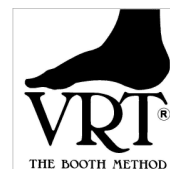


Vertical Reflex Therapy



Membership Network Newsletter

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No 31. Spring 2012

Dear Colleague

A warm welcome to those of you who have recently joined the VRT Membership Network and thanks to all of you who have remained interested and loyal to VRT over many years.

Thank you for your interest and I hope your reflexology practice will grow and flourish through using these powerful techniques. I know from your feedback and the letters on page 4 that we must never limit the power of VRT and reflexology which really can change and improve lives. Welcome to our new VRT tutors: Suzy Jacobs in Belgium and Alik Vythoulka in Spain. Reflexologist Zoe Warner writes a very interesting account about treating injured ex-service personnel with reflexology to help trauma and injury issues on page 5.

Please look carefully at the list of VRT courses that are available for VRT Practitioners and reflexologists new to Vertical reflexology. The Booth VRT Team of tutors has a wealth of experience as reflexologists. All have spent years using VRT extensively in their practice as well meeting with Lynne and other tutors to exchange and develop new ideas to take VRT forward. Karen Newton is developing a new VRT Master Class on the Digestive System and there will be more information in the next Newsletter. Christine Roscoe has taught many of you her excellent sub-Fertility issues and Endocrine classes and Cherel Sue Waters in Australia has shared other aspects of her reflexology experiences in her successful Basic/Advance Refresher days.

At the moment I am preparing a presentation to take to the 7th RiEN reflexology conference in Luxembourg on May 11th – 13th this year. The conference is called *Children First* and I shall be speaking about how VRT can help small children and even babies. Synergistic Reflexology can be used on the tiniest baby while she or he is held in the mother's arms while breast (or bottle) feeding. Fathers, family and friends can all be shown how to use these feather-light subtle techniques. Just gently brush the stomach reflexes on the plantar and

palmer about 5 times each. I also stroke the bowel reflex area on the plantar as this appears help calm colicky babies.



Here is a photo of baby Jamie's foot as he experiences gentle VRT. He is nearly 3 months old and is a lovely, happy little boy who is always interested and alert to what is going on around him – including a mini-photo shoot! Even a tiny baby can be held so that their feet briefly weight-bear. When these photos were being taken Jamie became a little restless with all the posing so I stroked the spinal reflexes on his tiny feet a couple of times and placed my two fingers (like scissors) either side of the diaphragm reflexes and rocked his feet gently – one by one. To finish I gently held the dorsal and plantar adrenal reflexes in a pinch. As soon as I held the adrenal points he calmed down and became instantly more placid. I advised his parents to repeat this when he was crying or restless as babies can learn to recognise this particular type of touch as calming and therapeutic. See some more techniques for babies on page 12.

Do keep your letters, articles and comments coming in and the VRT tutors look forward to seeing you on our future classes.

Kind regards

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Round About Painful Joints

By Dorthe Krogsgaard and Peter Lund Frandsen, Denmark



Very often joint pains are diagnosed as "arthrosis, you must learn to live with". In this article Dorthe Krogsgaard and Peter Lund Frandsen explore why this is not always true and how reflexologists with a proper knowledge about joint problems are often able to help.

With age almost everyone experiences joint pains to some extent. The worst pains are often located in the knees and hips. All joints are worn over the years and therefore establishing a correct diagnosis often causes doctors some difficulty. Far too many patients quietly accept the "arthrosis, you will have to learn to cope with it" diagnose. But if their reflexologist knows about the many possible causes for joint pain, besides arthrosis, it is worth while trying different treatment options, before giving up. The majority of Danish reflexology clients suffer from problems in the movement system, so based on many years of experience in treating joint problems Touchpoint have set up a post graduate course in the "Round about..." series, this time going Round about: Knee and Hip.

What is Arthrosis?

Arthrosis is also known as osteoarthritis or degenerative joint disease. Symptoms include pain upon weight bearing and reduced motility. Characteristic is the so called pain triad: Pain in the beginning of movements, reduced pain at continued movement and recurring pain at longer periods of movement and strain.

In arthrosis a chronic inflammation causes degeneration of the cartilage which protects and lubricates the joint surfaces. The cause can be mechanical wear or reduced blood circulation. An X-ray image does not reveal the cartilage itself, but you can observe a narrowing of the space between the joint surfaces and you can see how the surrounding bone tissue changes and grows due to the abnormal pressure it is subjected to.

Is it really Arthrosis?

It is estimated that 85% of the population will have radiographic evidence of arthrosis by age 55-65 and in higher ages the figure rises to

almost 100%. At the same time several studies show, that not all arthritic joints cause pain, not even with severe degeneration. Therefore we have a situation, where joint pain combined with a positive radiographic finding is easily classified as arthrosis and the therapy constricted to pain killers, mainly NSAID's with numerous side effects.

