

Vertical Reflex Therapy



Membership Network Newsletter

No 3. Spring 2003

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Dear VRT Member

Greetings and good wishes for 2003 to all our VRT practitioners and welcome to those who have recently joined the membership. This bumper edition brings a variety of information ranging from two very special offers for members only, case histories and new techniques to news of my new book *Vertical Reflexology for Hands* which is published by Piatkus Books in May 2003 and we even show a cat's paw chart!

We look at the new nail-working techniques in detail and give a taster of the new VRT nail-working charts that will appear in *Vertical Reflexology for Hands*.

We have also on offer the much requested A4 VRT Foot Chart which is a smaller version of the full colour wall chart but is printed on stiff card. These charts are a useful size to display on a desk, show to a client or put in a presentation or case-history folder. They will retail at £4.00 each but costs members only £2.00.

The VRT nail-working and hand reflexology has transformed my practice and those of many others and we look at the implications for self-help top up treatments that clients can do on their weight-bearing hands.

I appreciate the time and trouble that members take to keep me up to date with developments, suggestions and case histories. Vertical Reflex Therapy is constantly evolving and I am always open to new ideas from reflexologists which I can share with others on courses or through this newsletter.

In the past four months I have travelled to Australia and South Africa on two long teaching trips. It is fascinating to meet reflexologists who work in places as diverse as modern nursing homes or rural African health centres.

This year new VRT Hand and Nail-working courses are added to the curriculum and larger finger nails mean that reflexology can become available to more people for first aid and self-help as well as part of a professional treatment.

As I explained at Christmas, to simplify the issue of newsletters and membership renewals we will now be issuing a Spring, Summer and Autumn newsletter. The idea of this is to avoid holiday periods or when the newsletter may become caught up in the Christmas post. If your membership was due for renewal in January it's been extended and your membership will now run until 1st March 2004 when you complete the enclosed form.

Present renewal date	New Renewal Date
1 st January	1 st March
1 st March	1 st March
1 st May	1 st July
1 st July	1 st July
1 st September	1 st November
1 st November	1 st November

The majority of VRT Network members will be renewing at this time and I would encourage you to do so, especially if you value your details being advertised on our website. When the new VRT book is published reviews and articles will point readers seeking general VRT treatments to our website listing of authorised practitioners. We had over 1500 requests in one week for practitioners following one article in the Daily Telegraph a couple of years ago and another national broadsheet article elicited over 500 letter requests for practitioners. Special members offers will continue to be made, including reductions on subsequent or revision courses. Occasional courses such as the Manual-Neuro Therapy (MNT) will be offered to members first as places will be very limited. We hope to offer Nico Pauly's MNT course which will now be in early 2004.

Kind regards from the VRT tutors and myself.

Lynne Booth

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VRT COURSES IN HOLLAND AND BELGIUM

By Hedwige Dirkx, VRT tutor for Belgium, Holland and Luxembourg

Dutch therapists who work professionally are obliged to attend several further training courses to keep their license. Belgium does not work with that system, but organises courses because they are interested in some way. VRT courses are regularly organised, at least once a year, by VNRT (Holland professional association) and ANZN (school for complementary health) in the Netherlands. The Belgian association offers it every three years to their members. Holland gives members get 10 points for it and they need to gather 30 points for practical training courses and another 30 points for theoretical studies.

As a tutor, it is very pleasant to work with Dutch therapists. Most of them are used to studying or working with techniques from abroad. While practising, especially the synergetic techniques, they get creative and see all kind of combinations with reflexes they already know. Therapists who did Three Dimensional Reflexology of Henrik Hellberg (Sweden) or Neuro Reflexotherapy of Nico Pauly (Belgium) see new opportunities in combination with VRT. This gives an extra dimension to some courses, the only risk is that the other members who didn't attend these courses can't place the new ideas at that moment. But even they are very enthusiastic because of the 'strange' and sensitive way of treating people with VRT. VNRT has already booked three advanced courses for autumn for their own members.

Australian Reflexology

Notes on the conference and teaching tour October / November 2002

By Lynne Booth

I set off on a cold October day to fly via Kuala Lumpur to Melbourne, Australia at the invitation of the Reflexology Association of Australia (RAA) to be their keynote and overseas speaker

at their bi-annual conference in Melbourne. I also had invitations to run VRT courses and one Endocrine course in Sydney, Melbourne and Brisbane. The time factor only allowed for one Endocrine course. I miraculously recovered from jet lag in a day thanks to melatonin and sleeping till 2.00 p.m. from arrival at midnight!

