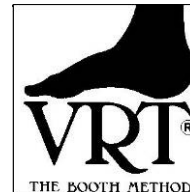


Vertical Reflex Therapy



Membership Network Newsletter

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No 19. Summer 2008

Dear Colleague,

My editorial on the **BBC TV "Alternatives"** programme on Reflexology certainly struck a chord with many of our members! Thanks to all of you who wrote or emailed endorsing my comments and agreeing that the programme was generally sub-standard, poorly researched and biased in a negative way towards reflexology in general. Several members asked permission to reproduce the editorial for reflexology groups or to give to clients who needed reassurance that reflexology was a valuable therapy. See the excellent attached article by Tina Reid writing in *International Therapist (FHT)* and reprinted with permission, where she weighs up both sides of the argument.

Nerve Reflexology. Many VRT members have greatly benefited from the wonderful Nerve Reflexology skills they learnt from the inspirational medical practitioner Nico Pauly. We are pleased to be running the fourth Nerve Reflexology Diploma Course in 2009 and you are all welcome to apply. Some of you may be really interested in nerve reflexology due to its great reputation, but not have the time or funds to attend the full three weekends. So, why not just attend the first three-day weekend instead on nerve reflexology for the lumbar area of the body including the internal organs? Nico has an engaging way of teaching important concepts and you will learn an enormous amount in three days that you can immediately integrate into your practice. We have run a choice of two Level 1 weekends before and many reflexologists gained so much from their first three days that they came back later to attend the second two levels but that was optional. On this first course you will learn, for example, how to help to free up hamstrings by precisely working specific nerve points starting with the Piriformis muscle first. As the sciatic nerve usually runs through the Piriformis Nico shows us how to prepare a chain of reflex moves to help the body respond and repair. In this case the aim is to relax the Piriformis that, in turn, helps the sciatic nerve to release and respond better as we precisely work this specific reflex on the medial heel.

The good news is, that after many exciting and challenging months of planning and filming, the **Vertical Reflexology for Hands and Feet DVD** is now available! I have been asked over the years by many people if I would produce a DVD on my VRT techniques. I have always wanted to make a definitive record of the structure of my work on film so that others around the world can learn it or it can act as a refresher. I feel it is essential that the reflexology profession should have a *visually* recorded body of knowledge from the originators of techniques and I have benefited greatly over the years from reflexologists who have taken the time to demonstrate and catalogue their work. I remember 18 years ago sitting in front of the TV, holding my latex model foot, and trying to copy Dwight Byers movements on his Ingham techniques video!

My aim has been to make a high quality training DVD using a prestigious professional film company who operate cinema quality cameras for the best resolution and well filmed close-ups. I am sure many of you have bought interesting DVDs or videos that show good techniques but a few are of poor quality film, presentation and production. I was keen to avoid falling into this trap and also wanted to make the hour of tuition interesting for the viewer. So I have several indoor and outdoor locations with "clients" ranging from 8 to 88! See separate article and enclosed order form. The feedback on the DVD so far, from practitioners, clients and the general public who have seen demo copies, has been excellent! We have slightly delayed the publication of this newsletter to enabled us to offer this new DVD "hot off the press" to our members before the launch in September!

Enjoy the summer break.

Kind regards

Lynne Booth
for Booth VRT Ltd
Tel 0117 9626746
web: www.boothvrt.com

AT LAST “VRT - THE MOVIE” !!!



In late April - early May, we filmed the VRT DVD. But it was nearly a year ago that I began writing the script and planning what would be included. It was an extraordinary task to write every sentence with a particular shot in mind, paying attention to the timing and also mentally noting how it would be filmed. For example, one has to write an introductory piece announcing what is going to happen and then ensure that everything you say will happen, even though it will eventually be recorded at another time and in another place! I am now full of admiration for the producers of TV documentaries let alone big screen film directors!! Getting the right professional “voice over” for the commentary throughout was far from straight-forward. The company produced demos from six professional actresses who are regularly used for documentaries and adverts on national TV and films. However, none of their audition tapes, where they read the actual VRT script, seemed right as several sounded as if they were commenting on a travel programme or at worst one was more suited to trying to sell you a brand of washing powder! My quest was for a strong voice that fitted the therapy world that was authoritative but also approachable and easy on the ear. My colleague Christina Shewell is one of the country’s leading medical Voice Therapists and has recorded voice-overs in the past in her medical work. I was delighted when she said she was happy to send in an audition tape and, immediately the production team heard it, they and I knew we had found the right “voice”. I had no idea how important these aspects of a production were until I got involved myself.

