Dear Colleague

Greetings to you all as we near the end of the year, complete with Christmas festivities and reflections on what 2010 has brought to us and hopes for a good future in 2011. I hope you all are coping well with the weather conditions wherever you are. Cancelled appointments are costly to self-employed therapists and the cold spells last year caused a considerable drop in income.

Many of you know that my plan for several years has been to write a self-help book on simple VRT/Reflexology techniques that anyone can use. I am now several steps nearer that goal and I hope to announce later in the year that this easily accessible handbook is finally available. VRT Practitioners, other therapists, clients and the general public could make use of very simple instructions to help insomnia, backache, indigestion, some sports injuries and many other common ailments. Many therapists have said how useful this small book would be to sell onto their clients so they can use self-help techniques between treatments.

It would be extremely useful to include many more examples of VRT self-help results to include in this new book and plus other reports of successes from reflexologists – see enclosed form or email. We will also include some case histories in future newsletters and on the website. See yourself in print and inspire others to use self-help VRT and teach their clients.

Even when we are comparatively young and apparently fit, we can suddenly experience a health crisis. It happened to VRT Practitioner, Denise Berwick this year and in this newsletter there is the very moving first-hand account by Denise who feels that VRT helped save her life during a prolonged and serious heart attack. See page 2.

Many practitioners are struggling in the current economic climate and Gill Warren has recently written an excellent and highly informative book for therapists called: . Set up a therapy business: a step-by-step guide . See VRT tutor, Chris Roscoe’s positive review on page 7. Anyone who wants to improve their business and focus should look at this treasure trove of ideas.

The new, effective VRT Wrist-Twist

The picture illustrates a new, highly effective VRT technique that you can learn on a special VRT advanced “Sleep, Mobility and New Developments” workshop in Bristol on Sunday March 6th. The class will teach a combination of new mobility and nail techniques, an Insomnia/jetlag package for you to pass onto your clients and will look at Pain and Mobility issues/solutions ranging from sports injuries to infirm older people. For more details see page 12. A booking form is enclosed.

I make no apology for mentioning a T-Mobile advert in this newsletter! Many of you will have seen the excellent, joyful 3-minute long “Welcome Back” advert on TV where singers serenade passengers at Terminal 5, Heathrow Airport. See my account of how I got to take part in it en route to teach VRT in Denmark!

Happy Christmas and a peaceful New Year from all the VRT Tutors.

Lynne Booth
Booth VRT Ltd, Suite 205, 60 Westbury Hill, Bristol, BS9 1UJ. contact@boothvrt.com
www.boothvrt.com 01179 626746
HEART ATTACK

VRT Practitioner, Denise Berwick, vividly describes how she used VRT to control a critical situation following her heart attack in March this year.

“I always have had high expectations of reflexology, and in particular of VRT, and looking back it has never let me down!”

I am a VRT Practitioner and have attended most of the VRT courses over the years. Several years ago I submitted a case study on my mother who had cancer in the sigmoid colon and the first signs of this presented themselves in symptoms of angina. The possibility of this connection, where heart not bowel symptoms are apparent, was first mentioned to me in a VRT seminar. It was her heart, rather than bowel, reflexes that indicated a problem area. I want to send you some details on how VRT has recently, I believe, helped to save my life!

On the 29th March 2010 I had a heart attack not far from my home, just as I was starting a walk with my dog. I recognised that I was having symptoms that matched what I knew could be an attack, I quickly got across to a dry stone wall which was waist height, to weight bear and started to work my hands. The reflexes I worked were: heart and heart helper, adrenals, solar plexus. So great was the pressure on my chest and pain into my jaw that I felt as though I would collapse. After about 40 seconds the constant pressure and pain began to change so that it was spasming. This gave me the space in-between to phone for help. It took 5 minutes to get me home and my partner removed my shoes and socks I propped myself up in the ‘L’ shape of the kitchen worktop, standing and leaning on my elbows.

My partner worked my feet reflexes, the heart and helper, he used his knuckles and I worked the same on my hands plus the adrenals. This again eased the immense pressure on my chest and he worked on me for about 5 minutes. This meant that he could go and phone an ambulance and he had to stay on the phone then at their request as he was reporting back on how I was doing. I was having the attack for a long time, 10 minutes on the road, 15 minutes at the house and 20 minutes outside the house, then all the way to the Bristol Heart Institute. I remained conscious and I continued to work my hands on and off throughout the ordeal. I had an emergency Angiogram procedure and a stent was put into a peripheral artery. On the operating table I was still working my hands. I was suffering from shock as well.