Case Story: Hip pains

A 59 year old male sees the reflexologist with left sided hip pains. Through the previous two years he suffered from increasing pains deep in the hip region, radiating into the groin and medial thigh. Pains are felt mostly while weight bearing and especially in the morning. Lately, he started waking up at night with pain and restless legs. He retired six months ago, when he could no longer manage his job as a dishwasher repairman. His GP has diagnosed osteoarthritis and prescribed pain killers and rest, which is difficult as he has always been very physically active. X-rays show obvious joint degeneration. Blood samples are normal, which with a high probability rules out rheumatoid arthritis.



Hip joint radiographs. Left: Normal joint. Right: Apparent degeneration

Assessment

The reflexologist examines the motility of the hip joint. It is more or less normal except for abduction which can only be performed by 10-15 degrees and immediately elicits the well known hip pains. This could indicate a connection to the adductor muscles of the thigh, which turn out to be very tense and the pelvic attachments very tender.

Posture

The reflexologist also looks at his gait and posture noticing how he stands with over stretched knees and an exaggerated lordosis of the loin. She instructs him how to stand and move around in a more appropriate way (a method called postural correction). This enables him to "carry" his body instead of "hanging" in the joints, and instantly he senses a moderate pain relief.

Client Education

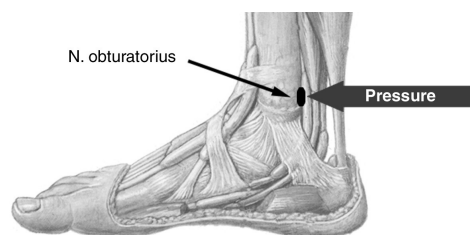
Now she explains to the client about the many possible causes for his hip pains and how much uncertainty is involved with the classical

arthrosis diagnose. He is very attentive and eager to carry on with reflexology and wants to practice the new way of carrying his body.

Reflexological treatment

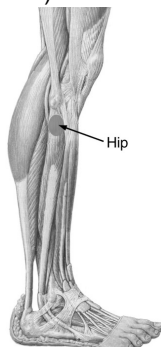
In the reflexology therapy itself, it is also important to be able to approach the problem from different angles. In this case a combination of classical reflexology (Ingham), reflexes on the lower leg and Nerve Reflexology was applied.

Here we will show two examples from the treatment. A reflex point from nerve-reflexology and a reflex on the lower leg:



Nerve reflex point for the Obturator nerve
(© Touchpoint, Denmark, with permission from MNT-NR International, Belgium)

The obturator nerve innervates the hip joint (assisted by the femoral nerve) and the muscles in the adductor group of the leg. The reflex point is located behind the medial malleolus and is treated by applying pressure in direction of the toes. Keep a steady pressure as long as the point is painful but maximum 15 seconds.



Hip joint reflex after the Karl-Axel Lind method

© Touchpoint, Denmark, with permission from Medika Nova, Finland)

This reflex can always be included when treating problems of the hip joint or soft tissues surrounding it. The reflex is found on the lateral aspect of the lower leg on and around the head of the fibular bone.

Follow-up

The patient in this case received weekly treatments for two months, following which he was more or less free of symptoms. He now comes once a month. This follow-up therapy combined with a few daily exercises and constant practice of the postural corrections keeps his symptoms to a minimum without requiring any medication.

More articles and information about workshops can be found on:
www.touchpoint.dk

What Is the Difference Between Arthritis & Arthrosis?

Arthritis is an inflammation of joints. It is often accompanied by pain, swelling, stiffness, and warmth in the affected joint. Arthritis can be caused by a number of things, including injury, infection, metabolic disorders, an overactive immune system, and weight issues. There are over 100 types of arthritis.

Arthrosis is another term for osteoarthritis, a non-inflammatory disease of the joint in which the cartilage in the joint breaks down. This degenerative disease occurs as a result of injury, aging, and long-term wear and tear of cartilage in the joints. It causes pain and stiffness.

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

For those members whose annual subscriptions were renewable on 1st March 2012 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. **The membership in the UK is £25 but you have the option to keep it at the same fee by paying £20 by standing order.** Overseas VRT subscriptions are £30.

YOU CAN PAY ON-LINE www.boothvrt.com
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.

7th RiEN Reflexology Conference Children First

Lynne Booth is one of the presenters. She will speak on VRT for children and modified treatments for babies. See full list of presenters and details at:

www.reflexology-childrenfirst.org
May 11-13 2012
Trifolion at Echternach
Grand Duchy of Luxembourg



Any members wishing to retake a VRT class as a refresher may do so for only £60!!!

See attached list venue sheet for full list of VRT classes on offer this year – more will be added.