The Conference was a fascinating and well organised event which began with an Aboriginal cleansing ritual. The burning of sticks and herbs in a sort of wok was initiated by a wonderful aborigine lady whose grandfather had farmed the land on which our Melbourne hotel and street was built. Several asthmatics had to leave the room due to dense smoke which dissipated in minutes and it was well worth a slight cough to experience a very loving and celebratory ceremony! Speakers ranged from a motivational lady from Malaysia who told us a few home truths such as "Go off and look after yourselves, keep fit and make space to be still". She rightly said, "I don't want to be treated by reflexologists who does not look after themselves!"

Every topic was a highly polished presentation with Moss Arnold speaking about Chi-reflexology and showed us a special "poison point" on the foot for dealing with major infection or snake bites and Lyndall Mollart spoke of reflexology and midwifery within the hospital system. There were interesting stands, delicious food and time to socialise or even dance in a converted warehouse where the gala dinner was held.

I then flew to Canberra for two days to see relatives on a farm and helped them sparingly water plants in the terrible drought. The smell of bush fires in Sydney and the Blue Mountains was constant during my stay in those areas.

Then it was a week in Sydney staying with the RAA secretary Joan Harwood and teaching 5 VRT courses. A problem arose when the conference centre could not provide us with a large enough room for the only Endocrine course of the tour. Ever-resourceful, I set off on a Sunday lunchtime to various Sydney churches where I eventually found a helpful Baptist minister, who loved reflexology and he let us use his light, carpeted Church foyer and meeting room as a venue! We arrived to find fresh bush flowers in vases and classical music playing. The

whole day had a wonderful atmosphere and there was very positive feedback.

Cherel Sue Waters, my new VRT tutor, and I then flew back to Melbourne for two days teaching at a University venue for the Australian School of Reflexology. They were a wonderful group of highly professional reflexologists who obtained incredible VRT results in the course of two days. We then flew onto Brisbane where I taught very large classes in a 19th Century mansion in tropical gardens overlooking the river. Here was where the early immigrants stayed on their arrival from eastern block countries before being sent into terrain and conditions they could never have imagined. The friendliness and enthusiasm for reflexology is something I shall never forget.

As a postscript I shall mention the following story:

The week before I set off for Australia I met up for supper with Dwight Byers (President of the International Institute of Reflexology) and he gave me one of his little plastic foot charts and told me to pass it on to a stranger on my next journey. As I keep totally to myself when ever I travel, I knew this was highly unlikely! However, on the plane out I sat next to a young man who, once we had started talking, asked me what I was typing. I told him I was writing a reflexology book and he asked me if I would mind treating his shoulder as he had suffered a bad fall while sports training.

I worked on his hands (including Diaphragm Rocking and nail-work) and he felt his whole body relax and the pain eased in his shoulder a little and he immediately slept for a couple of hours. The hostess had already walked by and said "Reflexology! - please come to the cabin later and treat my arm". I later gave the whole cabin crew a little treatment each and taught them self-help. When I said goodbye to my travel companion he gave me his card and asked me to send a copy of my new book to his trainer. He asked me where he should work his own hand. I started to draw him a hand until I remembered Dwight Byer's little foot chart so I gave it to a stranger after all!

Afterwards I looked at the name on the card and was delighted to find that the lovely unassuming guy I had treated was an Olympic and Commonwealth Games athlete who had won

several medals including gold and was renowned in his field.

Goodbye and Welcome to VRT Tutors

Alison Dobbins - UK

Many of you have been taught VRT by Alison Dobbins over the years and the positive questionnaires after courses and return requests from schools and colleges bear testimony to her great teaching skills and professionalism. Alison was the first person, outside the my nursing home clinic, to ever receive VRT and she immediately began to experiment and put the embryonic techniques into practice and she too gained outstanding results on the very first client she tried it on. She trained as a VRT tutor and has trained other tutors and put together the teaching packs we use as well. I was grateful for her eagle eye for detail when I was editing my first book and I have relied on her support as a colleague and friend. She has now moved on within Bristol and is expanding her practice so will not be teaching VRT anymore. We thank her for all she has done and wish her well in the future.