I sustained damage to my heart, in fact I have lost just over a quarter function of my heart. Given that I was taken into the Institute as a primary case and the severity of the attack, my doctors were surprised that I had not suffered more damage. I know that without the VRT I would have died, now I have angina and I am using reflex and homeopathic remedies to control it.

I have so much respect for the techniques that you taught me, I am once again deeply grateful to you and VRT, I never would have imagined that I would be using it on myself in this situation. I am sure that in the doing of it I was calm. We are all so impressed, I always have had high expectations of reflexology, and in particular of VRT, and looking back it has never let me down!

Two colleagues are continuing to give me my regular treatments as I recover. I hope that you continue to know how much your techniques are valued and continue to have feedback on their potential. I am determined to overcome each challenge. I thank you from the bottom of my heart!

Lynne Booth comments: It is truly humbling and remarkable to read Denise’s moving account of her sudden crisis last March when she went ostensibly from being a fit dog walker one minute to someone fighting for her life. I have always advocated the use of VRT in first aid and I know that hand VRT has been particularly useful for people to use as a preventative measure at the first onset of an angina attack. How, these results are truly exceptional and I hope that Denise’s experience may help other people in the future. In Spring 2009 we printed Pat Brown’s account of how she felt that VRT helped to prevent Stroke damage. The power of reflexology/VRT, and the help we have in our own hands, should never be underestimated and I am very grateful to Denise for sharing it.

Contributions are always welcome for inclusion in the VRT newsletter. We look forward to hearing from you.

Please send Case Studies by post or email, especially short self-help examples, so I can include them in the self-help book and future course notes/articles.
See enclosed form. Thank you
NERVE REFLEXOLOGY UPGRADE FOR NR DIPLOMA STUDENTS WITH NICO PAULY AND GRIET RONDEL

Only 2 places left!

Bristol - February 19/20 2011

“an upgrade around the issue of brain-emotions-organs and how specific brain zones are connected with emotional expression and related to specific organ zones with new NR points for specific brain centres”.

contact@boothVRT.com

Two encounters this Autumn with Dorthe Krosgaard and Peter Lund Frandsen

Dorthe using VRT Synergistic method

Lynne writes...

I rate Dorthe and Peter’s workshops as some of the very best on the international scene and was delighted when they returned to the UK for the second year running to teach a course for me. The feedback from this workshop: Roundabout the Shoulder was phenomenal. I attended the full two days and learnt a series of excellent techniques including new reflexes on the legs that are part of the Karl Axel Lind repertoire.

We also learnt detailed anatomy and physiology information, with the help of animated graphics, showing how the musculo-skeletal shoulder system functioned. The practical sessions were intense and beneficial with several people reporting that their own shoulder issues had improved. Dorthe and Peter bring many years of medical, scientific and advanced reflexology techniques to all their courses. I hope to bring them back to the UK in Spring 2011 for another of their excellent workshops.

One of the participants Zoë Lindgren wrote: “Just wanted to thank you for a very special weekend. Peter and Dorthe are outstanding teachers, one of the many reasons for being so superlative, is that they listen. This aspect is so important. Any questions are acknowledged and dealt with in a thorough manner”.

Treatng an Olympic athlete’s shoulder problem on a long-haul flight.

Many years ago, on a long-haul flight, I used the time to type part of a chapter for my book, “Vertical Reflexology for Hands”. The passenger next to me was a young man nursing a bandaged arm. He asked me about my work and told me he was a professional cyclist who had recently experienced a fall and badly hurt his arm and shoulder. He was too polite to request a treatment and merely asked what parts of his hands he could work to ease the pain. I offered to show him and treated his hands for 10 minutes, both passive and weight-bearing, and within ten minutes he had fallen into a very deep sleep. On waking an hour later he remarked that he had rarely slept so deeply on a plane and also that felt he now less pain and a little more mobility. I commented that it was interesting to work on such a super-fit person as every key reflex responded very specifically to the pressure and his body therefore seemed able to give me more information.

Short First Aid Shoulder Treatment Method:

1. I worked the athlete’s spine, hip and pelvic hand passive reflexes first and he instantly reported a wave of tiredness which I assumed to be the body reacting and relaxing after the jarring he suffered from the recent fall.
2. After I had treated his neck and thoracic spine on both hands, (pressing his weight-bearing hand on the tray at some points with the edge of my knuckle), I proceeded to gently work into all the lateral shoulder and dorsal arm reflexes.
3. Once I had pin-pointed the exact shoulder reflex that related to the clavicle I was able to connect it to the VRT shoulder nail reflex and held the nail while I worked the reflex, both passively and weight-bearing.