SLEEP, MOBILITY AND NEW DEVELOPMENTS

**Bristol April 29th 2012
London 16th September 2012**



**SUB-FERTILITY AND ENDOCRINE ISSUES
Aberdare March 18 2012
21 April or 22 September 2012**

**SMALL GROUP VRT ADVANCED AND HAND AND NAIL-WORKING CLASSES IN
Bristol on June 20th and 27th 2012**

Letters Page

I was delighted to see my Spanish friend yesterday and be told that his eyes are OK. He spent last week in England in order to see a specialist who specialises in diabetes. She could see no problem and he attended the local hospital this week and they have given him the all clear on the eyes (He was told last year that he would be blind within 10 years!). He is mid 40's, works on the land or building, rides a horse regularly and has had diabetes since mid 20's and married a German friend about 6 years ago. Mother and 2 brothers are also diabetic but until recently, he has not been careful with diet. He injects with each meal.



I have used VRT on him for back problems on and off since November 2003, although he initially asked for massage. I explained that I had to be aware that his skin could be delicate and I felt VRT would be far more successful which it was. When he told me of his eye problem I offered 6 weekly treatments, in exchange for help on my land, and have had olives pruned, free horse manure and frequently get fresh eggs!

During the first 6 weeks I used some VRT but also did conventional reflexology to get into the eye reflexes, finishing with Zonal Trigger points, and using diaphragm rocking at some point during the treatment. I commenced work on August and also had to calm one hip as he had been thrown off the horse but cleared the pain he was having in one eye. His eye reflexes and the inner side of his big toe were

extremely painful, and his lymph, spleen, pancreas were also gritty and tender, which was no surprise. When he came for the 2nd treatment he felt his right eye (the one that had been bloodshot and stinging) was much stronger but the same reflexes were still painful. I also worked the psoas and piriformis areas for his hip. I gave 5 weekly treatment then fortnightly until the end of the year and although he was pleased he felt so good, I felt I had hit a brick wall because the same areas – namely eye and pancreas were still tender. I gave 2 treatments this year before he saw the specialist, using VRT and then working the eye reflexes (plantar), usually finishing with Zonal Trigger points for both tender areas. When I worked his feet yesterday they felt supple - he had walked around London for 5 days and what a difference it made. He has also been warned against having fizzy drinks or 'sugar free' and is really more careful about alcohol and food in general, I am pleased to say. I will continue to give monthly treatments and improve my Spanish and am over the moon with the improvement shown.

So thanks for all that you have taught me!

Jenny Wright

I have recently treated a lady who has cerebellar ataxia with VRT techniques taught to me at your courses together with classical reflexology. The results were most exciting; release of spasm in her limbs and much relief of restless legs.

Michelle Galbraith

I just wanted to say I really enjoyed the VRT Basic and Sleep & Mobility weekend in November 2011, I learnt so much. Also I really liked the way yourself and Jane taught and how easy it was to take in the information. As we said at the time the atmosphere on the Saturday was great, I thought we were just lucky, and yet Sunday was also brilliant.

Beverley Hanrahan,

Thank you for the fantastic 2 day course at the St Monica Trust in October 2011. I've been using VRT on nearly all my clients and seeing spectacular results.

One of my clients had returned from half term trip to South Africa with severe neck problems. She had been to her local chiropractor who had told her that her cervical spine was out of alignment and the therapist of course dealt with this. However, the client still had difficulty moving her neck, especially for driving. So, when she came to me, I went straight into

VRT, bent foot (metatarsal pressure), synchronising all pertinent reflexes and... hey presto....she pronounced me to be a Master of my Craft! Well Lynne I think I'm very much the apprentice and all thanks to you and your excellent training.

Sally Killingback,

I would like to thank you once again for a fabulous 2 days. The teaching course content, venue, food and company were all excellent and I am now offering all of my clients VRT. The Diaphragm Rocking in particular is proving popular.

Wendy Rees,

Therapies4forces by reflexologist Zoe Warner

The increasing number of injured UK armed services personnel presents a challenge to healthcare personnel as they deal with physical and



mental health issues. Zoe Warner's work at her clinic, *Vanilla Moon*, is providing a safe-haven for holistic healing to help soldiers recover from horrific injuries, emotional trauma and bereavements.

I personally have always enjoyed and benefited reflexology and other complementary treatments. When my husband, who was serving in the armed forces, was injured and consequently medically discharged, I retrained in Complementary therapies. I wanted to help him and this has gone from strength to strength as it opened my eyes to the plight of injured service personnel and the lack of support, the stigma attached to medical discharge especially service personnel who are suffering with mental health issues. Many service and ex service personnel are suffering with Post traumatic Stress Disorder (PTSD) plus other mental and physical health injuries.

My career background prior to this has mainly been marketing and corporate work. My work, with members of HM forces who have returned from front line duty many have seen colleagues injured and killed, or have been

injured themselves. I also provide services for their carers, who are often partners, who are thrown into the role of carer after giving up existing jobs. It is easy to imagine that a lot of my clients are extremely stressed and receiving main stream medical care already. Conversely many are not receiving any medical care and often self medicate using alcohol and drugs.

I have a self referral scheme and my services are there for the local NHS talk team to refer to. The reflexology sessions I give to forces is free and I have named the service *Therapies4Forces*. I would one day like to be able to roll out this service across the country as the need is not just a local one.