The first aim was to produce variety, so I work on many different people ranging from 8 to 88! One setting offers ideas for working on the hands for self-help and these were shot in

beautiful bluebell woods. We were fortunate to be able to hire the Bristol Old Vic Theatre School dance studio which is glass with wonderful light for all the main VRT tuition and it was great to coordinate a series of people who arrived at specified times throughout a 12 hour day to play the part of “client”. I was advised that their clothes should all be neutral and plain weave so that it was the techniques that stood out – not their clothes! We had two other locations for filming: one was a high street on a Saturday morning and the other was at the beautiful St Monica Trust where many of you have attended courses. Here we filmed two residents in their homes and in the grounds as well as some training sequences and shots connected with the graphics.



So who is this DVD for? Firstly it can act as a refresher for all VRT practitioners as it takes you through the Basic Sequence and there is also a section on Advanced techniques including the Zonal Triggers. There is lots of instruction for Diaphragm Rocking as well as a section on VRT hand reflexology which also includes a lesson for self-help. Some VRT members will not have taken all the VRT courses and will be able to learn new techniques by watching certain sections. The DVD can also be used by reflexologists who are new to VRT or want to have a taster before attending courses. Nothing can beat the hands-on approach when learning VRT, of course, but these carefully filmed instructions will allow a therapist to gain good results.

Lastly, I have deliberately included some classical reflexology instruction in the first section so that therapists from other disciplines, family, friends and clients can learn some rudimentary techniques and then apply VRT to themselves or others for a few minutes of First Aid or for relaxation.

I strongly believe that these simple but very effective VRT techniques should be shared as

widely as possible. Many of you already give clients self-help VRT guidance to use between treatments, often on their hands, and the DVD gives enough instruction for someone to gain real results and help themselves or their family or friends simply and easily.



There are six sections to the VRT DVD that runs for approximately 60 minutes:

1. Introduction to VRT
2. Basic Reflexology Relaxation Techniques
3. Basic VRT for the Feet
4. Advanced techniques for the feet, including Diaphragm Rocking for the feet and hands
5. VRT for the hands including self-help
6. *Complete VRT treatment* and summary

So I hope you will buy a copy as a reminder and refresher of the VRT techniques you have learnt and maybe an introduction to some new ones as well. You may also want to order more for presents or for clients to buy in the future!

It is a useful addition or present for therapists and other reflexologists new to VRT. Your friends and clients can learn techniques to help themselves between treatments as well by using the DVD.

All VRT members are eligible for an **introductory DVD price of £17.99 including postage and packing**. It will normally retail for £22.99 plus P&P with some offers around the £19.99 mark so this is a very special price indeed for VRT members!

Therapists and reflexology tutors and local groups have already approached us about buying the VRT DVD in bulk for students or members and we are able to offer a special reduced price for orders of 10 or more. Please ring to enquire about the rates and delivery

charges as these are still being evaluated as we go to press.

EXPERIENCE A NICO PAULY MASTER CLASS IN NERVE REFLEXOLOGY

Why not attend the first Master Class for 3 days only and learn fantastic techniques to treat the lumbar area and abdominal organs?

**Fri – Sun, 13th – 15th February 2009 or
Fri – Sun, 3rd – 5th April 2009**

£340 – 36 AoR CPD points

"Nerve Reflexology completes our understanding of reflexology. It connects the classic foot reflexes to the nervous system.

I strongly recommend professional reflexologists to attend these seminars."

Tony Porter, founder/director of Advanced Reflexology Training (UK)

"Really appreciated Nico's course. The lymphatic massage at the end was amazing as I was able to do our friend with lymphoma of the brain who has just started chemo. He had his first sleep for the night and woke pain free in his legs for the first time in weeks. I taught his wife the routine as I was leaving London the next day."

A H (Nerve Reflexology Diploma)

Nico Pauly is the Belgium Manual Neurotherapist who has run 3 highly skilled diploma courses (36 CPD points per weekend) for Booth VRT over the past three years. The diploma course comprises three long weekends but VRT practitioners and other reflexologists are welcome to attend the first weekend only as it is an education in its own right. You will learn skills you can implement immediately. See inserted application form.

Amalgam Fillings: Norway is first to ban mercury in teeth



Mercury has been banned from all dental fillings in Norway. Dentists in the country had to start using safer alternatives as a matter of

law from the beginning of this year. The metal has also been banned from all products, including measuring instruments.

The country had previously restricted the use of amalgam fillings, especially in children and pregnant and nursing women, but is the first in the world to enforce a complete ban.