He was receptive to complementary treatments as he said his coaches frequently looked to homeopathy, osteopathy and other treatments that were non-invasive and did not involve medication. He gave me his card and I promised to send him a copy of my book when it was published. Later when I recounted this episode and told a friend the athlete’s name, he told me that my fellow passenger was an Olympic gold medallist and winner of one of the stages of the Tour de France. This no doubt explained why his reflexes were so vital and responsive!
VRT in Denmark

In October I travelled to 2 venues in Denmark at Arrhus and Copenhagen and taught the VRT Basic course to two different groups. The courses were organised by Peter Lund Frandsen and Dorthe Krogsgaard. I always enjoy teaching in Denmark as the standard of expertise is high and the participants are always enthusiastic to learn something new. In Denmark, Reflexology is very well stabilised, is used extensively in the workplace and is the number one therapy in the country. One in four, people have experienced Reflexology and it the first choice for complementary treatments, above acupuncture or osteopathy.

Use all your reflexology skills when treating your clients and, for added effect, use some classical techniques in the weight-bearing mode on the hands and feet.

Practitioners’ Letters

I have so enjoyed your books and DVD and have used the principles on myself and clients with wonderful results.

Regards
Barbara Wilding

I can’t tell you how much I enjoyed being on the VRT course. As ever I came home inspired and eager to do even more VRT. I have been using it today and on one lady who has severe rheumatoid arthritis and sciatica, the metatarsal gliding caused a big shift. She felt a surge of heat in her low back and tingling in her legs. After the treatment she was pain free for the first time in a long time!

Congratulations on a brilliant weekend. The people were so lovely and I’m sure that like me, they are inspired by what they have learned.

Thank you again.

Jane Chamberlain

I cannot let the day end before thanking you for yet another wonderful day of VRT. I so enjoyed my day and my head is buzzing with all the new techniques and paths to explore.”

Regards
Annie Zakiewicz

First of all thank you for a most enjoyable and informative course last weekend (VRT Basic and Advanced) I thoroughly enjoyed both days and put into practice what I had learnt as soon as I returned home to Stockport. I have been using the techniques on friends/family, reflexology and massage clients. One client with neck problems reported after the treatment that her neck felt easier, so I’m looking forward to more favourable feedback

I have a new client who is a golfer and came for a back massage due to knots in his shoulders. I gave him VRT either side of his massage and he said it felt looser, but is coming back for a 2nd session.

Follow up information:
I saw the lady with the stiff neck today and she said it was still feeling a lot better. The golfer came back for his 2nd treatment on Monday.
and said his shoulder was a lot better. Not sure if it was the massage or VRT - maybe a bit of both? But I'm still using the VRT and monitoring results.

Adele Appleton

MAGGIE BROWN - Obituary

It is with great sadness that we report the death of reflexologist Maggie Brown from Kidderminster who died in September 2010. She was a great supporter of VRT and also attended the ART, Lymphatic Stimulation and Nerve Reflexology courses that we organised over the years.

Maggie was seemingly fit and well until she had a fall in September. Her husband Pete writes: “Following an x-ray and scan, after she broke two ribs, they found she had a 7cm abdominal aortic Anurysm which needed to be operated. I'm afraid to say she didn't survive the operation on Wednesday 8 September.

She was the best she's ever been in terms of fitness and was going to the gym. We had a great year with our Ruby wedding celebrations and son James's wedding”.

Maggie will be sorely missed by family, colleagues and friends. All at Booth VRT send our deepest sympathy to Pete and the family.

ART and VRT Workshop

Pain/Mobility and Gynaecological Issues

November 6-7 2010

Tony Porter and Lynne Booth joined forces for a unique weekend of VRT and ART in Bristol. We were delighted to have three assistants to help the large group: Karen Newton, VRT tutor, Lilian Gautheron is a reflexology tutor who teaches in Toulouse and is a keen practitioner of VRT and ART and Beatrice Delaetre, also from Toulouse, was also there to assist and brought all her extensive ART skills to the group. It was a great privilege to teach with Tony, as it was he who taught me reflexology 20 years ago in last year as IIR tutor. The St Monica Trust is a wonderful venue for classes with the large hall and ample adjacent free parking.