Many of the service personnel mainly male, find it very difficult to talk about the traumas, so having a reflexology treatment gives them a treatment time where they don't have to talk and can just have the reflexology therapy, and relax, whilst their body is aided in healing itself and balancing the system, although many do talk after about second or third treatment. This is helpful if I am working as part of a team as, if the client allows me, I am able to feed back to information to their health medical care team sometimes a psychologist, a GP or their CPN.

I find one of the main concerns for all clients, especially those who are still serving, is the worry that information will be shared with their military units, I make it very clear that whatever they tell me is in strictest confidence (I also let them know that I would break confidence if I felt a child was at risk from what they told me or if what they were telling me may result in substantial criminal activity) and will not be divulged back to their unit unless they want me to and give written permission. Once the client feels secure and confident with the service, a huge barrier is lifted allowing them to relax and feel they are in a safe place.

Working with injured clients with varied medication with various illnesses means that I use and need to know a lot of anatomical terms when receiving referrals and this is an area in which I am always developing and learning. This is important as along with many other therapists, I am very keen to get reflexology and some other complementary therapies more recognition with medical professionals about the excellent results they can have alone and alongside main stream medicine.

There should be a government registration scheme to allow only proficiently trained therapists to work. (I all too often speak to people who have had a reflexology and

wouldn't try it again as it really hurt and I have personally been for a massage and ended up being very bruised only to find out the person who massaged me had done a day's training course.) The need for proper recognised training and ongoing CPD is so important for therapist to be taken seriously and continue to gain recognition for the important role reflexology can play alongside main stream medicine.

I find lots of the clients who are service and ex-service personnel find the visit to my treatment room, or a mobile visit from me, far less stigmatising than having to visit a GP or a mental health team, so I am often a good go-between. Often I can also be the first point of contact and this puts me in the position to signpost clients who may need medical help to a GP in the first instance. A lot of clients are self-medicating with substances such as alcohol and drugs to try to numb their pain. We must always as reflexologist be aware not to medically diagnose, but ensure we guide clients to the correct medical contact.

My work is varied and rewarding and often I hear very sad stories of war. I need to ensure that I am grounded and able to give to my clients I therefore ensure that I have at least one reflexology session every 2 weeks, as this really helps to ground me and remain professional. I find that in reflexology I never stop learning, every client every treatment I try to learn something new from, each person is individual, and although many of them have experienced similar situations, they are still individual clients with differing needs.

I feel that an example of a case study may be a good way to get a feel for my work.



Zoe Warner

A case study: a soldier injured at a road side explosion, leg injuries, and complex surgery, left leg repair leading to loss of tendons from foot and lack of mobility, loss of sensation left foot with continued pain leg gator and left hip, shrapnel injuries to left arm and face plus PTSD, with severe hyper vigilance and depression, Medicated for mental health illness and pain. (Best friend/colleague lost life in same explosion)

Treatment one: soldier a bit reluctant, quite sceptical but willing to give reflexology "a go". I explain the treatment and healing contractions which I prefer to call healing response (much more client friendly). He was very

relaxed after about 20 minutes and eventually fell asleep and reports it was the first time he had been able to relax properly since the incident.

Treatment two: Looking forward to treatment, worked on all whole body reflexes and reworked shoulder area soldier informs me since operation he has had no sensation in this area on foot reflex, but thought he felt something. Once again falls asleep very relaxed.

Treatment three: During treatment the client felt sensations in his shoulder reflex areas on left foot hot, feeling tingling up leg into his trunk, once again very relaxed, speaks a little about his experience and how he finds it hard to tell his mental health team, agrees I can write to them about what we have discussed. Soldier is reporting better sleep patterns since last treatment and enjoys the time to relax and not have to worry

Treatment four: Soldier informs me improvement in sleep again and some feeling back in foot and hip feeling much better treatment as before all body reflexes, I notice a lot of crystals in liver and kidney area and adrenal reflex client more aware of them. Falls asleep/deep relaxation.

Treatment five: On arrival soldier informs me he has, with GP permission, managed to reduce his drug pain management, has a lot of sensation back in foot and sleep continues to be better. Had a running nose for 24 hours after last treatment, I explain healing response to him again He now looks forward to his treatments with me, is far more relaxed and falls into deep relaxed state very quickly. He is much more open about his experiences. He speaks to me again, and without me asking, asks if I can let his mental health team know about some of the traumas he has told me about so when he goes to the appointment with them they have more background information and he will know they know so thinks it will help him not feel so awkward. I suggest I will write a letter and copy it him also. He is also pleased to know he is not the only forces/ ex forces client I am treating with similar history, he has felt quite isolated in his illness and somewhat embarrassed and guilty. I gain written permission from client for my files and will also send a copy with the letter.

Treatment six: Client informs me he has made more progress with his psychologist, still on lower pain relief medication, improved sleep, Whole body foot reflexes worked. Left shoulder reflex client reports tingling in area and down all reflexes on lateral plantar aspect

of left side. Once again very easily falls into very deep relaxed state, I work all body reflexes and work on loosening all of foot, I notice how much freer clients left leg now moves compared to first treatments. After treatment client can immediately feel his leg feels even better.

