well defined location on the upper edge of the heel bone. It should be treated using nerve reflexology technique, which is an accurate static pressure on the periost of the bone until pain in the point has vanished (max.15 seconds).



The sciatic nerve in the gluteal region

An extraordinary technique

An often amazingly effective technique with sciatica is the so called nerve mobilisation. This is a method devised by Australian physiotherapist David Butler. A stretch is applied to the nerve which can often help free the nerve from pressure and tensions which has affected it. When the nerve lies free in its surrounding connective tissue, the circulation inside the nerve is normalised (axoplasmatic flow) and its function improved.

Technique: Stand next to the table facing away from the client. Hold the client's lower leg with the arm closest to the table. Slowly lift the client's straight leg. It should be a passive movement without the client helping. Maintain a constant communication about any pains and as soon as the familiar sciatic pain is developing, you stop the movement and lower the leg until the pain stops. Then try to lift the leg again. Repeat this pattern 10-15 times and for each time try to go a little higher. You go — so to speak — into the pain and out again, and usually you will notice that the position eliciting pain is moving further and further up as the nerve is being mobilised.

Mobilising while treating

A quite unique effect can be achieved by pressing the sciatic nerve reflex point and at the same time perform the mobilisation as described above. By so doing the nerve is simultaneously being treated from the outside by stretching the tissue, and from the inside through the reflexological impulse.

In the majority of sciatica clients these techniques provide an immediate effect in the form of increased motility and pain reduction. Practically, you could start a treatment session by assessing how high the leg can be raised without pain, then do the mobilise while treating technique, then ordinary reflexology therapy – and at the end of the session, try to test the leg again. You – and not the least –

the client will see an astonishing difference.

Naturally, the effect will not last after just one session, but it will help breaking the vicious circles that have maintained constant muscle tensions. And it will certainly motivate the client to do more about her/his problem.



Mobilisation of the sciatic nerve.

Reflexology's nerve

The sciatic nerve is of course interesting because so many people suffer from sciatic pains. But for reflexologists the nerve is of particular interest, because this is the very nerve conducting all touch and pain sensations from the feet. Each foot contains 75,000 free nerve endings registering everything we do as reflexologists. That incredible amount of information is relayed to the central nervous system via the sciatic nerve.

Therefore, it makes sense assuming that a proper function of the sciatic nerve is necessary for a good effect of reflexology, especially if you are in favour of the theories of reflexology working through the nervous system.

References

Nerve mobilisation: David S. Butler: The Sensitive Nervous System, Noigroup Publications, (2000).

Nerve reflexology: Touchpoint, Denmark with permission from Nico Pauly, Belgium

To List or not to List?



I was just starting to organise my Christmas preparations - presents, cards, food, laundry, house cleaning, guests etc and I realised that I can't really function without lists! I'm even known to make a 'Book of Lists' for big happenings! Some people will probably already be thinking 'How sad!' but the value of lists whether it's for household organisation, coursework, social life, work is, I think, absolutely essential because:

- They help you to overcome forgetfulness - once you've written something down, you no longer have to keep remembering it and so have room in your brain for other things!
- They give you confidence 'I've thought of everything'
- They save you time as you waste time running the same ideas round your head to try to remember them or wander the shops wondering what you wanted

 They prevent any eleventh hour anxieties - because you are fully organised and ready for anything!

I read some advice years ago about list making that I've kept to ever since as it's so useful in keeping you motivated

'NEVER PUT MORE THAN 5 THINGS ON A LIST' - Sounds bizarre when you have so many things to do doesn't it? But the pay-off is great.

If you list everything you need to do, you may end up with a list of perhaps 20 + items and which you keep adding to as something else occurs to you. The negative aspect of this is at is that you never ever get to the bottom of your list. This is very disheartening to know how much you've done and still have another 12 + things left to do.

If you only have 5 things on your list, you can work through them, ticking each off and feel that huge glow of satisfaction and achievement as you get to the bottom of your list. How fantastic! Then you go on to make another list with another 5 things on etc. It's important to keep all your lists for a little while so that at the end of the day or the week you can look back and congratulate yourself on how much you've achieved in that time. And of course if anyone should dare to comment that you don't seem to have done much that day, you can waft the evidence under their noses!