ART-VRT Seminar Reviews

Thank you so much Lynne. I so enjoyed the workshop. It was great to review both your work and Tony's and learn some new techniques. You both continue to inspire me with your work which is amazing. I don't where you get your ideas from, but I am very glad you continue to do so as where would the world of reflexology be without you! I arrived home yesterday after a very quick trip and back to work tomorrow with lots of new ideas.

Fiona Clark
Manila, Philippines

Just say how much I enjoyed yours and Tony's two day ART/VRT workshop this weekend. I can only imagine a fraction of what it must take to organize such an event particularly as you are both very busy people. The content was excellent, and the ART and VRT are an extremely good and concise combination. I always come away from your courses feeling enthused and my techniques reinvigorated. It also makes me realise how much there is still to learn. You are both inspirational teachers and reflexologists. I could hardly wait to get going this morning when I got into work and grabbed a couple of unsuspecting patients. I am relieved to say the result. I saw a patient this week who used the thumb nail technique when she was in the MRI scanner and she started to get cramp. She said it really helped.

Louise Smail

POSITIVE HEALTH JOURNAL

Reflexology and Older People
Article by Lynne Booth
August 2010

The Newsletter contains an inserted copy of Lynne writes an “Expert Reflexology Column” for Positive Health, the highly respected complementary health journal that can now be viewed on line every month free of charge. There are excellent articles (and an extensive back catalogue and research resource)

www.positivehealth.com
VRT Newsletter 6  Winter 2010

Dwight Byers and Annabel Lewis, IIR tutor with Lynne Booth. Dwight was in Bristol on the one of last stages of his European teaching tour.

VRT WEEKEND IN NEW YORK

I was delighted to return to New York on the weekend of September 11th to jointly teach a weekend course with my VRT tutor Florica Radu. We had been invited by the New York State Reflexology Association (NYSRA) in Manhattan. It was also a special weekend to visit Ground Zero and see so many dignitaries and relatives, plus protests involved in the commemoration services for the 9/11 victims.

Florica taught the VRT Basic course on the first day and I then ran a specially adapted VRT Pain and Mobility class. NYSRA are an enterprising group of reflexologists who are aiming to bring a high standard of excellence to all areas of Reflexology in New York State. I shared with them many techniques that I have developed from my very contrasting clinics with older people and with professional sportsmen.

“Thank you so much for an outstanding class again”.

“I would recommend Florica’s VRT workshop to any reflexologist who is looking to expand their services to clients. Simply amazing”

VRT colleague Penny Wilkinson from Wisconsin giving a full VRT/reflexology treatment at the end of the day.

EmoTrance for Reflexologists

In this Low Cost One Day Workshop you can experience how:

- To connect to your energy body and understand how your emotional response to life affects your health.
- To release any emotional attachment to your clients and their conditions and understand that you do not need “protection”.
- To help your clients to release their emotional causes and blocks to healing while you are working on their feet.
- To be fully present with a client and empower them to engage in their healing with you and on their own at home.

To use this technique to manifest clients and grow your practice.

EmoTrance stands for Emotional Transformation and could be the most valuable tool that you will ever learn to help you in your personal and professional life.

Fun Experiential Workshops held throughout the UK.

Go to www.toptotoehealth.co.uk for details or contact

Allison Walker on 0808 1088 311 (free from land lines)

Centrepoint Charity

“Giving homeless young people a future”

As usual, each Christmas we give to a specific charity instead of sending cards to members www.centrepoint.org.uk

“Giving a young person a place to stay is the first of many steps toward overcoming their homelessness in the long term. The basis of our offer to young people is first a safe place to live. We provide several forms of accommodation. These range from night shelters for emergencies, to hostels for short stays, to ‘supported flats’. There are services especially for young people who are leaving the care of the local council, for ex-offenders, and for young single parents. People may stay in a service for from nine nights to two years”
Labyrinthitis

Labyrinthitis is an inner ear infection that causes a delicate structure deep inside the ear (the labyrinth) to become inflamed.

The labyrinth is a maze of fluid-filled channels that control hearing and balance. There is one inside each ear in the bone at the base of your skull.

When the labyrinth becomes inflamed, the information it sends to the brain will be different from that sent from the unaffected ear and your eyes. This difference can make a person feel dizzy or they can feel that they are moving when are still (vertigo).

If the hearing part of the labyrinth is inflamed, a person’s hearing can be affected.

Labyrinthitis is usually caused by a viral infection or, less commonly, a bacterial infection. It can affect one or both ears.