Advised after each treatment about healing crisis, drinking water cutting back on toxins
Treatments 1-6 weekly
Treatments now continue on a 2-4 weekly basis client improving and using mental health services better reducing medication, and looks forward to reflexology treatments. The client says it's his safe haven, when he says, "he can chill out totally, feel relaxed and better for days after" .

Many of my clients from the forces /ex-forces come to me with similar medical issues sometimes just mental health sometimes a combination, but, each an individual. I find the work challenging and rewarding it enables me to stretch myself as a professional. As soon as I opened my company Vanilla Moon I was able to put into full swing *Therapies4forces*, and as little as the gesture may seem, it enables me to give something back, help and recognise the plight of injured service personal.

For more information about Zoe Warner see:
www.vanillamoon.biz

Orthopaedic Reflexology Course in London on 24/25 March 2012 presented by Spiros Dimitrakoulas



Spiros Dimitrakoulas teaches reflexology to students at Natural Health Science in Athens, Greece.

The International Institute of Reflexology UK is pleased to be hosting one of Greece's leading reflexologists and President of the Hellenic Association of Reflexologists HAR, Mr. Spiros Dimitrakoulas, to teach his Orthopaedic Reflexology course (Part1) to reflexologists in the UK for the first time at the Columbia Hotel in central London on the 24th & 25th March 2012.

www.reflexology-uk.net

Spiros Dimitrakoulas started his reflexology journey back in 1992; he is President of the Hellenic Association of Reflexologists HAR and editor of 12 years of "Enarmonisi", the HAR official magazine. Since 2003 he has continued in the role of Greek representative for Reflexology in Europe Network (RIEN). Spiros heads a team of reflexologists, working at the pain clinic of the university hospital Aretaieio, in Athens, in addition to running his own private clinic. He most recently published an article; a documented history of reflexology. Spiros teaches reflexology to students at Natural Health Science in Athens, Greece. He is also the tutor for MNT-NR (Nerve Reflexology), teaching both AT-R (anatomical topographical reflexology) and Nerve Reflexology courses. In addition to his reflexology courses which includes Orthopaedic Reflexology (OR), he also teaches the Art of Hippocratic Kneading and his disciplines include Su Jok, Tui Na massage (Tiangin university, China) ,NOI (Neuro Orthopedic institute) , ear acupuncture and fascia therapy. Over the last five years he has led the Athens Classic Marathon massage & reflexology teams of volunteers, where he has the privilege of working on many athletes personally. He has recently secured a place for his 2nd year reflexology students to begin their clinic practice in the Mediterranean Hospital in Athens.

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Lynne writes: I have known Spiros for many years and we have met at conferences around the world. He is passionate about reflexology and is very active in Greece and around the world in promoting a more clinical approach to our therapy. I will feature an article by Spiros in the next edition.

Staying slim is the best way to live longer



Lynne writes: If there was a single reflex point and series of reflexology techniques to specifically help people slim we would all be millionaires! However, we can give our clients good general advice about caring for their health and taking responsibility. Often women especially have endocrine issues and put on weight after childbirth or the menopause. Reflexologists can use VRT and reflexology techniques to help the body function better and in the next issue I will write more about the helpful and ground-breaking book by Paul McKenna who says "Diets are the enemies of weight-loss"! He says food is

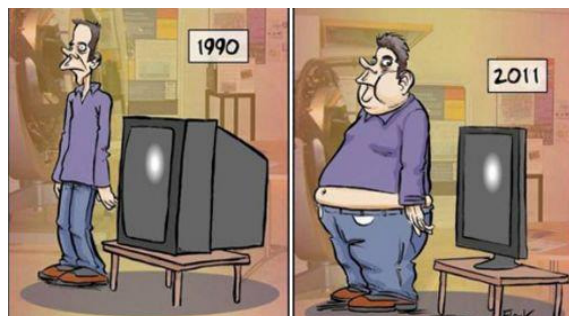
not the enemy- you can still love it and loose weight once you have a different mindset." I encourage therapists and clients – whatever your size – top buy this book for a better understanding of the psychology of dieting.

**Ref: "I can make you thin" Paul McKenna
Bantam Books £14.99 ISBN:9780593064436
Almost half price on Amazon.**

Staying slim is the best way to live longer, according to the biggest ever inquiry into people's lifestyle and cancer. The international study carried out by the World Cancer Research Fund examined 7000 exiting studies over five years and concluded that body fat increases the risk of developing cancer far more than previously thought.

'Cancer is not a fate, it is a matter of risks by how you behave,' says Professor Martin Wiseman, medical and scientific adviser for the World Cancer Research Fund.

