

Vertical Reflex Therapy



Membership Network Newsletter

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Dear VRT Practitioner

Welcome to this Spring 2013 VRT Newsletter and I am sure you will be inspired by the articles in this issue. Reflexology is growing in stature as more therapists develop techniques to use it in challenging medical situations. Elizabeth Calderara vividly describes her work and techniques used with children who have challenging issues on Page 2. Dr Carol Samuel is a colleague who teaches Nerve Reflexology with Nico Pauly but is one of the very few practitioners in the world who, after years of hard work and study, gained a doctorate in reflexology entitled "*An investigation into the efficacy of reflexology on acute pain in healthy human subjects*". Read about her journey and the protocols she used in her research on Page 4.

March has been a very busy month for me professionally as we have welcomed Nerve Reflexology delegates, from the UK and overseas, to the first of 4 3-day Diploma level seminars in London and Bristol this year. It is the 5th time we have run this course in the past decade and it is always a privilege to welcome back Belgium medic and reflexologist, Nico Pauly, to share his vast clinical and practical knowledge with us. Our website will shortly be publishing a list of Nerve Reflexology Practitioners. Dorthe Krosgaard and Peter Lund Frandsen are outstanding reflexologists. Read their article on Painful Joints on Page 7.

A care organisation recently invited me to run a reflexology half-day workshop for nursing and care employees who work in dementia facilities. I have undertaken these several times before and it is humbling and rewarding to see the dedication of staff who seek further techniques to help vulnerable older people who are seeking to make sense of their increasing confused surroundings. In the next newsletter I will write about ways to help this rapidly increasing group of people with cognitive difficulties.

I am delighted to welcome Dr Anne Brunton as a new VRT tutor. Anne has a wealth of

experience as a practitioner, is a long-standing teacher of reflexology. She also lives in Bristol so, not only collaborates with me on VRT issues, but gives me regular, wonderful reflexology sessions when we swap! Anne and I had a great, if chilly, weekend in Edinburgh teaching two large classes of VRT practitioners. It was memorable for the number of improvements to musculo-skeletal issues of the delegates during the practical session and for the unseasonable snow that stuck as I left the airport. In late March we were delayed while they hosed ice and snow from the plane wings!



My VRT tutor, Evelyne Huegi, in Los Angeles has been a great advocate for Vertical Reflexology for many years and we have taught together in several parts of the world. In November 2012 she presented VRT to members of the Reflexology Association of America in Santa Fe, New Mexico. She demonstrated the versatility of VRT and here she can be seen working with others. It is always heartening for me to see VRT applied to wheelchair users as that was how this technique was discovered and developed in the first place.

The VRT Tutors and I announce that next issue will be a special one as it will mark 15 years of VRT going international. If you have any memories of early VRT encounters, classes or successes please let us know so we can include them in this celebration issue!

Kind regards

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'Mind the Slap'

Reflexologist Elizabeth Calderara writes about working with children with complex needs

"Mind the Slap". No, it isn't the new Bakers Street Tube announcement. Just one piece of advice given to me when I took on a new client with autism who was tactile defensive, meaning they would object strongly to physical touch, sometimes kicking, sometimes slapping or scratching me. 'Why would you even attempt to give him reflexology.'?, I was asked.

Said of a young girl, with cerebral palsy and epilepsy who needed use of a wheelchair periodically, "What's the point of you giving her reflexology, she can't stay still or even lift her feet up, what use would it be to her?"

Just some of the questions I've been asked over the last fourteen years of working in schools and private practice.

You may be as amazed to discover how little consideration is given to the value of giving reflexology, or indeed any complementary therapy, to children and young people who have learning challenges, physical disabilities and complex needs.



Rosie, relaxing in the sensory room at Heritage House School - receiving VRT on her hands from Elizabeth

To me it is a privilege to count these children among my clients and it's not just because I myself have nephew with autism and one with hearing problems.

But why would anyone understand those who have needs so different from our own, unless it were part of their personal experience or, they were motivated to find out for other reasons?

Think of this: you agree to see a client, you have no idea of their family background, mental health, medical interventions and/or pharmaceutical history, just what they, or the parent, remembers or chooses to tell you, prior to the treatment.