Labyrinthitis is a difficult condition to treat although I may have had some limited success a couple of times by working up and down the spinal reflexes C1 – L5 plus tapping the spinal points. Also press the weight-bearing hand reflexes from the Atlas (C1) area down to the C6 at the base of the neck (see fig.) Also work the ear reflexes with Synergistic VRT and Zonal Triggers. One point I have found good for any ear imbalances including tinnitus is working the dorsal point (on VRT charts it is where the number 24 (‘Tinnitus point’ is situated for the shoulder reflex!). It also seems to help ear balance conditions but this was just an anecdotal bit of information I heard on a course in South Africa many years ago. It is worth a try. Also work the ear, neck, ‘Tinnitus’ point on the weight-bearing or reclining foot while holding the big toe (nail-on-nail) at the same time. I do know of anyreflexology studies or trials this condition.

A reflexologist recently saying that she had received an enquiry regarding VRT for Labyrinthitis. The person had found her on the internet. He said VRT is supposed to be very helpful for this condition. It may be useful but the VRT on the Labyrinthitis website is a medical term: Vestibular Rehabilitation Therapy and should not be confused with Vertical Reflex Therapy - both can be known as VRT. To read more look at an NHS website or see:

www.labyrinthitis.org.uk/vrt.

Lynne Booth

SET UP A THERAPY BUSINESS: A STEP-BY-STEP GUIDE

By Gill Warren - Ethical Business publishing 2010

SAVE YOURSELF FROM FRET, SWEAT AND DEBT!

Review by Chris Roscoe, VRT Tutor

“This book is essential if you are considering embarking on a fulfilling career as a therapist, or if you are already a practicing therapist and wish to ensure that you are working optimally for your personal fulfilment and best income”
Margaret Gray, Therapist

Gill Warren is a life coach, business woman, lecturer and chartered accountant. She has run her own therapy company and a number of other small businesses and has seen how many therapists struggle with the business side.

She believes that it is possible to be both ethical and profitable in business. This is such an important concept as many of us find this a contradiction and which could be holding us back in making a success of our practices. Her book provides an excellent resource for therapists starting out and also for therapists who want to look at their business with a view to attracting more clients, maintaining integrity and making a good living doing what they love. Gill interviewed many therapists about their experiences of success and failure in their practices, analysed them and combined them
with her own business know how to produce this inspiring book.

It is clearly set out and very easy to read. The opening module is ‘All About You’ which has questionnaires which allow you to look at your strengths and weaknesses, so that you can capitalise on those strengths in the way you plan and run your business.

There are chapters covering setting up your practice and the best ways to obtain financing and how to properly look after your money by setting appropriate fees, controlling costs and basic accounts. Also examined are Health & Safety, Insurance and Legal issues.

Marketing is one of the most important parts of running a successful business, but often the most neglected, as it is something that many of us find difficult. But worry no more! Gill deals with this in a practical and realistic ways with tips on becoming a client magnet - ideas such as giving talks, market research, writing articles for local publications, doing demos in public places, working at festivals, creating your own newsletter or blog, contacting former clients offering a discounted ‘MOT’ session and many more. Also covered are marketing via websites and internet and making the most of search engines such as Google so that your name / website is among the first seen.

This is the book we all wish we’d had when we finished our training! It is well written, practical and inspiring and I would highly recommend it. I’ve been in practice for 15 years, but found such a lot of useful advice and tips in it. This time of year is coming up to a quiet period for many therapists and it could be an opportunity to work on your practice instead of in it. Right, I’m off to revamp my business!


Shoulder Case Study
By VRT Tutor Karen Newton

An example of stress leading to physical symptoms.

The lead up:

2 months before I wrenched my right arm but felt OK the next day and 2 weeks before I had a cold. A week before the incident I had developed a cough. After coughing a lot at night while lying on my right side I woke in the morning unable to move my arm properly. This quickly passed. Emotionally a lot had been going on. Major events I had in place for the weekend had been thwarted twice and I was concerned about my son’s health and my daughter getting stressed about finishing her degree.

Grant (my husband) was away with our son and dogs that weekend and I was determined to make use of the time. Against his advice I decided to drive to see my father, about a 2 hour journey even though my shoulder wasn’t feeling quite right. His parting comment was along the lines of “Don’t you dare do a long drive because you know what will happen .. you’ll get lost and stressed and make your shoulder worse”.

The main event leading to the acute:

I left for my journey after treating a client and took an Arnica 200 as my arm and shoulder felt quite achy in certain positions My husband had the Sat Nav and I was meeting my father in a place I’d not driven to before. The inevitable happened – I got lost. It was a hot day and I knew he was parked and waiting for me to arrive. I rang to change the meeting place and then got lost again. What should have been a 2 hour journey turned into a 3.5 hour one and I felt considerably stressed.