Announcing the ban, Norway's Minister of Environment and Development Erik Solheim said: "Mercury is among the most dangerous environmental toxins. Satisfactory alternatives to mercury in products are available, and it is therefore fitting to introduce a ban."

Norway is concerned that mercury in our teeth and in the environment is extremely dangerous, and can harm the development of children. Unfortunately for Norway, most of the mercury in its environment comes from other countries that take a more relaxed view to one of the most toxic substances known to man. Don't expect our dental guardians in the UK and the USA to follow their lead any time soon.

(Source: Townsend Letter, 2008; 297: 33).
WDDTY 27.3.08

Dental Fillings: They are toxic, world's largest health regulator finally admits teeth are toxic



Amalgam fillings in our teeth are toxic and harmful to our health, America's health regulator, the Food and Drug Administration (FDA), has finally admitted after claiming for years that they were safe.

This unprecedented about-turn marked the sudden end of a lawsuit that had been mounted by advocacy groups, such as Moms Against Mercury, who are seeking to ban the use of mercury in amalgam fillings and children's vaccinations.

In an official statement, which has been posted on the FDA website, the regulator admitted that mercury-containing dental fillings "may have neuro-toxic effects on the nervous systems of developing children and fetuses." The statement puts the US in line with a handful of other countries that already ban the use of mercury fillings in pregnant women. The

FDA is calling for further research, and may announce a complete ban on amalgam fillings next year.

As we exclusively reported in an earlier E-news bulletin, Denmark imposed a complete ban on amalgam fillings this year. In the meantime, pregnant women, and people with "a health condition that makes them more sensitive to mercury exposure", or with high levels of mercury already, should talk to their dentists about safer alternatives, the FDA has announced.

Mercury has also been traditionally used as a preservative in children's vaccinations, although the process of removing it began in 2000, and current stocks contain no mercury-based thimerosal.

(Source: FDA website 12.06.08)

FIRST AID TIPS for Minor Sports Injuries **What to keep in your First Aid Box**



Plastic bags for ice (freezer bags with no holes)

Tubigrip (good for holding bags of ice in place)

A thermometer (to check for a fever if feeling unwell)

Gauze swabs* (for cuts and grazes and bleeding noses)

Blister plasters

Steri-Strips or Skin Closures* (for cuts that need the edges brought together - still see a doctor if you think the cut might need stitches)

Non-adherent wound dressings

Crepe bandage (to keep dressings in place)

Dentist's telephone number (in case of tooth injury – you should always have access to an emergency dentist on-call provided you have regular check-ups – ask your dentist)

GP's telephone number

Keep a first aid box in your car, and consider also having:

*Plastic disposable gloves**

A blanket

First Aid guide – e.g. free booklet from Boots (also covers emergencies)

Living with Cancer by Carol Clift

Following on from your request for information on treatments with cancer patients I thought I'd write and let you know my experiences.

I regularly attend the local hospice and work on patients who attend the day centre as well as patients who are staying at the hospice either for regulation of their medication, respite or the long term. I also treat the staff, carers/relatives and nurses.

During my initial training (ITEC), cancer was a big no-no. However, I have done many post graduate workshops etc and Tony Porter with his 'do they tell cancer patients not to walk on a pebbly beach?' got me to thinking I would find out more about it.

So during my training I was taught that reflexology moves 'stuff' round the body and releases blocked energy and toxins - therefore if you were having chemotherapy you would not want to rush the chemicals out of the body as they would be needed to do their job, so not to do reflexology. Also, you would not want to stimulate a tumour to reproduce itself.

Having had breast cancer myself in 1992 which involved a lumpectomy followed by radiotherapy, and continued to lead a more or less normal life (no therapies were available in my area at that time), I decided to investigate more and see what I could offer.

I found a workshop at St Wilfrid's Hospice in Chichester on 'Adapting Reflexology and Aromatherapy for People with Cancer' which was run by the MacMillan Cancer Care Centre Managers at Portsmouth and Southampton Hospitals, so went along.

The outcome (i.e. what I took away from the day) was that you could only really do a gentle foot or body massage. People were very aware of what they didn't know and it was all very 'tread extremely carefully'. Some people were worried about doing Reiki - I'm a Reiki Master and found this rather odd as, once you are attuned to Reiki it doesn't switch off, when you touch someone the Reiki is working. So I explained this to them. I found the day very interesting and it gave me a certificate to say I had attended the workshop but it did leave me wondering if other people attending the day would go out and work with people with cancer.

I went along to the local hospice and after many months was accepted as a volunteer therapist.

My treatments are extremely varied. Sometimes the patients want to talk and talk and if I just held their hand I am sure they would have felt better. When I first went to the Hospice Reiki was definitely off the agenda

and only within the last couple of months has it been recognised.