Cherel Sue Waters

Australia and New Zealand

We welcome Cherel as our tutor and representative in Australia and New Zealand. Cherel completed her training with me over 9 courses in Melbourne, Brisbane and Sydney. I first met Cherel in Australia over three years ago and we have kept in close touch. Cherel qualified as a Reflexologist in 1997, training with the Australian School of Reflexology, Sydney. She has continued her professional development in many aspects of reflexology. She uses VRT extensively in her practice. Her love for reflexology extended to teaching Reflexology I & II, Hand & Ear Reflexology on a part time basis, at the School of Integrated Body Therapies. Cherel has a busy private practice on the Central Coast of NSW and is actively involved in working with a HIV-Positive support group. She holds a position on the Board of Directors of the Reflexology Association of Australia Limited, and was active in the transition and formation of this company.

Jessica Hart - South Africa

We are also privileged to welcome Jessica Hart to our group of tutors. Jessica runs a private practice in Durban and is also a teacher of reflexology and aromatherapy at a college of further education. Until last year she was President of the South African Reflexology Society and over the past ten years has been highly influential in helping reflexology, as a discipline, to be recognised by the South African Government as a therapy that comes under the umbrella of the Allied Health Act. South Africa is the only country in the world to have reflexology recognised in this way. Only osteopaths have achieved the same sort of recognition in the UK. Jessica and I recently linked up to teach for the second time in a year and travelled to Johannesburg, Pretoria and Durban to teach VRT.

Both are not only excellent practitioners and qualified teachers of reflexology but they are, or have been, presidents of their reflexology societies! This means they bring a wealth of experience and awareness of the professional standards and protocols that we need to embrace to gain greater respect as a profession.

Case History Request!

We value your input immensely and most of the case-studies in the new book are those I have received from practitioners. Please continue to send them in. You can print a form off the website or request one to be posted. The input on a variety of conditions is helpful if other members seek advice on treatments.

Thank you

Useful contact numbers

We are sending all members a sheet of useful organisations that they or their client's may wish to contact. All numbers are recently collated and checked and were due to go in the back of my new book but there was not room. This way we can still share the information with fellow reflexologists.

NEW VRT HAND COURSES

Lynne's new book "*Vertical Reflexology for Hands*" will pave the way for a brand new VRT course that will introduce the therapist to Nail-working on a greater scale than we cover on the endocrine course.

Hand Reflexology is a neglected area of our profession and it is only in recent years that schools and colleges are beginning to teach it more fully as part of the curriculum.

We cover precise reflex working on the grid reflexes on the thumb nails as well as the secondary helper nails. You will learn to work individual weight-bearing fingers and make new connections to the Zonal triggers and Neural Pathways. Special combinations of nail/reflex techniques help tap into the body's innate healing response.

The new course will teach therapists a practical overview of conventional hand techniques. The new colour dorsal hand wall charts in the book will be available this year. Modern hand reflexology works the upright passive hand by working with the therapist and client's fingers clasped to help give leverage of the reflexes.

Passive hand-working experiments on recent Endocrine courses Lynne has taught have illustrated the immense power of nail-working. Once weight-bearing VRT is introduced the therapist can elicit much more information from the hand reflexes. A few minutes nail self-help a day can accelerate a client's recovery.

See venue sheet for London and Bristol courses. The website will announce new venues in due course.

Letters Page

Dear Lynne,

A woman in my reflexology class had come off hormone preparations to stop her periods, and couldn't get them to start again. I recommended the VRT points for the ovaries and pituitary for home treatment, and the periods came back next day. Nice one!

Donal McDaniel
Belfast

Dear VRT Office

I have enjoyed all three VRT courses and learned a lot that I use in my practice everyday. However I was disappointed to see that we cannot use the letters VRT after our names. Why not?

Yours
T.T.

Reply: VRT offers highly regarded courses and we are recognised by the main reflexology bodies and have taught for many schools and organisations. You can immediately integrate VRT into your practice. The one day courses we offer give a Certificate of Attendance, *not* a certificate of competence, and our courses are accredited through the Guild of Complementary Practitioners which give the professional reflexologist 5 CPD points per course. Beware of organisations who offer you "qualifications" after a day's teachings with no examination. We hope in time to offer a registered certificate to individuals who follow the same procedures as other professional bodies. These register their courses and devise practical, oral and written exams plus the students must submit case studies or a dissertation or both. Only then can anyone put letters after their name. I have been a little surprised that some practitioners have not realised this distinction. Perhaps it is because Vertical Reflex Therapy is universally known by the letters VRT? Precision Reflexology, for example, does not have such an abbreviation and therefore it would not occur to most people to put the letters PR after their name following a one day course. I hope that this clarifies matters.