The researches issued several stark recommendations including no weigh gain after 21, exercising every day, and limiting unhealthy foods like sugary drinks, alcohol, red meat and processed meats. They also said everyone must aim to be as thin as possible without becoming underweight – ideally with a Body Mass Index (BMI) of between 18.5 and 24.9.



Here are some of the diseases you have a good chance of avoiding by losing weight as compiled by Healthy magazine Jan/Feb 2008.

Asthma

In a recent US study of 7500 children, the fattest were found to be 77 per cent more likely to suffer from asthma. Other studies show that overweight people who lost just over two stone over a year reduced the number of severe asthma attacks significantly.

Breast Cancer

According the Breakthrough Breast Cancer, following the menopause, obese women are 33 per cent more likely to suffer from breast cancer than women of a healthy weight.

Diabetes

According to Diabetes UK, 80 per cent of people diagnosed with Type II diabetes are overweight. If someone weighing 15 stone loses 10 per cent of their weight, they slash their risk of early death by 20 per cent.

Bowel Cancer

Statistics from Cancer Research UK show that obese people have a 10 per cent increased chance of bowel cancer over people of a healthy weight. The risk of men is greater than for women and exercise can reduce the risk.

Sleep Apnoea

A 2002 US study showed that overweight people with sleep apnoea who lost just 10 per cent of their weight had greatly improved sleep and were less sleep during the daytime.

Dementia

Being obese in your 40s make you 74 per cent more likely to develop dementia, according to a major US study published in 2005.

Osteoarthritis

Between a quarter and half of all cases of osteoarthritis of the knee are caused by obesity.

Blood Pressure

People who are obese are twice as likely as people of a healthy weight to suffer for high blood pressure. Keeping just 4.4lb of weight off long term results in a significant lowering of blood pressure.

Womb Cancer

Figures from the International Agency for Cancer Research published in 2002 found that being obsess increased the risk of cancer of the womb by between two and four times.

Heart Attack

Statistics from a 2004 European study of 15,000 hospital admissions showed that people with abdominal obesity are twice as likely to suffer a heart attack as think people.



Top 6 Issues You Need to Master to Have A Successful Complementary Therapy Business by Gill Warren



I asked 30 successful therapists, who have been in business an average of fourteen years each, for the secrets of their

success. Their responses are fascinating and surprising. I also asked them the biggest challenges they have had on setting up and sustaining a successful therapy business and this is what they said:

1. Building a sustainable client base. This was by far the most common issue that they raised. As one very well renowned acupuncturist said to me, "it was only after I had been struggling in business for a couple of years that I realised I wasn't in business to do acupuncture, my business was marketing myself and selling myself".

The key learning then is that you must set up a proper marketing strategy, which must cover more than just putting an advert in the local paper or newsagent. Before you start saying "I can't afford to do lots of different sorts of marketing", the solution is to try a small sample in the market and measure the results. By measuring different strategies you can see which ones work best and take those further. This way you don't spend a fortune on marketing that does not generate leads.

2. Advertising Costs getting out of hand. This is related to the response above. It is so easy to just do as your competitors do and advertise in the same magazines or newspapers. Do you really know how effective those adverts are? Again use different strategies and be creative with your marketing and ALWAYS test the results. In other words you need to ask every client who comes through the door how they heard about you. You can then find out how many leads were generated by your advertising and will have a much better idea of what is working and what is not. Change the marketing that is not working (for example a headline on an advert) and test that against the previous best. Always try and improve the leads and conversions (i.e sales) that you get.

3. Ignorance of the therapies by the clients and public perception of how professional the therapy is. A couple of therapists said how useful they found it to go to trade shows and alternative health

exhibitions for the general public, giving free short demonstrations. I confess I have found this less useful as people only came if they were converted – but maybe life coaching isn't so "alternative" any more, so the public had a better idea of what they were getting. We found when we were running the therapy business that writing articles was a good way of explaining about the different therapies on offer. Where you have a few clients who are more receptive to "new" things it is worth asking them to try it out saying how you think it will help them. Again if you sell them the benefits of what the therapy can do (without claiming a "cure" of course which is unethical and in a lot of countries, illegal) your clients are more likely to want to try out something new.

4. How to start up the therapy business and figure out the administration. It is recommended that you read books and attend courses. In the UK for a more general overview it is also worth looking at the business link website.

5. To look after yourself as well as the client. The nature of a therapy business is that it can be emotionally or physically draining (or both!) and if you do not protect yourself you can find yourself absorbing all your clients' negative energy. To avoid this make sure you can cleanse yourself energetically. If you are a massage body worker be conscious of your posture throughout your sessions. Also ensure you have a good supervisor, especially for the "talking" therapies and maybe other therapists you can discuss particular issues with – especially if you are confronted with a new condition you have not come across before.