So, if my patients are bed bound I do hand and/or feet in a prone or sitting position, and this is where the VRT is very useful if they can't move their feet around too much to get them up enough for me to access the soles.

Even if they are wheelchair bound I have always managed to get them on the treatment couch as they like to lay down but I always work on the top of the feet and the Zonal Triggers - not to find what they are triggering, just to work them. Also lightly pinching all over and round the toes.

If I can't get enough people for whatever reason (may be they don't feel well enough, or too upset) I go along to the day centre coffee room and do short treatments there which go along the lines of a bit of Reiki on the head area combined with a very brief Indian Head Massage and then hand Reflexology.

I have found that Reflexology is absolutely ideal for all involved in cancer - be it patients, carers or relatives. You are far enough removed from the person (when at their feet) not to be in their space but you are face to face and they can see you care about them and are genuine and trying to help. They feel free to offload, whereas with a body massage they are not facing the therapist.

Obviously there is a time for all therapies, may be not everyone wants to face the therapist, but I have found that the people I see do talk to me, and as I am a mother, grandmother, have had cancer, had a grandchild die at age 11 months plus being a carer for my blind elderly (full of character) father, there is a lot I can chat over with them and they see I have lived a life and there is often a silver lining, even if it isn't obvious at the time.

There are some sad cases when you see women in their 40s with teenagers that they are worried about, but again I can chat about that and take an interest in what their children are doing.

On a slightly lighter note I had one patient come to the therapy room who was not down for Reflexology so was wearing tights. I asked her to take them off so she took off her trousers, took off her lacy 'hold it all in' knickers, took off her tights, got on the couch and when I was taking some details I asked her age. She said to me: 'do you want my age or my date of birth?' I said age would do, and she said: I'm 94 !!!

I just sat and looked at her, I'd watched her take all her clothes off, bending down quite easily and was amazed. On close inspection of her face she was obviously not a spring chicken but her hair was set in a nice style and her eyes were very sparkly - she told me only

last year had she stopped writing a gardening column for her local paper.

DEMENTIA

I had a telephone call from a Carer at a local nursing home asking if I did Indian Head Massage (IHM). I said I did but I was a reflexologist. She said she had a 95 year old woman whose husband had been experimenting with IHM and reflexology and his wife seemed to like it and he thought he'd try a professional.

I agreed to go along and met Phyllis who was wheelchair bound and also losing her sight and had slight tremors. I did her hands for a bit and then a little on her head including some Reiki healing. All the time I had to get close to her face to keep asking her if she was ok and did she like it.

Her husband was in the room and told me she didn't speak much, in fact some times she didn't say a word to him on his visits.

When I worked her hands I had my towel on her lap and held her hands on that - she kept (with very, very shaky hands) trying to touch the corner of the towel. I gave her one corner in one hand and she got very animated so I gave her the other corner in her other hand. By now all hands and feet were jumping up and down - I looked her straight in the eye and asked her if she wanted to fold it up.

There was silence for quite some time and I kept repeating 'do you want to fold the towel up Phyllis?' and after a while she stopped moving about, she looked at me closely and said 'TOO BIG'

Her husband could not believe it - so I asked if the towel was too big, and folded it in half for her, I then gave her the two corners and held the other two and we folded the towel together. I gave her the folded towel on her lap and she was nodding her head and patting it.

I then attempted to do her feet which involved taking off her Velcro slippers and there was much ooohs from her and I wondered if I was hurting her although I was being very gentle and kept asking her if she was ok. Anyway I continued on doing the VRT on the top of her feet and put her slippers back on and that was that. As I was saying goodbye to her she bent forwards and said (very quietly and laboured) 'Charlie' again, her husband could not believe it. Charlie was her brother.

The nursing home telephoned me a couple of days later to say how delighted they were with her. The things they noticed most were she had stopped making squeaking noises, she was going to bed like a lamb when previously she was very difficult at bed times and also she was gobbling up her food, previously she had only picked at it.

I am going back today (two weeks later) and her husband has asked if I will go back every couple of weeks to see her.

Carol Clift, VRT Practitioner

VRT Case study from Elaine Jamieson

Condition treated: Pancreatic cancer (given a couple of months to live)

Client: 54 year old male

Duration of illness: 1 year

No of VRT treatments: 8

Aim of VRT treatments: Client was not eating or feeling able to eat following surgery.

Result: Client started to eat again in small amounts and managed to do simple jobs around the house.