Dear Lynne,
I am contacting you as I am going to hopefully offer Complete VRT as a quicker treatment in an organisation. When I do VRT in normal circumstances it is along side conventional Reflexology

and so I do my normal Medical History form which can take a long time.

I was wondering if you had a shortened version that just asked the question relevant to VRT which would fit in to a shortened (20min) consultation?

Yours sincerely
T.W.

Reply: I do **not** recommend a shortened consultation as VRT is often just as powerful and far reaching when given for 20 minutes as when a full reflexology treatment is given so I advise that the same amount of information from the client is required.

There are two options both of them using your standard case history form - (you can also send them a form in advance to fill in all their general details and they bring it to the first consultation.)

- On the first appointment of 20 minutes you take the case history and give them a brief 5 minute Basic treatment and some Diaphragm Rocking only and maybe a few advanced techniques.
- My preferred method is to book people in for longer on the first treatment say, 30 - 35 minutes and then all other sessions that subsequently follow are 20 minutes.

Dear Lynne

Yesterday I had the privilege to be one of your students on the basic VRT course at the Oxford School of Reflexology.

I was lucky enough to be short of a partner during the practical and you kindly worked on me for a few minutes, focussing on my chronic tennis elbow (two years old) using your Zonal Trigger treatment. Please add me to your list of grateful clients. I woke this morning with no stiffness in the joint for the first time in several months, there is a huge improvement in mobility and at least 50% reduction in pain. I'm converted. Thank you so much.

I run the complementary therapies clinic for a BUPA Hospital alongside the physiotherapy department, so as you can imagine there will be no shortage of orthopaedic patients on which to practise!

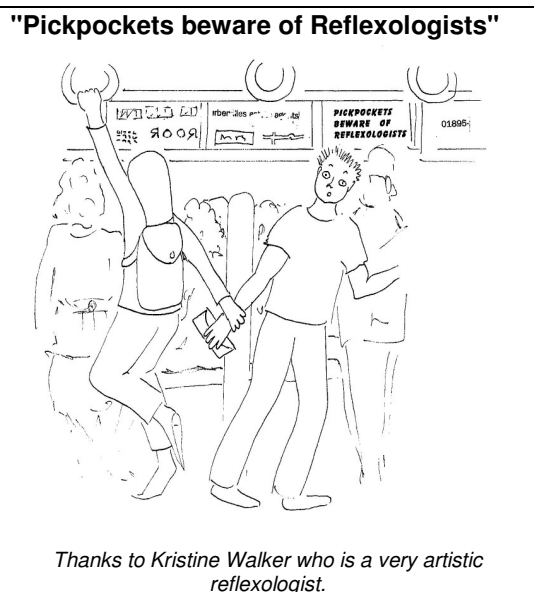
I am looking forward to attending one of your advanced courses in the near future.

Kind regards

Anne Stephens

VRT and Reflexology strengthens the hands of the therapist

It is important for every therapist to look after and exercise their hands as they are their means of helping others and earning a living. Many reflexologists keep their hands healthy by exercise with purpose built-sprung grippers to build up muscular strength that can be squeezed repeatedly. The tendons in the hands can easily become strained and it is worth paying attention to your body's posture and angle of your hands when you work. A few years ago I realised how strong my small hands were when I felt pick-pocket thief rummaging in my backpack on a crowded Amsterdam tram. I instinctively reached up my arm put my hand in my bag where I caught a large hairy hand holding my purse. I held on tightly for a several seconds, until somewhat to my surprise, the man managed pulled his hand away, minus my purse, and jumped off the tram!



Reflexology in the Workplace and the benefits of Hand VRT. Some ideas for you and your clients to work on!

Lynne writes: I have been amazed at the power of weight-bearing hand reflexology and I hope many of you will begin to experiment with this at once, even before my new book comes out. It is always

interesting for a therapist to work in a large organisation as there is a wide variety of conditions presented by staff who range from senior management to manual workers performing arduous or heavy duty tasks. In hospitals many of the nursing staff and careers present a variety of orthopaedic problems, which are often old injuries that get exacerbated by lifting or bending. However, new regulations and the use of hoists and other equipment prevent many of the injuries at work that used to be commonplace.