The parents of the children I see come armed to the teeth with as complete medical, scholastic, family and lifestyle history than you are ever likely to see. Even hospital records

aren't as thorough as those given to me as a reflexologist, and that's a view from a nurse. So, straight away you have a rounded picture of the child you are to treat, making putting a treatment plan together easy and preparing you for potential emotional responses and/or fear reactions.



Jasmine, delights in having diaphragm rocking from Elizabeth as part of her weekly reflexology treatment

What about communication with those children and young adults who may be non-verbal?

Although not an exact science, we are aware that a large part of how we communicate with one another is through an exchange of body language, rather than by speech alone. A child with cerebral palsy, Downs or Angelman syndrome, who is autistic or has global developmental delay, may have just one or two words only, or maybe just a few sounds. We are able to decode messages from the tone, pitch, rhythm and sound, and so if a child has a language impairment we still understand one another even if no words or complete sentences are uttered. After all, those of us who have travelled abroad to where we cannot speak the language still manage to make ourselves understood.

Communication strategies have been developed to assist us to understand the needs of non-verbal children that use signs and symbols, such as Makaton and PECS (picture exchange system); these are used at home and school. A working knowledge of these and other systems is useful and can be incorporated into a session when working with the children. However, the most powerful communication tool you have at your fingertips, literally, is that of touch.

Starting with the feet or hands feels less threatening to a child who finds the world overwhelming. For some, a problem with their sensory processing system makes the world a frightening place; striking out can often be a natural reaction to the autonomic nervous system switching to overload. The relaxing effect of reflexology helps to reduce the panic reaction created by stressor triggers, which in turn helps to boost the immune system.

A common challenge faced by parents of children with special needs is that of sleep

deprivation. The difficulties faced by a family whose child will not sleep cannot be underestimated. Melatonin is sometimes prescribed for those who have neuro-developmental impairments to improve sleep patterns; for some this has a side effect of making them drowsy during the day. If a child has complex needs which includes epilepsy this is not an option. This is where a relaxing touch therapy, such as VRT can be so valuable.

Vertical Reflex Therapy is a vital part of the treatments, I cannot imagine turning a child away because they were wheelchair bound, hypertonic or they didn't want to take off their shoes today and preferred me working on their hands, or in the middle of a treatment decided to lie on the floor.

It's portability came to the rescue of a family travelling back on a packed tube train from the London Marathon. I had seen my sister cross the finishing line in a record 3 hour 2 minutes, raising money for Christopher my Autistic nephew. On a high, I struggled onto the tube, an alarming experience for myself and daughter.



Sasha having Synergistic VRT: perfect for anyone with limited mobility.

I spotted Patrick at once as his Nan and Dad were trying to calm him down, as well as manage a buggy and a toddler. He banged on the tube door, so fearful, trying to get away from the people pressed up against him, which is hell for an autistic child.

I took courage and asked them if I could help, explaining my knowledge of autism and VRT. They agreed, I sought permission from Patrick to touch his hand, less than 20 seconds of applying the pituitary pinch, learnt during the Endocrine workshop with Lynne, he calmed down to such a degree that he sat down when a seat became free, me holding onto his thumb and he reading a comic. Thirty people in that carriage asked me what did I do that had such a profound effect. "VRT" said my daughter and I in unison.

The children and their families that I have been fortunate to work with have taught me about living life in the moment and facing its challenges with humour. The work is never dull, each day is different and the learning never ends. Who could ask for more?



VRT and Laughter, a powerful healing combination. Sam and Elizabeth giggle their way through his VRT treatment.

There are over 100,000 children with special educational needs in the UK who need your skills. Here is a relatively untapped market of clients. Join me on a FREE webinar, hear how you can expand your practice, increase your income and use your VRT skills to the maximum

Email me on reflexology@fabulous-feet.co.uk to book a space.

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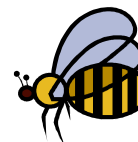


REFLEXOLOGY AND
NATURAL HEALTH CARE

Learn how to build a successful SEN business from experts in Special Educational Needs Reflexology & VRT, Education, Communication, Presentation & Marketing Using On-line Webinars, One-to-one Mentoring, & Practical Clinical Experience Information & to Book your place: Email Elizabeth Calderara on reflexology@fabulous-feet.co.uk

British bees are in trouble

Disease, chemicals and disappearing green spaces have all contributed to their dramatic decline in recent years.