6. Asking for money/ charging a proper fee, particularly when you first set up a complementary therapy business. Do lots of market research beforehand to ascertain the going rate and the demand for the service(I will cover this in a later article). Do not be tempted to base the fee solely on price. Remember the amount people are prepared to pay is proportional to:

a. the impact the service will have on their lives (if they are in great pain they attach higher value to being able to relieve that pain)

b. the scarcity of that service... the more individual and unique the service, the more people will be prepared to pay for it (yes even with therapies!)...some people are incredibly loyal to their therapist.

c. how popular the service is with people. In summary, in a new therapy business you need

to be able to educate the public, market your business and look after the business side of the business to be successful.

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**Gill Warren has written an excellent book
Set Up a Therapy Business: A Step-by-step
Guide Around £16.00 on Amazon**

Amazon review: "I found this book to be a well researched, detailed and analytical guide to setting up a business. Starting at a very basic, common sense level, the book provides a step by step procedure from the initial germ of an idea about becoming self employed through to the practicalities of each stage, the setting up of the enterprise and finally the maintaining of a successful therapy business. This book is an excellent 'must have' guide for anyone with little or no business experience.

**If you want more information and a free report on how to kick start your complementary therapy business, go to Gill's website now
www.growyourtherapybusiness.com**



**VRT Diaphragm Rocking hits the spot
by Lynne Booth**

Nicky is an extremely agile fifteen year old schoolgirl who excelled acrobatics . A week before I saw her she had landed awkwardly after sliding down a rope and had hurt her back. The lower lumbar area was extremely tender and she experienced a sharp pain whenever she leaned backwards.

I briefly worked her feet with the five minute Basic VRT and found the spinal reflexes (around L1 and L2) extremely tender on both feet. I worked synergistically on her hands and feet hip reflexes and then found the Zonal Trigger for the lumbar area on her ankle. I asked her to sit on a chair and placed both feet on my lap and gave her a couple of minutes of gentle Diaphragm Rocking on each foot.

Half way through treating the second foot she experienced a sharp click in her upper thoracic spine, between her shoulder blades. When she stood up, a minute later, her back felt free and she could bend in all directions with no

further pain. This example illustrates the important role that Diaphragm Rocking can play in every treatment, whether it is part of VRT or conventional reflexology. The specialised rocking prioritises and pumps energy to the area the body most needs it. In other words I treated both feet with VRT and concentrated on Nicky's painful lower spinal reflexes but the Diaphragm Rocking allowed the body to select exactly which part of the spine needed correcting and obviously the upper thoracic area had become misaligned as it tried to compensate for the lower back problem. Once the body had made the correction she, instantly in this case, became pain free.

Six weeks later her back was still symptom-free and she reported that she had felt "even more mobile" since the VRT treatment. She explained that she had slightly hurt her back the previous summer and afterwards was unable to stretch quite so far. She had forgotten all about the incident until she realised that she had regained that lost range of mobility after VRT

NEW VRT TUTORS!

We are delighted to welcome two new tutors: Alik Vythoulka from Spain and Suzy Jacobs from Belgium. Both have been VRT practitioners for many years and have trained with, and assisted, Lynne Booth in various locations in Europe.

Suzy Jacobs is a Belgium reflexologist who became interest in foot relaxation classes in 1998. She then graduated in a Foot Reflexology course in 2000.

Suzy then started her own therapy business in the practice of Jan Willem Verschroeven , who is an osteopath and physiotherapist.

Since 2007 she has her own practice in Dilsen –Stokkem. She is constantly developing her reflexology knowledge by following classes with my knowledge by constant learning and following basic and advanced classes with Dwight Byers, Tony Porter and Lynne Booth. She has also studied Precision Reflexology with Jan Williamson, Cranial Sacral reflexology from Dr Martine Faure–Alderson, Traditional Chinese and Thai reflexology plus 5 elements and Chinese Tui-na techniques. Suzy took a



further 2 years of study of Nerve Reflexology by Nico Pauly with Griet Rondel. Suzy teaches foot reflexology in the famous Wellness Academie in Hasselt: a school that teaches courses on Health, wellness and beauty. They also give business, marketing and financial planning advice. They teach thousands of students each year from Belgium, the Netherlands and other countries.

Aliki Vythoulka

was born in Melbourne, Australia to Greek parents. She started her working career as a care worker with the intellectually disabled. In 1992 she moved to Europe, lived and worked in Greece and Italy before moving to the UK in 1999 where she trained in Holistic Therapies completing the VTCT Diploma in Holistic Therapies– Reflexology, Massage, Aromatherapy and Diet & Nutrition.



Reflexology was the modality that attracted her the most so she went on to further training with the AOR which she completed with distinction. She further developed her skills in Reflexology by training in VRT with Lynne Booth, ART with Tony Porter, Hand Reflexology with Kristin Walker, Cranial Sacral Reflexology with Martine Faure Alderson, Precision Reflexology with Jan Williamson, Soku Shin Do – Japanese Reflexology with Emili Estivill. In 2005 her passion for Reflexology led her to becoming actively involved with EDiREFLEX-Association for the Study and Diffusion of Reflexologies in Barcelona, Spain. In 2006 she became secretary of EDiREFLEX and in 2011 she was elected as president of the Association. She became a tutor of VRT in 2012.