Treatments: Initially client had three 20 minute sessions in one week as he was unable to tolerate any longer. I started with Lymphatic drainage and immune systems and relaxing techniques. On the third session I worked the digestive system very gently. Although standing VRT wasn't practised, I did some work on the hands (weight bearing). Although the client died 9 months after diagnosis, his quality of life was reasonable until the last 3 – 4 weeks. He declined further treatment after the eighth treatment, saying that he felt able to cope.

Recycle your old mobile phone

... and help Christian Aid tackle global poverty. £3.00 donated for each phone returned.

All you need to do ...

Please complete your details, put your phone in an envelope and pop it in the post. Please ensure all SIM cards are removed before posting the phone. Any SIM cards received by Greener Solutions will be destroyed.

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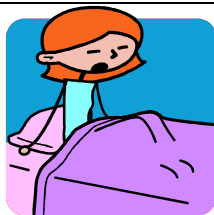
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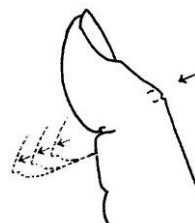


Here are a few tips to help if you do ever suffer from insomnia:

- Try to go to bed and get up at around the same time so your body gets into a routine. It is fine to have a lie-in at the weekend, but try not to sleep for hours longer than you do during the week.
- Avoid having afternoon naps.
- Make sure your bedroom isn't too hot or cold, and try to make sure it is as dark and quiet as possible.
- Is your bed comfortable? Buying a new mattress isn't cheap, but it is a really worthwhile investment if it means getting a good night's sleep. **DREAMS** – the bedding chain of stores are one of the only companies that let you take the mattress back after 30 days (and before 40 days) if it does not suit. You can then re-order another mattress and can pay more if you wish but you understandably won't get any money back if the new one you chose is cheaper! www.dreams.co.uk
- Take regular exercise as this helps relieve stress and leaves you needing sleep. Don't, however, exercise too close to bedtime because your body will be awake and you won't be able to sleep.
- Cut down on tea and coffee, particularly in the late afternoon and evening as they contain stimulants which will keep you awake and prevent deep sleep. Herbal camomile tea is good for making you sleepy.
- Try to avoid having a big meal or alcohol just before bed. Alcohol may make you sleepy to begin with, but it will disrupt your sleep as the night wears on.
- Smoking is a stimulant and keeps you awake. It's obviously also very BAD for you.
- Try to relax before bed by having a warm bath, listening to music or reading.
- If you can't sleep don't lie there tossing and turning. Get up and do something that you find relaxing until you start feeling sleepy and then go back to bed.
- Don't forget self-help Diaphragm Rocking! 15 - 20 rocks per hand before bed and again if you wake up in the night



Diaphragm Rocking on the hand



Try also gently rocking your thumbs, one by one, as you pinch the first joint very gently. This can help jaw and headache tension and release stress.

InnerTalk – Sleep Soundly CD

Vitalia Health stock a series of excellent CD's for stress, various ailments and positive thinking.

Phone 01628-898366

www.vitalia-health.co.uk

Letters from Practitioners

Hi Lynne,

... 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, kind regards.

Jackie

LB replies:

... 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 fingers up and down his arm or just gently squeeze in the appropriate place. I hope this helps. Lynne

Praise indeed for VRT office!

Thank you SO much for your help, it's so nice to get in touch with an organisation about a course and get really fantastic service too. I'll be in touch anon.
Regards, J.G-J, Scotland

Re: Spring Newsletter

... It's a great newsletter and helps promote 'community' among the world reflexologists. When I read the article that Yvette Eastman wrote in one of your issues on animals and reflexology, I contacted her to print it in the RAA Magazine. It's good for our readers to know what's going on in other countries. Thank you.

Nancy Bartlett, NBCR
Reflexology Association of America

PAIN AND MOBILITY AND SUB-FERTILITY MASTERCLASSES

HAVE YOU ATTENDED ONE OF THESE POPULAR ONE DAY CLASSES YET?

- Work in two pairs, with one highly experienced tutor.
- Plenty of one-to-one instruction as well as dialogue, questions and discussion.
- The classes combine the best of structured theoretical and practical work in a relaxed but very productive setting.
- The whole spectrum of the VRT repertoire is available.
- Participants benefit from the wealth of tutors' reflexology knowledge.
- Copious handouts and an excellent lunch.

"Hi Lynne

It was lovely to see you again at the Masterclass and to learn some more really useful techniques. Thanks too to Gill for making the day so effortless and preparing such a delicious lunch.