What's it got to do with us?

Bees are **vital** to so much of British life and the whole world needs bees to survive! They pollinate our food, keep our farms in business and help our gardens, parks and countryside thrive. We may not always see bees working away but we rely on them and other insects to pollinate most of our fruit and vegetables.

Without bees, food prices would rise because pollinating crops in other ways would cost farmers over £1.8 billion a year.

Please sign the Friends of the Earth BEE CAUSE PETITION www.foe.co.uk

**My journey to a PhD in reflexology
Dr Carol Samuel, Reflexologist and
Nerve Reflexology Tutor writes about
her experience**



I have been asked on several occasions how I came to be doing a PhD in reflexology and in all honesty I reply that I happened to be in the right place at the right time.

In 2001 I was feeling a little lost. I had had four years of teaching NVQ Level 3 Anatomy & Physiology, Body Massage and Aromatherapy at the local Colleges and was fed up with the spoon-fed system. To me, this wasn't really teaching; most of my students didn't really want to apply themselves to the task of learning about the human body, how systems worked together, how diseases or malfunction occurred, they simply wanted the certificate that the course gave them so that they could go off and provide 'simple' treatments to their friends and family.

To be fair, I had taken a similar route myself, but the difference was, I really wanted to learn about these things and couldn't actually learn fast enough. You see, my stepson had recently been diagnosed with a condition known as adrenoleukodystrophy; a life limiting condition for which there was no known cure. He was just seven years old. I became passionate about learning more about this condition and other medical conditions and couldn't understand why others didn't feel the same. I knew that with the tools of complementary medicine in my hands I could make a difference to his life, I may not have been able to keep him alive, but I could at least bring him some release from the everyday pain and discomforts he was experiencing.

I gave up teaching the NVQ system so that I could embark on more learning. I came across a BSc course in Complementary Therapies at the University of Portsmouth and applied for a position. Dr Sheelagh Campbell, the principle

lecturer invited me to an interview where upon she told me that although I had the career and life experience, without taking an access course in a science qualification I probably would not be offered a place. Not one to step back easily, I embarked on an access course in Chemistry. The course had started at the local College in September of that year and it was now December. I was desperate, if I didn't get on it I might not get a chance to do the course Dr Campbell was offering me at University. As luck would have it they invited me to start during the next term which was February the following year. I left school without a single qualification to my name at the age of fifteen and so doing an A level in Chemistry was quite daunting. I liked Biology at school but never really got the hang of Chemistry so I was quite surprised and pleased that despite joining the class late, I still managed to complete the course with an AS level in Chemistry.

However, in the meantime Dr Campbell had written to me to say that the BSc course they had planned did not receive validation from the examinations board and they had to change it. I was extremely disappointed but she asked me to keep in touch and in July that year we met again. The course had been upgraded and was now a BSc in Biomedical Sciences and Complementary Medicine with a much stronger emphasis on the science. It was then that she asked me if I wanted to do a Master of Science degree. I would need to focus on just one subject area, "what would I like to study"?

I was confused, how could I do a Masters degree when I hadn't even done an undergraduate degree? She told me that it was possible based on my career experience in this area and on my maturity; I was almost 45 years old at the time. She also told me that the degree would be funded by the University, on a part-time basis, if I was interested. Who wouldn't be interested!! I had been heavily into Reiki and was getting great results with my client base, so I suggested that we focus on that, but Dr Campbell said that we would need to work with a physicist for that and her background was electro-chemistry.

She had personally undertaken a course in Aromatherapy at the College where I had previously taught, just so that she could see what their subject base was like...she certainly didn't like having treatments. Anyway, she had decided that Reiki was definitely not an option and was there anything else? I told her that the other treatment for which I had great success with my clients was reflexology. She didn't know anything about the subject so I

gave her a brief synopsis and she felt that this was a possibility. She said we would meet again when she could speak with the registration team but in the meantime she asked how people benefitted from reflexology and what particular benefit stood out. Most of my clients were older people and had come with musculoskeletal problems and arthritis, so I suggested we look at reflexology and pain management and she felt this was an interesting option.

Like almost everyone else who studies Anatomy and Physiology for Complementary Therapies, I had only the basic neurophysiology knowledge and for something like this I needed to really step up quite a few levels.