Working on tiny babies with VRT

Further to Lynne's comments on page one: Synergistic reflexology is an obvious choice to use when feeding a small baby as he or she can be

cradled in a person's arm while one hand makes feather light strokes on the foot on either stomach or bowel reflexes while the other hand gently strokes the baby's palm on the same side of their body. Never work a baby's toes as they are too fragile.



Stroking the ball of the foot to help digestion while holding the therapist's thumb gently in the palm of the baby's hand. On the left foot hold your thumb so it touches the stomach and adrenal reflexes. This may have a profound calming effect.



Diaphragm Rocking: using the therapist's index and middle finger in a "scissor action". Gently rock the foot back and forwards a fraction, for only a minute, and a feather-light touch on a baby's feet is essential.

Exercise: A natural way to fend off these infections and ease the misery when they do strike.

A new study recently published in the British Journal of Sports Medicine found that regular aerobic exercise is a good way to ward off colds and flu. The researchers followed 1002 adults of all ages for 12 weeks during the autumn and winter of 2008. During that time, people who reported doing at least 20 minutes of moderate aerobic exercise—such as jogging, biking or swimming—on five or more days per week were sick with cold or flu symptoms for just five days, on average, compared with about 8.5 days among people who exercised for only one day per week or less. What's more, the regular exercisers tended to have less severe symptoms when they did become ill (Br J Sports Med, 2011; 45: 987–92).

Meet Barbara Stanhope-Williamson: one of the UK's most experienced reflexologists and still practicing.

Lynne Booth writes:

I first met Barbara Stanhope-Williamson in 1997 when I attended an Advanced Reflexology Training (ART) class with Tony Porter in London. Tony had originally taught me reflexology when I studied for my diploma with the International Institute of Reflexology (IIR). I had been experimenting with weight-bearing reflexology for a couple of years and VRT was in its infancy so Tony asked me to share this new technique with the class.



Barbara was particularly interested in my work and we exchanged addresses and a few months later I received an enthusiastic letter from her documenting 10 case studies from her practice that showed extremely positive results from VRT. It was the start of a long and rewarding friendship and I have always relied on Barbara's shrewd and intelligent approach to the clinical side of reflexology.

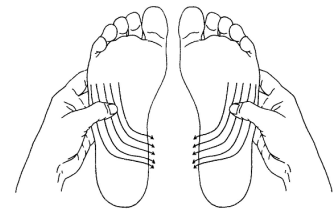
Barbara's background was as a trained radiographer. She remained in medical work, latterly as a practice manager to a leading consultant in orthopedics in Harley Street, London for many years. She was taught reflexology by a Hematologist who had been impressed by the techniques in India. She went on study for a UK qualification with Jane Vukovic who worked with Doreen Bayly.

Barbara has run a busy reflexology practice in London for nearly 50 years and many of her clients have been city business men and women. Her interest in Fertility Issues has led to many older women coming for reflexology in the hope it may help them to conceive. Many of you will remember this story published a while ago in the VRT newsletter: Barbara received a call from a woman lawyer who had heard two men on a tube train discussing the birth of a new baby. The father commented that he was not the one to be congratulated but a certain reflexologist called Barbara Stanhope-Williamson in Hampstead whom he

believed helped his wife to conceive. The woman train passenger discretely wrote down her name and sought treatment herself. Within a couple of months she too was pregnant though we only report this event anecdotally with no claims attached. Some medics have also sent women with sub-fertility issues to Barbara.

I benefited from Barbara's many links with the Association of Reflexologists as she had acted as secretary and typed out their journal years before. She was also a teacher of the Bach Flower Remedies and taught VRT in the early days.

Barbara comments that the one single most effective technique she uses in every single treatment is the Lymphatic



Stimulation treatment taught by ex-VRT tutor Hedwige Dirx from Belgium. She treated a journalist, and also mastectomy client with VRT in 1999, with spectacular results. This led to a major full page article on VRT in the Daily Telegraph with thousands of responses.

She is a great admirer of reflexologists Hanne Marquardt and Tony Porter who have greatly influenced her. Her insatiable appetite for knowledge has taken her to reflexology conferences in Finland, Denmark and Holland well into her late 70's plus many workshops in the UK to keep up her CPD quota and more.

Barbara became reflective when asked how reflexology has changed over the years. She said that, in the early days, most therapists worked for very small fees or for free and she always treated people with cancer for nothing and never turned anyone away who could not pay. There was a time when a clearer distinction could sometimes be made between those who just wanted a quick reflexology training to earn money and those who did it for love. Now higher standards of training and professionalism mean that caring therapists are well trained and can earn a justified remuneration for their skills.

Despite some serious health issues in recent years Barbara, age 88, has continued to practice and help her appreciative clients. She says the best memories of her career are, *"Meeting so many lovely dedicated reflexologists, where all that mattered was helping people through reflexology"*. Barbara has certainly been a very good friend, advisor and mentor to me over the years.