My husband has had a knee problem for about a month and I had been feeling guilty about not having enough time to give him reflexology for it. So when I got back I spent about 5 minutes doing VRT before he rushed off to do something else. This morning he woke up and told me that during the night he had felt a big click in his knee and it had really hurt but that this morning the knee feels much better. He had totally forgotten that I had given him the VRT, so he was really impressed. Amazing isn't it, to get a reaction like that after only such a short amount of stimulation - thanks." D.F

DATES FOR MASTERCLASSES

See separate enclosed application forms

Lynne Booth – Pain and Mobility

Thurs 11 Sept., Wed 15 Oct., Thurs 13 Nov. 08.,
Wed 11 Feb, Wed 11th Mar, Wed 10 June 09

Chris Roscoe – Sub-Fertility

Weds 16 July, 10 Sept., 8 Oct., 12th Nov. 08.,
21 Jan, 25th Feb, 25 Mar, 22 April, 20 May, 24 June 09

Men and Myths!

The male menopause is a myth and its symptoms have more to do with unhealthy lifestyles than hormone levels, Professor John McKinlay of New England Research Institutes in Watertown, Massachusetts, claimed.

He said men complaining of hot flushes, excessive sweating, depression and a lack of sex drive were probably suffering the side-effects of being overweight, lazy and smoking and drinking too much.

.....What do our members think?!

The effects of reflexology on pain threshold and tolerance in an ice-pain experiment in healthy human subjects

A paper by C.A. Samuel & I.S. Ebenezer
School of Pharmacy and Biomedical Sciences,
University of Portsmouth, St Michaels Building,
White Swan Road, Portsmouth, PO1 2DT, UK

The authors have asked us to publish these findings again as incorrect data was submitted to you in a previous newsletter.

Reflexology incorporates the use of specific pressure techniques to the feet, hands or ears. It has been claimed that reflexology is useful in the

treatment of various conditions such as migraine, arthritis and multiple sclerosis. The aim of the present study was to investigate whether foot reflexology attenuates acute pain in human volunteers.

Ten healthy male (n = 4) and female (n = 6) subjects were each assigned to single treatments of both reflexology and sham TENS (transcutaneous electrical nerve stimulation; Control) administered in a cross-over design. Pain was induced in both treatment schemes by immersion of the non-dominant hand in crushed ice (1). Two measurements were taken (i) pain threshold (i.e. the time it takes for the subject to find the experience painful) and (ii) pain tolerance (i.e. the time it takes until the subject can no longer keep his/her hand in the ice water). Measurements were taken 15 min prior to treatment and at 30 min intervals for 120 min following reflexology or sham TENS. The data were analysed by two-way analysis of variance (ANOVA) with repeated measures on treatment and time and the Dunnett's post-hoc test. ANOVA showed that there was a significant increase in pain threshold of the subjects following reflexology when compared with sham TENS control data ($F(1,9)=5.68$, $P<0.05$). Thus, for example at 60 min, pain threshold increased from a control mean value (sham TENS) \pm s.e. mean of 9.1 ± 1.4 s to 15.5 ± 2.1 s following reflexology ($P<0.01$). Similarly, there was a significant increase in pain tolerance ($F(1,9) = 5.132$, $P<0.05$). Thus, at 60 min, pain tolerance increased from a control mean value \pm s.e. mean of 120.2 ± 37.9 s to 171.4 ± 42.0 s ($P<0.02$).

The results of this study show that reflexology increases both pain threshold and tolerance in human volunteers exposed to acute pain. These findings indicate the possibility of using reflexology in the management of pain.

References

Ashton, H., Ebenezer, I., Golding, J.F. and Thompson, J.W. (1984) Effects of acupuncture and transcutaneous electrical nerve stimulation on cold-induced pain in normal subjects. *J.Psychosomatic Res.*, 28, 301 -308.

"BELU"!

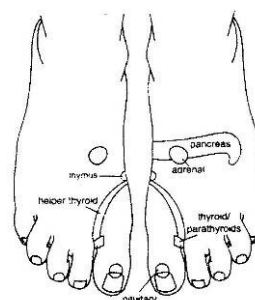
Great news about an ethical bottled water company

Lynne writes: I have just discovered a bottled water company called Belu that seems unique and certainly deserves patronising. All their profits go to clean water projects. Amazingly the plastic bottle is compostable in soil in only 8 weeks – a million times faster than other plastic bottles! It is the first bottled water that does NOT contribute to global warming. Read more about the company on www.belu.org

Beware of keeping plastic bottled drinking water in a car

A therapist writes from the USA about a friend whose mother recently got diagnosed with breast cancer. The doctor told her one should not drink bottled water that has been left in a hot car. The doctor said that the heat and the plastic of the bottle have certain chemicals that can lead to breast cancer. So please be careful and do not drink from a water bottle that has been left in a car and pass this on. This information is the kind we need to know and be aware and just might save us!!!! The heat causes toxins from the plastic to leak into the water and they have found these toxins in breast tissue. Remember that a small percentage of men develop breast cancer too.