We met again a month or so later and at this point Dr Campbell had told me that she had a colleague who had done some work with Acupuncture and Pain in his early career and would be happy to work with me on this subject. She also told me that the registration department had been offering a Master of Philosophy (MPhil) degree leading to a PhD. In my naivety I had absolutely no idea what she was talking about. I had never heard of a PhD and had no clue what was involved. Dr Campbell told me that it was a research degree that looked specifically at one subject matter to prove a 'hypothesis'...seriously? I didn't even know what the word meant and she explained that it was a proposal that we would put together to explain the possible reason of something, in other words I was to put my money where my mouth was. If I felt that reflexology was beneficial for the management of pain, I would have to prove it.

Here I was almost 18 months after signing on to a course that didn't get validated now signing up for a part time MPhil with the possibility of obtaining a PhD at the end of it. I honestly could not believe that someone like me, without a single qualification to my name could end up with an opportunity to gain the highest academic qualification possible. It wasn't that simple and there were many trials and tribulations along the way, but I did get there and I now have a PhD.

Subject synopsis

The title of my PhD is 'An investigation into the efficacy of reflexology on acute pain in healthy human subjects' although this doesn't explain it fully. I had to carry out several different experiments on the 'subjects' for my research.

Experiment 1: The first experiment looked at how reflexology affected pain threshold and tolerance levels in people who had no

previous experience of reflexology, who were happy for me to inflict pain on them. I did this by making them plunge their hand into a bucket of ice slurry six times across a three hour period. There were many difficulties in setting up these types of experiments; firstly recruiting subjects just so that you could inflict pain on them was a real challenge, finding a suitable 'control' treatment (i.e. something we could compare reflexology against that was perceived as an active treatment by the subjects and of which they knew nothing about) and third, ensuring that they could be there when I was not working, they were not studying and they could make the 3 hour commitment to the research on at least two occasions.

I used a sham Transcutaneous Electrical Nerve (TENS) stimulation method as a control and got there in the end but these challenges were seen throughout the entire nine years of my PhD study. The results of this experiment showed that reflexology improved both pain threshold and tolerance in this experimental group of subjects.

Experiment 2: I evaluated the basal physiological effects of reflexology on heart rate, blood pressure and core temperature. Results showed there were no significant effects on blood pressure or core body temperature when compared to a sham TENS control but there were significant decreases in heart rate following reflexology.

Experiment 3: The third experiment measured two types of reflexology against a 'no treatment' control. This was my standard pressure, a light pressure and a 'no treatment' control so that I could see if the results were based on the reflexology treatment itself, whether pressure technique made any difference and because I had found in the first experiment that sham TENS acted as a placebo with some people responding with increased pain threshold and tolerance levels to this treatment. The results of this experiment were not so clear...for both the standard and light reflexology there was a significant increase in pain threshold but the effect of increased pain tolerance was only seen with the standard reflexology.

Experiment 4: Having tested manually applied reflexology, I needed to determine whether the effects of the treatment were non-specific, i.e. were they related to my touch, the patient-therapist relationship, or something else? To test this I used a foot stimulating machine and compared it against the sham TENS. The results revealed there were no significant differences between mechanical reflexology

and sham TENS on pain threshold or tolerance.

Experiment 5: We are told as Reflexologists that more than one treatment is always of more benefit than a single treatment, so I wanted to test this out. I recruited subjects to participate for 3 consecutive weeks of reflexology and compared it to 3 consecutive weeks of sham TENS. Results showed that there were no significant differences between the two treatments. There was however, a general trend for an increase in the pain threshold and tolerance following reflexology, although it has to be said that the effect on pain tolerance did drop off over time. I also found that there was no cumulative effect of treatment on either blood pressure or heart rate.

Experiment 6: To be able to say that I had used two different pressure techniques in my previous experiments I needed to show what force I had applied during the treatments. I obtained some sensor equipment from a company in America who made a bespoke set of sensors to my specification and which I could use on my thumbs and fingers during application. I tried out three pressure techniques: a static pressure similar to that used by Nico Pauly in Nerve Reflex Point therapy, a standard moving pressure and a light moving pressure across four foot regions, the medial edge, arch, heel and ankle. In order to test this more fully I also tested different foot types. The results provided me with average maximum pressure values and showed that the static pressures were far greater than either the standard or light moving pressure across all foot regions, with the exception of the heel.