After getting back in the car after meeting up for tea, my arm was in severe trouble and I had to lift it on to the steering wheel with my other hand. Half an hour later my arm just gave up. The pain increased so much I nearly lost control of the car at a roundabout.

After getting back in the car after meeting up for tea, my arm was in severe trouble and I had to lift it on to the steering wheel with my other hand. Half an hour later my arm just gave up. The pain increased so much I nearly lost control of the car at a roundabout.

By the time I arrived at my father’s house my upper arm was so traumatised I couldn’t move it away from my body in any direction. Driving
was out of the question and the AA had to take
the car and I home on a tow truck the next
day! My husband’s reaction when I phoned
him was predictable and unprintable.

I had virtually no use in my arm for 3 days and
had to sleep on my back with it supported on a
cushion.

**Action taken:**

The first step was to try and explain to my
father how to administer some VRT.
Once back at home I saw a colleague who
gave me some VRT and classical reflexology.
My shoulder reflex was very ‘crunchy’. I also
taped a small magnet over the most painful
point of my shoulder and saw a
physiotherapist who showed me the best
passive exercises to do.

Three days later my mobility had increased
markedly and the pain had decreased to a
level where I didn’t need any conventional
anti-inflammatories. I had also started taking
Fish Oil and Turmeric supplements and more
Arnica with Arnica Balm alternating with
Traumeel cream topically on the shoulder
region itself.

The physiotherapist was very pleased with the
improvement, gave me a couple of new
exercises and said I should be OK to do some
reflexology but not any massage. That day I
went ahead and treated one client. The
following day I saw three clients for reflexology
and the day after that, four clients.

**Conclusion:**

I am convinced that without the VRT and other
measures my arm would have been immobile
much longer and may have developed into a
full blown frozen shoulder. This is a classic
example of how the sympathetic nervous
system can affect the physical body as those of
us that have attended Nico’s Nerve
Reflexology course will especially appreciate.

**********

**VRT Advice - Questions answered regarding Fibromyalgia and Arthritis**

I am treating a women for *Fibromyalgia* and
she has very painful thumb and finger joints
and the base of the heal is sore. What points
can I do for VRT for thumbs, hands and
fingers and any other tips?

Michelle Doubtfire

**Lynne replies:**

For *Fibromyalgia* I always work the
reflexology *referral* areas............so quite
vigorously stimulate the big toe, toes to helps
the fingers and base of palm by wrist to help
the heel. The client can practise self-help on
her hands as well – every day between
treatments. Also work the adrenal reflexes as
they have anti-inflammatory properties.
Obviously some of the key techniques on any
treatment are to work the lower lumbar/pelvic
heel area and up and down the spinal reflexes
to stimulate the central nervous system.

**Arthritis**

I treat a man who is 70 years old and has
been coming to see me for several years on a
fortnightly basis to have his hands massaged
to provide relief from arthritis pain. I do a
straight forward massage, not hand
reflexology, and it has helped. Last month he
went into hospital for a hip replacement and I
remembered you said VRT may help with
recovery so I showed him where to work on
his hands using VRT. He previously had his
other hip replaced and made a poor recovery
but he followed the instructions and has made
an excellent recovery this time.

He is now suffering pain in his ankles and his
GP has diagnosed arthritis. He has been
impressed with his efforts working his hip
reflexes. Is there a specific ankle reflex he can
work on his hand as opposed to working the
actual ankles?

Caroline Lisle

**Lynne replies:**

I am so pleased that the older gentleman has
had so much help through working the hip
reflexes.

As far as his ankles are concerned the best
way to proceed is via the *referral* areas on the
wrists - always work both hands to balance the
body even if it is sometimes a one-sided
condition, although in his case it is both
ankles. He will be helping his hips at the same
time as he will be working the same hip
reflexes as self-help.

He should work right round the wrists so he
will be stimulating all the ankle reflexes and he
should concentrate on any particular tender
reflexes that may well correspond to the ankle
areas in question. Obviously if they are
worked in the weight-bearing VRT mode they
will be more responsive.