20 minute Complete Endocrine Treatment **Comments on the Endocrine Balance and the Endocrine Flush**



Many of you who have attended the VRT Endocrine course have reported great results when using the Endocrine Flush which is applied when both endocrine reflexes are worked simultaneously in order from Pituitary (nail-on-nail), then the Thyroid, Para-Thyroid, Thymus, Adrenal, Pancreas, Ovary/Testes. I also suggest finishing on the Uterus/Prostate reflex as it is so closely linked to hormonal fluctuations. Some reflexologists are very cautious about using the Endocrine Balance on women in their first three months of pregnancy. The Balance sequence has nail-working involved throughout as the therapist's finger nail is held constantly on the central pituitary reflex while their other hand works each hand or foot endocrine reflexes in turn. This sequence is then repeated on the other foot.

When teaching I advise reflexologists to follow the advice of their own reflexology training organisation and adhere to their guidelines. There is an amazing difference in the range of

protocols surrounding pregnancy. Some schools advise that no pregnant woman should be treated. Others state only once the first trimester has passed. I even heard that some advise caution while a couple are trying to conceive despite the fact that one of the main benefits of reflexology is to bring about balance (homeostasis) to the body!

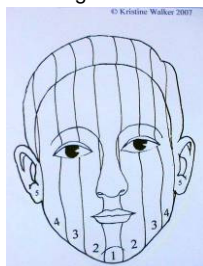
So, my suggestion is: follow your own professional organisation's advice and only treat in a way that feels right for you but always be open to explore your options and engage actively in debate on the subject. At the end of this article is a statement that we put out on the course to show where Booth VRT stands on the matter. Here are the instructions for the Endocrine Flush and also the Balance, both of which would be used at the end of a treatment session.

*Endocrine Flush or Endocrine Balance**

- *Endocrine Flush* is the most gentle treatment and can be used on most clients every treatment.
- *Endocrine Balance* This is a stronger technique and can also be worked as a priority reflex with a Zonal Trigger. For a priority reflex: slide your knuckle between the three reflexes: ZT, reflex and nail (either big toe or secondary nail). Make 3 passes. Usually apply this technique to one priority reflex only (two *may* be used in same system).
- Only light pressure ever need be applied to the nail reflexes.
- Pituitary Pinch use nail-on-nail – hold maximum 30 seconds.
- Finish with Harmoniser

With sensitive clients do not use the *Endocrine Balance* on the first treatment (gently try the *Endocrine Flush* instead). As a precaution it is suggested the *Endocrine Balance* is not used on anyone who is pregnant in the first three months**.

**All therapists must work according to their own training protocols and insurance conditions. Criteria for contraindications, if any, vary enormously between professional bodies in the UK and abroad. Booth VRT follows the IIR and ART guidelines that state that reflexology seeks to balance the body and help trigger self-healing. Lynne Booth and practitioners trained in the Original Ingham Method of Reflexology, along with many other reflexology organisations, have the knowledge and skills to work with people of all ages, from newborn babies to the elderly, including the provision of professional reflexology during all months of pregnancy, chemotherapy and palliative care. Do not treat if you are unsure or seek medical advice first.



Myofascial meridians –

by Kristine Walker,
BA ATC MAR ITEC

You are probably familiar with the concept of “myofascial meridians” – (myo being the muscle tissue and its web of connective tissue) used in manual therapy by massage therapists, osteopaths and physiotherapists. I have, of late, been working on the chain of fascia that connects the entire body from the bottom of the foot to the top of the head. It is possible to apply pressure to any point on this line to affect postural function.

The line begins with the plantar fascia and toe flexor tendons, continues up the Achilles tendon and gastrocnemius muscle, through the hamstrings and sacrolumbar fascia, erector spinae and then over the back of the head to the frontal brow ridge.

I work from either end, applying foot reflexology, facial reflexology, or both together for optimal results, to target functional problems of strain, tension, trauma and movement along this line.

Often the problem can be identified on the plantar surface of the foot which communicates up through the rest of the line, and if the fascia is tight, much stretching is required. Note should be taken of the inner and outer aspects of the foot as a shortening on one side will affect the posture and the fascia may need to be lengthened on this side.

If the heel is pushed too far forward, causing the client to lean forward slightly, the plantar fascia can be released, also the soleus and gastrocnemius, and finger walking from the corner of each maleolus to the corner of the heel.