Conclusion

I was able to conclude from the experiments that manually applied reflexology increases pain threshold and tolerance which seems to be independent of any changes in autonomic function. I am pleased to say that my thesis is freely available through the Portsmouth University institutional repository Parade. You can find it by searching the title / author on the internet web address for result www.eprints.port.ac.uk/2657

My first experiment is being published in the journal 'Complementary Therapies in Clinical Practice' and is available online at <http://dx.doi.org/10.1016/j.ctcp.2013.02.005>



Did you know that charity shops can take your old sheets, duvets, pillows, towels to sell for recycling?

World Reflexology Week VRT in Lausanne, Switzerland

Noëlle Weyeneth, Principal of the Swiss Bayly School writes



"For 4 years, during the World Reflexology Week I have rented the same space in a commercial centre in the heart of Lausanne; the members

of the Bayly Club give a session of Reflexology for 25 minutes and the people pay Fr. 20 (£13,00). All the money collected is



given to an association that we support, "In the Heart of Niger", funded by one of our students.

This year it was interesting to see that one practitioner, Marie-Christine, who had just learned VRT with Lynne, on her 3 day Swiss class was so enthusiastic about the VRT method that she practised it on everybody who were very receptive and impressed with the result."



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
<http://www.boothvrt.com/view/14/vrt-membership>

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.

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 leading reflexologists, 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

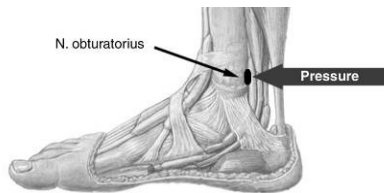
Now she explains to the client about the many possible causes for his hip pains and how

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.



Reflexology Reunion in London

In March Booth VRT organised a very well received Level 1 Lumbar Nerve Reflexology seminar in London at the Columbia Hotel with Nico Pauly. Carol Samuel assisted him and Hagar Basis joined us after finishing teaching her ART class. Tony Porter joined us for a meal as he not only taught Lynne reflexology but introduced Nico and Nerve Reflexology in the UK. I am very grateful to Tony and Hagar for their wonderful teaching skills that I received over 20 years ago when I trained with them at the International Institute of Reflexology (IIR).

Lynne Booth

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 soon including VRT Advanced in Bristol.



Letters

Just wanted to say that I really enjoyed both VRT courses over the weekend and intend to use my new knowledge within my reflexology practice. I've been using the Diaphragm Rocking on my 12 year old son, who's being having trouble sleeping and it's working a treat.



Tracey Andresen

Thank you so much for such an inspiring course, VRT really is a fantastic tool to have up one's sleeve and I now use it on everyone if they're prepared to stand up that is! I have had some good successes with neck and shoulder pain with various teachers at the school I work at. In fact the effect has almost been instant when they involve minor pulls or strains, which is fantastic!

Rupert French

Many years ago, I helped my sister, Aileen, after a skiing holiday when she damaged her coccyx. Neither of us knew anything about VRT but I had bought Lynne's book and I gave her a treatment. She was standing up as she could not sit or lie on the couch and she read out the instructions to me. She felt much better afterwards and managed to drive home!!

Deirdre Barron

Reflexology to help stress and anxiety

By Lynne Booth

Reflexology can work very specifically to help the body heal itself and clients will often seek a reflexologist for help with common ailments such musculo-skeletal pain, insomnia, hormonal or digestive issues. In many cases they will see their symptoms improve or disappear but, by then, they have discovered how deeply relaxing reflexology can be to their whole being which results in better sleep, peace of mind and less anxiety. Reflexology appeals to many people because it is non-invasive and the only clothes to be removed are shoes and socks. The hands, as well as the feet, can be worked and this allows discrete self-help relaxing techniques to be applied at any time.

Reflexologists are trained to help balance the mind and body and to maintain this state of *homeostasis* the body needs to run smoothly. When there is a malfunction in the body it is thrown off balance. Reflexology helps to sustain a natural equilibrium in every gland, organ, muscle, tissue and cell in the body through stimulation of pressure points, called reflexes on the hands and feet.