Last summer I decided to treat a variety of ailments that can be quickly and successfully treated within the workplace or office environment. Six members of staff, in a large organisation, were selected for this small survey. None had received reflexology before and in each case there was a positive response to the treatment within the first one or two weeks and after four weeks some problems had improved by well over 90%. Each member of staff's twenty to thirty minute treatment began with basic VRT on the feet, then they were treated with conventional foot VRT while using the hands synergistically. The client kept a record of their reaction/improvement to each treatment and was given VRT Hand charts marked with specific reflexes to treat with self - help VRT twice a day for a few minutes between the weekly treatments. All six results were exceptionally positive and after four treatments we both took an evaluation of the progress made since VRT commenced:

Result 1: 50% improvement in neck mobility. Could turn her head from side to side with no pain. No lasting improvement for headaches. Sleep 100% improvement. Levels of stress and tension greatly reduced.

Result 2: 90% improvement in arm, neck and shoulder in terms of reduced pain and increased mobility. Sprained ankle positively responded to VRT. Her knees did not improve.

Result 3: Elbow greatly improved immensely from the first treatment and was virtually 100% recovered by the end of four

weeks. The clicks in the knee lessened and were not painful when they occurred. Immediate relief for hurt ankle.

Result 4: Back had improved considerably over four weeks with little soreness remaining. Her long term ear problem became worse before it got completely better. Her sleep was much improved.

Result 5: Immediate increased mobility in arm at the end of first treatment. Can now stretch arm straight. Immediately after the first treatment she had more backward arm movement which has further improved. Long term problem with left foot improved and virtually pain free and walking was easier. However self-help was not enough and it requires professional VRT to maintain this situation on the foot.

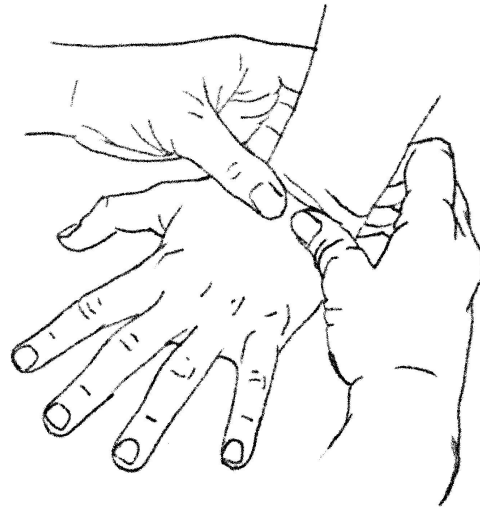
Result 6: Neck is now generally much improved but a little stiff. Entire body is much more relaxed than it has been for a considerable period. Hips are much improved. VRT self-help techniques also helped her holistically.

Conclusion:

All the staff reported that they felt VRT/reflexology had been of great benefit and said they would continue to use self-help reflexology when required.

One person did express doubt that the self-help VRT on the hands would not be powerful enough to achieve this level of results without the added input of a full VRT treatment. This is a very valid point as in the case of Result 5 self-help VRT was not good enough and her foot only improved when I worked her hand. However, the general opinion so far is that when the hands are worked in a *weight-bearing position* the body is particularly responsive whether the person has been treated professionally or not.

Survey reported July 2002



Working the weight-bearing hand.

Reflexology in the workplace Facts:

Odense Post Office in Denmark, which has employed a full-time reflexologist since 1990 reports a saving of around £100,000 a year due to a reduction in sickness and absenteeism of 13.3%

The Human Resources Director of Lego reported at a reflexology conference that his company employed several reflexologists on their various sites and treatments were available for all levels of staff. It was a pragmatic financial decision as the salaries paid to the therapists was much less than the productivity and revenue lost through sickness in the years before reflexology was offered. Finland 1998

Ishøj Municipal Health Department recorded 2,499 fewer sick hours over a six month period in which employers received reflexology. This saved the company £21,490.

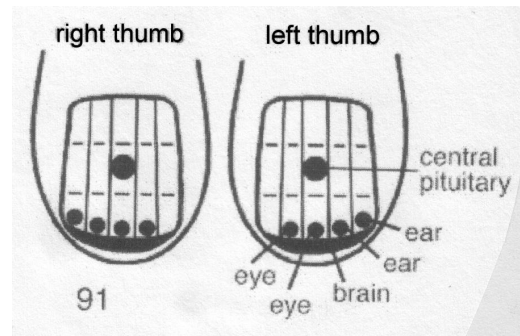
SAS Cargo estimated a financial saving of £2,000 a month when employees were receiving reflexology.

VRT working Nail-on-Nail

The positive feedback from the endocrine nail-working courses in the UK, Australia, South Africa, Eire and has been enormous and I look forward to sharing these easy-to-learn techniques with Hedwige Dirkx in Belgium and Holland at the end of March.