VRT and Advanced VRT works very much with this model, the standing position allowing us to work on the gastrocnemius, sweeping across the maleoli, the foot raised on the ball allowing us to stretch the plantar fascia.

But to maintain the connection from bottom to top the legs must be straight with the knees extended, otherwise the chain is broken. Thus the standing position as used in VRT is ideal; reflexology in a reclining position usually allows the knees to naturally bend, breaking the chain.

There are many such myofascial meridians linking hands, feet and head, all relevant to our knowledge and understanding of reflexology and in particular to VRT as described above.

Happy thumbing!

Kristine Walker Reflexology Advanced and CPD Workshops www.kristinewalker.co.uk

SATURDAY AUGUST 2nd

- Facial Reflexology

Open to all reflexologists and body workers.
You will master a simple sequence working with zones, marma points and a reflexology map

SATURDAY AUGUST 16th

- Advanced Reflexology

Using the spine as a model you will explore a variety of pressures and techniques on hands, feet and faces

SATURDAY NOVEMBER 1st

- Hand Reflexology

Kristine has developed Hand Reflexology far beyond the basics taught on reflexology courses. Interesting and fun!

SATURDAY DECEMBER 14th

- Facial Reflexology

Massage therapists and Indian Head Massage Therapists included

Kristine Walker BA ATC ITEC MAR has been a reflexology tutor, practitioner and international speaker since 1990 and her book "Hand Reflexology" is in its second edition and published in Languages

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After cancer warnings on mobiles, could your cordless home phone be putting your health in danger?

DECT : digital enhanced cordless telephones continuously give out microwaves 24 hours per day. Nearly everyone owns one!

How you can protect yourself :

- Put the base station in a place where you don't spend a lot of time – not on your desk and never in a bedroom.
- Switch off the DECT phone at the wall socket at night (almost all phones are digital).
- Keep calls short.
- Use a speakerphone when you can.
- If you suffer symptoms (the most typical are sleeplessness, headaches and poor concentration) from a neighbour's DECT phone on an adjoining wall, consider covering the wall or walls next to the

phone with microwave screening materials.

- If your handset has a small socket where you can plug in an earpiece, use it.
- Some DECT phones have base stations that switch off when not in use. Manufacturers include AEG, Motorola and Siemens. The drawback with most is that when multiple handsets are used, each sends out continuous signals to keep in contact with the base station. However, the Orchid LR emits signals only when the handset is used. Read about a safer type of cordless phone in the inserted article and see the following website for further information.

**www.loradiation.co.uk
or call 020 8398 9925 for details**

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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.

Welcome to ISRAC 2008

First Lynne Booth is awarded an Honorary Fellowship for Services to the Science of Reflexology by the Association of Reflexologists (AoR)

October 26th to 31st 2008
At the AoR AGM at Warwick University on 12th July 2008 Lynne was delighted and honoured to receive an Honorary Fellowship for her discovery and work in developing VRT over the last 15 years.

Dwight Byers and Anthony Porter were unable to collect their awards in person but Susanne Enzer, Cheryl Butler and Tracey Smith were also there to receive their awards from AoR Executive Board member Karen King.

Specialists will join together to dispel the old myths about Reflexology and Cancer, thus starting a new era in the history of Reflexology.

Don't miss the opportunity of enjoying the stunning beach of Kibbutz Shefayim and taking a tour to Jerusalem, Dead Sea, Sea of Galilee, Nazareth, Haifa, Massada and more.



הפורום הישראלי לרפלקסולוגיה
The Israeli Forum of Reflexology

Meningitis Baby Watch

Tense or bulging soft spot

High temperature

Very sleepy/staring expression/too sleepy to wake up

Breathing fast/difficulty breathing

Extreme shivering

'Pin prick' rash/marks or purple bruises anywhere on the body

Sometimes diarrhoea

Is your baby getting worse fast? Babies can get ill very quickly, so check often.

Vomiting/refusing to feed
Irritable when picked up, with a high pitched or moaning cry

Blotchy skin, getting paler or turning blue

A stiff body with jerky movements, or else floppy and lifeless

Pain/irritability from muscle aches or severe limb/joint pain

Cold hands and feet

Not every baby gets all these symptoms. Symptoms can appear in any order.

For more information about meningitis and septicaemia, and information about symptoms in older children and adults, call Meningitis Research Foundation's

Freefone 24 hour helpline
080 8800 3344 (UK)
1800 41 33 44 (Republic of Ireland)



Meningitis
Research Foundation





The Chancellors Room, Warwick University