Also, when making your lists, put small things on like 'phone dentist' as well as longer ones like ' clean out all kitchen cupboards' - quicker 'reward' for another one off the list. Try to tackle the jobs on the list which you dislike most first of all. Again, such a huge sense of pride and satisfaction to know you've done and dusted something you were dreading.

Just off to make another Book of Lists for Christmas!

Chris Roscoe VRT Tutor

Cardio-Pulmonary Resuscitation (CPR)

The following type of CPR is for trained medical personnel but CPR guidelines have changes in recent years. Are your qualifications up to date? More information the VRT Spring 2010 Newsletter.

Emergency crews who have been trained in MICR are already achieving extraordinary results, a new study has discovered.

Researchers carried out a 'before and after' study into the success rates of fire department emergency medical crews in Arizona. Before MICR training, the crews were achieving a 4.7 per cent survival rate in heart attack patients – but this leapt to 17.6 per cent once they started applying MICR techniques.

MICR is far more aggressive than current emergency treatment. It involves 200 uninterrupted chest compressions, then single shock treatment, followed by 200 more chest compressions.

(Source: Journal of the American Medical Association, 2008; 299: 1158-65).

The Silver Tsunami



The International Longevity Centre in New York has referred to the phenomenon of the ageing population as the 'longevity revolution' – a momentous change akin to other milestones in human history which have shaped society, such as the industrial revolution.

For the very first time, there are now more people in the UK who are aged over 65 than under 16. In many ways, this statistic illustrates graphically that the demographic landscape has changed and a range of new issues and challenges confront society. The International Longevity Centre in New York has referred to the phenomenon of the ageing population as the 'longevity revolution' — a momentous change akin to other milestones in human history which have shaped society, such as the industrial revolution.

The advent of improved public health, better medical care and beneficial changes in diet and nutrition has served to limit mortality in both early and later life. A number of questions arise, in relation to our ageing society and one of the most interesting of the questions is the aspect of longevity in relation to health. Clear evidence is emerging to indicate that the longer the life expectancy the longer the health life expectancy.

Paradoxically, it appears that the period of frailty towards the end of life is also increasing.

Here in the South West, the following statistics illustrate the issue of the increasing population of older people.

- Both men and woman in the South West have the longest life expectancy (78.1 years for men and 82.2 years for women) of anywhere in the UK.
- From 2008 to 2025, the total number of people of 65 and over in the South West is projected to rise from 994,700 to over 1,427,600, an increase of 44%.
- The proportionate increase in people aged 85 years and over for the same time period is even higher – at 57%, from 144,900 in 2008, to 227,400 in 2025.
- The increase in people aged 85 varies from just over 20% in Bristol to over 80% in South Gloucestershire, although the largest numerical population will be in Devon, which by 2025 will have 38,000 aged over 85.
- The number of older people with dementia in the South West is due to increase by 24% between now and 2017, and by 37% by 2021. From last year to 2025, some areas are projected to experience rises in excess of 50%.
- The South West has the highest rate of hip fracture for older people in England.
- Levels of owner occupation among older people in the South West are higher than the national average: 78.3% (or 680,000) of people aged 65 and above own their homes, compared with 71.6% of older people overall in England.

Source: Putting Older People First in the South West: A regional housing market assessment, published in November 2008.

There is no doubt that the reality of the *silver tsunami* of older people presents a considerable challenge that must be confronted not just by government, but by all of society.

St Monica Trust Annual Review 2008-9

Letters from Practitioners

"VRT has been the most useful skill I have learnt since qualifying and the VRT Network membership is great value for money."

Margaret Bebbington, VRT Member

Hi Lynne,

I had an opportunity to use my Nerve Reflexology the night after I got home from the final Diploma course weekend. My daughter woke up in the middle of the night with toothache. At first I was reluctant to do reflexology because I was so groggy but when the medication didn't work I dug out my notes and set to work on the teeth reflexes — the pain subsided and she went back to sleep!

Eileen Ford-Price VRT Network Member



Membership Renewal Still only £20 (£25 overseas)

For those members whose annual subscriptions were renewable on 1st November 2009, you will find a blue renewal form enclosed. Please post this form with your cheque, or fax with a card number, to the office address. Apologies for the delay.