There is also the rather "unspecified" area of
the foot-on-the-foot reflex (or the hand) and
that is usually shown on the Danish charts. It is located on the lateral foot zone 5 half way between the base of the little toe and the ankle

**Epilepsy**

By Annie Zakiewicz, Reflexologist and VRT practitioner

Rosie is an 8 year old client to whom I have given classical reflexology over an 18 month period. She has Petite Mal/Absences and Eczema. Unfortunately she has had an emotionally traumatic life for such a little girl, and I firmly believe that this has left an indelible mark on her health. When I first met her, her complexion was pallid grey and she had dark circles under her eyes. She was uncontrollable and very difficult to treat initially. I managed no more than 10 minutes the first time. In the 3rd memorable session whilst I was working on her toes a moderately loose front tooth flew out of her mouth – I was in and acquired “magic fingers” status. From then on I was a force to be respected and I could spend as long on her feet as I wished and the results were good. After 6 sessions (given at fortnightly intervals) she was sleeping better, her colour matched her name and the number of absences per day had dropped and we felt that it was supporting the dietary control well. (That was begun after the 5th reflexology treatment). She went on to have monthly sessions, but hasn’t had one for about 6 months, so that the diet could be given a clear trial. Her mother has asked me to give her another treatment soon and I am keen to try VRT to see what effect that has.

Her mother is a medical herbalist who has relentlessly researched epilepsy and its dietary control since noticing that Rosie was reacting to a number of triggers in her diet ie: wheat, sugar and dairy. Rosie was put on an exclusion diet her absences slowed dramatically, her eczema cleared and her erratic behaviour subsided. It was then discovered that a number of relatives were undercover celiacs. If you Google epilepsy and celiac disease you will find plenty of links come up. Rosie is now on a modified Atkins diet – The Ketogenic diet – and responding well. It falls down when she goes to visit her father who is not supportive of the dietary approach and school dinners are problematical. The school cook tries to accommodate the diet, but finds it difficult to grasp. She has never received any medication for her condition. Given the current level of her absences, her hospital consultant is quietly supportive and advice has been given by a paediatric dietician.

Matthew’s Friends is a support group. This foundation organised a conference in Edinburgh in October 2010 which Rosie’s mother attended. A number of high profile consultants (including one from Great Ormand Street) spoke in support of the Ketogenic diet, believing it to be capable of achieving better results than medication which in many cases is not tolerated well. However they are in the minority and are battling to be heard above mainstream medics who would rather dish out medication than navigate the controversial endorsement of a modified Atkins diet.

Matthews Friends are at www.site.matthewsfriends.org There is a medical section on this site which has research papers in pdf format.

**What is epilepsy?**

Many people will have a one-off seizure at some point in their lives, but not all seizures are due to epilepsy. Seizures can happen for many different reasons, such as diabetes or a heart condition. Epilepsy is different as it is a neurological condition where there is a tendency for people to have seizures that start in the brain.

It is the most common serious neurological condition in the UK and possibly the world. One in every 131 people in the UK has epilepsy. This means that there are at least 456,000 people with epilepsy in the UK. Epilepsy is more common in children and people over 65, but anyone can develop epilepsy; it happens in all ages, races and social classes. There are over 40 types of epilepsy, so just knowing that a person ‘has epilepsy’ tells you very little information about their epilepsy and the seizures that they have.

Ref: www.epilepsysociety.org.uk

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**REFLEXOLOGY AND INFANTILE COLIC**

by Anna-Kaarina-Lind

A step-by-step guide for parents and nurses was first published in Finnish. Due to its success, this easy-to-grasp method is available also in English in this excellent book.

Reflexology is a safe, drug-free and effective method of relieving infantile colic. In addition to its healing effects, it is a wonderful way of bonding with the newborn baby - it is, after all, through human touch that the baby starts to view the world and the people around him. With this gentle, yet effective therapy, you can relieve pain and help the baby to relax. Your touch gives him a sense of security and nourishes his body, mind and soul.

www.colickybabies.info
anna-kaarina.lind@medikanova.fi
Lynne’s Flash Mob experience at Heathrow Airport, Terminal 5. October 27 2010

A “passenger” bursts into song and dance!

What a fantastic, joyful experience to be part of the, now fairly famous, T-mobile flash-mob advert at Terminal 5 on October 27th. I was flying to Copenhagen to teach VRT but heard the sound of a beautiful lone voice as I entered the terminal concourse at 10.30 a.m. so, instead of heading to Departures, I went to see what was going on at Arrivals. I immediately became aware that many of the hundreds of “passengers” were singing a cappella songs. An incredible feat for unaccompanied voices. There were also no instruments, just every voice making the sounds of drums, violins, trumpets etc. As the superb medley of musical excerpts got underway, I realised that I had got caught up in something very special that was contagious and uplifting to even the most experienced or jaded traveller!