Those of you who have attended the Advanced VRT courses will realise the power of the knuckle work on the neural pathway reflexes. VRT Nail-working, especially on the weight-bearing hands and feet, turns up the innate healing power within the body even further to an unprecedented extent. It has been very rewarding to teach therapists these precise nail techniques on a grid system on the nails and seen them obtain immediate results in some cases within the classroom situation. The hands offer even more scope for precise nail work as the nails are larger and more uniform in size allowing the 5-zone grid system of each nail to be worked more accurately.

In Pretoria in January I took hold of a reflexologist's right hand during my endocrine course to show that *any* system in the body could be worked in this manner. I was demonstrating working a shoulder reflex on the dorsal hand and the corresponding helper nail-reflex on the little finger nail. I did not know that this lady had a right shoulder problem and was as amazed as she was when I pressed the nail for a few seconds and she felt a twinge deep in her shoulder. Immediately the pain, which had been with her for days subsided and within minutes had disappeared altogether. Fortunately others got similar results during that course so I was not labelled a miracle worker! It is exciting to use the nails as a sort of powerful junction box to tap into the body's own reservoir of healing energy.



Here is a taster illustration, from Vertical Reflexology for Hands, of the type of precise nail reflexes we can now access on the finger nails or big toe nails.

VRT Accreditation

We have our VRT Course Accreditation by the Guild of Complementary Practitioners.
5 CPD points per course.

Reference numbers are:

Basic VRT Course: C204
Advanced VRT Course: C219
Endocrine VRT Course: C220

Guild of Complementary Practitioners
Liddell House
Liddell Close
Finchampstead
Berkshire RG40 4NS

Tel: 0118 973 5757
E-mail: info@gcpnet.com
Website: www.gcpnet.com

VRT accreditation means that our course notes, syllabus, tutors qualifications and all teaching aids have been submitted to the GCP for scrutiny and verification. This means that you can be assured that our courses are highly professional and cover all aspects of the VRT training as advertised. Please see Letters Page regarding the prospect of registration of courses.

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respect, awe and gratitude, instead of denying them.**

**From Hanne Marquardt's
*Collected Treasures from the "Foot-path" of
Life***

REFLEXOLOGY AND ANIMALS 'THE ONGOING DEBATE'

I was fascinated to hear from a reflexologist in Leicester last December that she had yet again revived her horse with VRT. The vet was amazed as he was concerned at the time that if the horse remain unable to stand it may have to be put down. As soon as the horse staggered to its feet she worked the hocks, hoping to strengthen the spine and improve circulation, which indeed appeared to happen. She reported that the horse was still doing well. In some other countries it is apparently permissible to work on animals without veterinary input - for example dog reflexology in Denmark.

A recent article in Today's Therapist states:

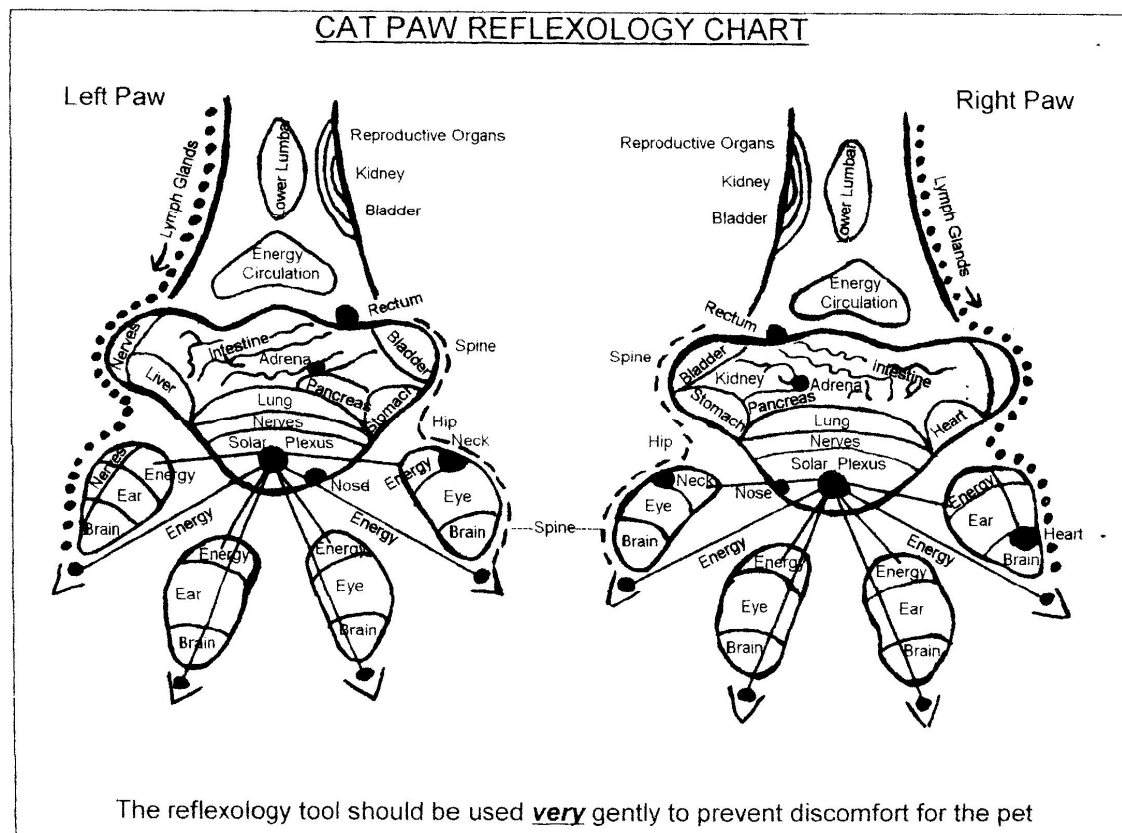
"The laws governing the use of complementary therapy on animals are stricter than those regulating human therapy. In all cases, a veterinary diagnosis must be obtained before any other therapy is given to an animal. By law, the