Members are first to hear of new courses and priority booking, their names are the only ones on our website and there are often special offers, reduced prices for courses and lots of hints and information in the quarterly newsletter.

Book Review

Reflected Energy Pathways - A Practical Workbook for Physical Therapists by John Cross

www.lotuspublishing.co.uk ISBN 978-0-9558345-0-9

This is an interesting little book with good illustrations and it highlights 14 different reflected areas and pathways in the body. As well as hand, foot, ear and leg reflexes and meridians, other parts of the body such as the tongue, teeth, eye reflexes(iridology) etc are described and charted.

The book is very slim with only 50 pages and the information is a scant overview which makes useful reading but can only serve as a reminder to those who know the charts anyway or who are totally new to these therapies. It is a good introduction to the many energy fields in the body and a useful addition to any complementary therapist's library. Unfortunately the price may be a bit off putting for some at £14.99

Review by Lynne Boot

Food for thought: 6 dishes that rule British meal times



An insatiable appetite for TV cookery programmes has had little impact on the variety of food served in the average home, according to research.

Apparently just 6 dishes account for the most frequent meals in 98% of British households despite the best efforts of Gordon Ramsey and Janie Oliver. These projections were made following interviews with a group of more than 1400 families who were questioned on the meals they cooked the most often. Almost a third (30%) prepared roast chicken most often, with spaghetti Bolognese (27%) and stir fry (12%) the next most popular. The came sausage and mash at 12% followed by curries (10%) and pork chops (7%). Only 2% said they cooked another dish most often.

The survey was conducted by the *What's for dinner club*, which aims to encourage families to be more adventurous in their cooking. Asked why they did not try out new recipes, 37% said they were worried the family would not like them, 32% said they could not remember to cook any other meals and 31% said they *could not be bothered!*

NEW FASHION? NEW PROBLEMS?



I am seeing an increasing number of people with a full set of gel false nails on their toes and I was wondering if any other Reflexologists are coming across this trend amongst their clients?

I began to consider whether or how this fashion may be affecting the effectiveness of reflexology treatments

I wondered

 Whether the false nail would act as a barrier when we are doing nail on nail work – in particular, when we are working the crucial pituitary point in the centre of the nail of Toe 1. Would it limit our ability to make contact effectively with the reflexes?

- Whether the nail could be hiding any underlying nail conditions e.g fungal infection and would the fact that such an infection was covered at all times – and possibly then be more sweaty / humid etc - cause any worsening of the condition?
- Whether the toe / nail would be put under extra pressure from close fitting footwear and thus perhaps increase the risk of corns, in-growing toenails etc.
- Would there be any damage to the nail bed or matrix from the pressure of the gel nail?
- And would the glue itself cause any problems? There is concern in this country that a toxic element in the glue used in attaching false nails is banned from use in almost every country in the world except for the UK as it is felt to be a carcinogen.
- Would our use of a cleansing agent such as Witch Hazel or Surgical Spirit cause any chemical changes – and thus problems – when it interacted with the adhesive or composition of the gel nail?

I haven't come to any firm conclusions yet but I would welcome any comments about

your experiences please write in and let us know what you think.

Pondering this problem reminded me of how we need to 'think outside the box' sometimes when trying

to get to the root of a client's problem. I wrote about this particular client a few years ago and it's worth reminding ourselves that sometimes the solution is staring us in the face!

A regular client had had a number of dental problems in a short time. Over a period of several months, she'd had a lot of toothache. an abscess and an infection. She'd visited her dentist and had had X-rays, antibiotics and a root canal filling in an effort to get rid of the pain. When she came along for her monthly session, I noticed that she had on a toe ring which seemed to be very tight. She said she normally remembered to remove it before the session. She'd been wearing it for just a few months - about the time her dental problems began in fact! I explained that the toes represent the teeth in reflexology terms and suggested that she removed the ring and monitored how her tooth pain was then. By the

time I saw her the following month, her dental pain had ceased and the ring was in the bin. Her dentist was very interested in the whole situation too.