Many passengers, like me, were stopped in their tracks and I was soon singing and waving my arms with everyone else. I was even interviewed briefly by some of the team and my voice is now on T-mobile radio adverts! It was as much pleasure to be part of the welcoming crowd as I am sure it was to be welcomed on arrival! I finally tore myself away to Departures but the buzz and generally uplifting experience stayed with me for days. Have a look yourself with the following link.

www.youtube/lifesforsharing.com

It is not often that one can have a such good time and, literally, share it with others by a click on You Tube. The 3 minute advert went out simultaneously on 80 TV channels only 2 days later …over 5 million people have viewed it already on You Tube! Make sure you watch the authentic “Official 3 minute T-Mobile Welcome Back” clip!

Membership Renewal
£25 per annum (£30 overseas)
Pay by Standing Order: still only £20!

For those members whose annual subscriptions were renewable on 1st November 2010 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.

The membership in the UK will now be £25 but you have the option to keep it at the same fee by paying £20 by standing order.

This was our first ever first price increase in over 7 years! We started membership fees at £25 per annum and were subsequently able to reduce them to £20 per annum for the past 6 years.

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 VRT newsletter.

“The Secret of Shelter Island” by Alexander Green

“An excellent, special and very different book”

Lynne reviews: The sub-title of this extremely readable and inspiring book is “Money and What Matters”. There are short chapters that were originally written as articles and take inspiration from many of history’s greatest thinkers. The author is a top financier who takes a spiritual and insightful view on money and the values that we have in pursuit of a good life. Very pertinent for therapists who care but need to be businesslike too.

Suffice to say it is an amazing resource of quotes and philosophical insights, simply but intelligently expressed. Just “Google” the title on Amazon and you can browse through the early pages to get a taste of the author’s approach.

Be one of the first to attend a
New VRT workshop on Sunday
6 March 2011 in Bristol

All VRT Practitioners are eligible to attend
The workshop for foot and hand
VRT/reflexology will include the
following techniques:

- Learn the successful VRT “Sleep
  Package” of refined and new
techniques with instruction sheet to
duplicate for clients

- New VRT Wrist Twist to help mobility
  issues

- New VRT Mobilising synergistic
techniques.

“I tried out your new standing “Wrist-Twist”
position with a member of staff who has
torn a ligament in her knee. Then worked
the reflex on the hand and nail and she
was amazed by the effect”. Louise Smail

- Special adaptive methods for working
  with older people

- Learn how to work a combination of
  mobility movements and nail reflex
  work for musculo-skeletal issues and
  sports injuries.

Lynne writes ....There are several reasons
why I have devised this new VRT advanced
course: i.e many people have benefited from
VRT Diaphragm Rocking and other reflexology
sleep techniques that I have developed over
the years. These have included older people
at the St Monica Trust where I have a
reflexology practice. Some of my sleep
seminars have had very good results and a
resident wrote to say that “rocking my hands at
night has bought me more time in the day. I
sleep deeply at night and wake refreshed and
have more energy to enjoy pastimes again in
the afternoons rather than dozing in the day
and not sleeping at night”. I have also been
working on VRT and reflexology techniques for
mobility issues and sports injuries using a
person’s own mobility for some of the
techniques. Some of these new techniques
will be shared for the first time on a standard
VRT course. I have also had positive
feedback about what has been learnt on my
VRT Master classes so I have selected some
of these techniques to demonstrate and teach.
If you have attended just one VRT class, or all,
there will be very valuable new tools for you to
learn on March 6th and I look forward to
sharing them with you in Bristol.

Book early please! We already have a list of
people waiting for the date of this course to be
announced. Places will be allocated on a
strictly first-come, first-served basis.

A tender tale to ponder.....from
Soul Food by Jack Kornfield and
Christina Feldman

The young daughter of an Illinois family
became ill and was diagnosed with a life-
threatening blood disease. Her 6 year old
brother had the same blood type and they
asked him if he was willing to donate blood to
save his sister’s life. He said he would think
about it and, after a few days, he told them
that he would.

The next day they were taken to the clinic and
the doctor firstly wanted to show him how his
blood would have an immediate effect. He
transferred ½ pint of blood from the boy to his
sister and in a few minutes colour began to
pour back into her cheeks. The little boy then
motioned to the doctor to come over and said
very quietly, “Will I start to die right away”?

When he had been asked to donate blood his
6 year old mind took it literally and he believed
he was trading his life for hers. No wonder he
took a few days to mull over the suggestion.

In today’s society, selflessness is often to be
considered outdated, idealistic or naïve…but
this true story illustrates the power of pure
selfless love.