therapy may then only be given if the vet thinks it is appropriate".

This illustration of a Cat's Paw Reflexology Charts is a bit of a mystery as no one seems to know its origin. It appeared in the journal of the Californian Reflexology Association and was subsequently reprinted in South African Reflexology Society Journal. We print it purely for information and general interest. If any of you know of its origins please let me know and I shall contact the Californian reflexologists who put out the request for more information in the first place in the States.

The reflexologist is advised to work the paws very gently and many therapists report that their cat loves its paws being stroked. If you have a pet animal that is not responding to conventional veterinary treatment it may be worth consulting your vet to see if they are willing to let you experiment. It is now more commonplace for some vets to use homeopathy and osteopathy on some animals

Lynne Booth



CASE STUDY REPORTS FROM VRT MEMBERS

M.E., or any immune-deficiency syndrome, is one of the most difficult problems to treat as often many symptoms present at different treatments. Ada Delver from Holland also translated Vertical Reflexology into Dutch. It is followed by another difficult-to-treat condition, Seasonal Affective Disorder (SAD). Many of you will have met my friend and colleague Sarah Tyndall who has helped me on numerous courses. Sarah is also a practising nurse as well as reflexologist and I have always valued her medically based observations and learnt a lot from her over the years. Hedwige Dirkx is a highly experienced reflexologist and VRT tutor and we work closely together on VRT. She is also a teacher of graphic art and drew the super VRT Chart.

Case study on M.E. and VRT by Ada Delver, Holland

Not long after reading in *Vertical Reflexology* that M.E. was a condition that responds well to VRT, a young student phoned for an appointment. She said she was suffering from M.E.

I started treating her in August 2001. I gave her 18 VRT treatments over a period of one year. In August 2002 she felt so much better that we decided that treatment wasn't necessary any longer. The first two sessions I worked her feet firmly. As it gave her headaches I started treating very gently after that. Still I do not think that the headaches were due to the firm treatments only. She also had to do an exam and quitted drinking coffee.

After the **7th session** a change for the better set in. I started to work her feet more firmly.

After the **18th session** she said there were days she felt completely back to normal. When she felt tired at times because she had spent a lot of energy, she recovered much more quickly than before. When I asked her what VRT had done for her she replied:

"When I first came here I had an empty diary, now one year later it is full."

I always treated her with VRT at the beginning and the end. During VRT at the end I treated the most painful reflex connecting it with a Zonal Trigger. In addition I always applied diaphragm rocking (about 3 minutes) and lymphatic stimulation (LS). At the **10th session** I introduced the Harmoniser technique. There are some interesting reactions, especially to diaphragm rocking (DR), I should like to share.

Session 1: she gets a 'cold flush' during DR

Session 2: she starts feeling giddy when I work the reflex areas of the adrenals

Session 3: reflex areas of adrenals are still very sensitive, even though I work ever so gently.

Session 4, 5 and 6: she feels stitches in the ankle area and lower legs during DR

Session 7: change for the better; it is the first time LS does not hurt and feels very relaxing

Session 8: her feet, which have been cold up to this moment, are getting warmer, i.e. the reflex areas of the head and chest area

Session 9: reflex area of neck is painful; a physiotherapist has treated her cervical vertebrae recently.