Chris Roscoe VRT Tutor

Bach Flowers remedies

7 Musical remedies CD - £10 by Andrew Morris A musical interpretation for Piano and Voice



Andrew Morris writes:

This project, Musical Remedies, by the composer Andrew Morris of Herefordshire, England, is an attempt to translate the essence of the different Flower Remedies into the language of music.

He states that these pieces will have the potential to heal those who listen – or rather, to help those who listen to heal themselves by facilitating the tuning into those essences that Bach uncovered.

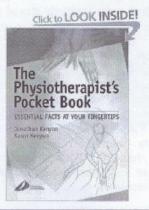
The Musical Remedies project has created music for each of the 38 Remedies. So far, there are recordings of about half; others will follow during the months and years ahead.

You can listen to sample recordings of the musical pieces and songs on the website I hope that you enjoy exploring my website, listening to some of the music, and learning more about how you can help to heal yourself.

There is a lot of information here about the Bach Flower Remedies, and also links to sites where you can find out more.

Songs on this CD are: Centaury, Gentian, Rock Water, Cherry Plum, Aspen, Chestnut Bud, and Red Chestnut.

www.musicalremedies.com



The Physiotherapist's Pocket
Essential Facts at your fingertips
by Jonathan and Karen Kenyon
www.foyles.co.uk £22.99
or Amazon

"The Physiotherapist's Pocket Book" is an exceptionally comprehensive, handy reference that is ideal for clinicians in their daily practice and students on core clinical placements - musculoskeletal, neurology, respiratory. The second edition of this extremely popular book has been updated and expanded to make it even more invaluable during clinical practice. It is designed to be a useful aide memoir during assessment and treatment planning with instant access to key facts and figures.

Publisher reviews

"This pocket sized book is an absolute gem for the new student physiotherapist. It is packed full of the basic (and some more advanced) facts that you learn and put in to practice during early lectures and placements. In fact I'm sure it's a handy reminder even for experienced physiotherapists every now and then. The plastic cover and size make the book both convenient and hard wearing and therefore ideal to keep in your pocket and use day to day. The layout into Respiratory, Pharmacology Neurological, and Musculoskeletal sections make for easy referencing and finding facts quickly and efficiently. This is aided further by the appendices and clear diagrams and illustrations. Colour coded text high-lighting titles from facts makes for easy browsing and information finding. Anatomy, specific tests, brain regions, dermatomes and myotomes. muscles and bones and common conditions are all covered in this goldmine of information. I can't fault this book in anyway when it comes to covering the basics of the knowledge and skills the physiotherapist needs and utilises day to day."

Nico Pauly Nerve Reflexology Diploma Graduates 2009



Nico Pauly's Nerve reflexology courses have really changed the way many practitioners use their reflexology skills as it takes our clinical practice to a very high level. The nerve reflex points are incredibly sensitive and responsive and correct pressure can bring about many positive results in a short space of time.

"I used some of the techniques combined with VRT last week with good results. So inspiring all we learnt. Thank you again so much".

"I would like to thank you for arranging such an inspiring and worthwhile seminar"



Nico and Lynne celebrate good results!

Future Nerve reflexology courses

Lynne writes: I have organised 4 Nerve reflexology Diploma courses in the last 5 years plus Refresher and Level One introductory weekends: a total of about twenty 2 or 3 day weekends We have had people attend from around 16 countries including Mexico, the USA Slovenia and Denmark. There is an enormous amount of organisation involved in arranging these courses and Nico and I have decided to call a halt for the next two - three years as we both have other projects planned. I will be organising a two day Nerve Refresher weekend in 2010 or early 2011 for graduates. We will certainly let you all when we make new plans! Nico regularly teaches in Greece in English (and elsewhere) and two people from the UK plan to take his course there in Athens!

Keep up to date by browsing the official Manual Neuro-Therapy website:

www.mnt-nr.com

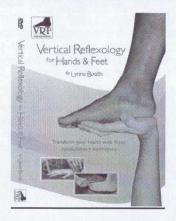
Great Reviews of VRT DVD: Vertical Reflexology for Hands and Feet

Reflexology World says:

"This is one DVD you have got to have in your collection. A first class production.

See back page of this newsletter for full details of contents and review.

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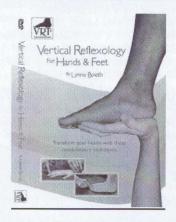
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