The reflex area of the intestines is sensitive; the body is starting to detoxify.

Session 10: reflex areas of stomach, intestines and the spleen need extra attention. From this session on I close every session with the Harmoniser technique.

Session 11: she has a relapse; reflex areas of the head, throat and adrenals are sensitive. During DR her throat aches and she feels stitches in her lower legs.

Session 12: reflex area of the head ice cold.

Session 13: reflex area of the head less cold

Session 14: reflex area of the head warm; playing tennis again, which she has not done for ages.

Session 15: her feet are warmer; skin is redder; she is feeling a lot better, plays tennis twice a week

Session 16: She had a relapse, which did not last long. Sore throat improved during treatment.

Session 17: reflex area of the stomach is sensitive; she feels a bit nauseous; apart from that she feels fine.

Session 18: nothing special. She feels fine. Sometimes she feels completely back to normal. At other times when she has spent a lot of energy there is a relapse. But she recovers more quickly.

All through the therapy session she has felt she benefited from the VRT treatments. When she came to me her diary was empty whereas now it is full. She also passed all exams during the time I treated her.

SEASONAL AFFECTED DISORDER CASE STUDY FROM SARAH TYNDALL

Mrs B. aged 45 years.

Office worker married with two teenage girls. No operations or serious illnesses but increasing anxiety since birth of second child 14 years ago. This started mildly and has increased and in the last 5 years has been particularly bad in the winter months Jan Feb and March being the worst. Her doctor has diagnosed this as SAD. She gets very depressed in mood and at times feels unable to cope. She comes across on the surface as an sociable, outgoing person. She has a weight problem and has a slightly raised cholesterol. When I first saw her she was on Prozac but no other medication.

1st session was in January. Mood low but coping. full treatment given including VRT at beginning and end. Also short period of d. rocking.

Following day reported sore throat, aching joints especially hands and knees. However she felt that this was positive and it passed within 24 hours.

2nd session (1 week later) mood very low, weepy and felt she couldn't be bothered with anyone or anything. Described cloud of depression descending.

Full treatment as before but spent over 5 minutes D.Rocking.

Following day reported cloud lifted and more energy than has had for ages.

3rd session (1 week later) Energy has lasted but not as high as day following treatment. Cloud has not returned. Again lots of D.Rocking.

4th session (2weeks later) Found 2 week gap long, mood dipped in 2nd week but not back to level at 2nd session. Again lots of D.Rocking and included more endocrine work

5th session (1 week later) mood very low again but not as bad as last time. Husbands job under threat and changes at her work that have been unsettling. Long D.Rocking and endocrine flush and plenty of relaxation.

6th session (2 weeks later) Arrived saying that she has not taken any Prozac for a week and she feels ok (we had not discussed her stopping her medication prior to this). Wants to continue with treatments once a fortnight at least until end of March.

I have continued to see her regularly and although her moods do swing she has not been as low again as she was in session 2. For the first time in 5 years she has managed the winter months without medication. I put it down to Diaphragm Rocking!!

CASE STUDY FROM HEDWIGE DIRKX

Client: Male 56 years, politician.

Condition: Inflammation of right shoulder.

Duration of illness: 4 weeks.

He had a very painful shoulder which he could hardly move. It took a while before he could take off his jacket (I had to help him) and was seated on my chair. He was exhausted due to lack of sleep. He got his shoulder ache at the end of a very stressful period working more than 12 hours a day. When he left for a holiday in Spain his shoulder got inflamed. His doctor prescribed anti-inflammatory agents before catching his plane. The drugs didn't seem to help him much. He took it with several glasses of Spanish wine to gain extra sleep. After a fortnight having an awful holiday and masses of pain, I felt that his neck area was very tender. The whole line to the shoulder area was painful. But he preferred to feel the pain on his feet which was easier to bear comparing with his shoulder.

So I worked firmly in reclined and standing position. I also added VRT on the adrenals and diaphragm to relax him and relieve his pain. And it worked. He came twice a week and became more energetic again and was elated to show the progress every time. From the second treatment I worked with VRT alternately treating his whole spine (lower back was tender to), cervicals, neck area, brachial tunnel (nerve to shoulder joint), shoulder area, axillary nerve, diaphragm and adrenals. Within 6 visits he nearly could do every movement with his right arm without pain. He is still visiting me once a month for his maintenance.