Stress is a normal physical response to events when a person feels threatened, upset or their equilibrium is threatened in some way. At this point, the body's defences kick into a rapid, automatic process known as the *fight-or-flight* reaction, or the *stress response*. When there is a perceived threat, the nervous system responds by releasing a flood of stress hormones, including adrenaline and cortisol. These hormones rouse the body for emergency action and the blood pressure rises, the heart beats faster, senses become sharper and, for a brief period, stamina and strength can increase. These reactions are life preserving but many people live at this heightened state of anxiety all the time and that can take a physical, chemical and psychological toll on a person that impinges on every aspect of their life.

In the last decade many companies have put more emphasis on recognising the massive impact on the economy and health services from stress-related illness. In 2005, at the 17th World Congress on Health and Safety at Work, the US National Safety Council reported (1)

Work-related stress has only recently been recognized as one of the major causes of some of the most costly, time-robbing health problems for business: of 40.2 million working days lost by illness and injury, 13.4 million are from stress, anxiety, and depression.

Stress can be a chemical reaction and the physiological side of stress is governed by the autonomic nervous system (ANS) which plays an important role is stress management. The ANS is the unconscious part of the nervous system and comprises the sympathetic (*fight and flight* response) and the parasympathetic nervous system is responsible for digestion, reproduction and the repairing processes of the body. It is essential that these two parts of the nervous system are in balance. When too many of the body's energies are being constantly diverted to control an anxious state of mind, the parasympathetic system is unable to function properly in its repair processes, reproduction and digestion.

Vertical Reflexology (also known as Vertical Reflex Therapy –VRT) (2) has many techniques available for stress-release including applying pressure on the adrenal reflexes to the centre of both thumb nails in turn (nail-on-nail) and holding for 30 seconds, the popular Diaphragm Rocking Techniques and the brief direct stimulation of the adrenal reflexes on the weight-bearing hand or foot appears to accelerate the body's response

In reflexology, the easily located adrenal reflex is situated just below the ball of each foot and is also on the palm side of the hand on the thenar muscle which is the fleshy area just below the thumb. Both points may feel slightly *bruised* to the touch but a person may experience a lessening of tension, which may indicate a fall in adrenaline, after gently stroking and pressing these reflex points for a few minutes. This can be applied discretely to the hands at any time of the day or clients are recommended to work their feet for about 5 minutes per foot on waking and before bed.

Rob Wood, a psychiatric nurse and reflexologist, conducted a study on the effects of reflexology on anxiety (3) and emphasised that, although each client is likely to experience an immediate sense of relaxation after each treatment, it is the cumulative effect on their anxiety symptoms that is the main purpose of the sessions. This is why they are offered 6 appointments and asked to state treatment goals that can be reviewed on completion. He reported:

Each client is shown VRT self-help techniques that they can use in situations where they feel stressed or anxious. Clients value this, as one of the reasons anxiety escalates is the feeling of not being in control. These techniques give a degree of control, (as well as actually having an effect!). The one that clients find most useful is 'nail-on-nail' on the pituitary. This can be applied 'anytime/anywhere', and is inconspicuous.. (See protocol below)

Reflexology comes in many forms and **Facial Reflexology created by Lone Sorenson (4)** may be helpful as it claims to stimulate reflexes, via fingertip pressure trigger, the release of endorphins and serotonin, leaving the face feeling relaxed and rejuvenated. This technique combines the modern science of neurology with the ancient therapies of Traditional Chinese Medicine, South American Zone Therapy, and Vietnamese face maps and points. In this way facial reflexology stimulates blood circulation and lymphatic drainage in addition to balancing hormones and levelling emotions.

Dorthe Krogsgaard and Peter Lund Frandsen (5), of Touchpoint in Denmark, are leading reflexologists and tutors and use a combination of Classical and Nerve Reflexology (working the bony part of the feet to stimulate the central nervous system). In their article on *Stress – therapy's worst enemy?* (4) they give particular advice for reflexologists when working on the origin of autonomic nervous system on the plantar (sole) of the feet. They state:

The sympathetic reflexes are located along the first metatarsal and on the first cuneiform bone.



Working Sympathetic Reflexes.

The parasympathetic reflexes have two parts, one in the brainstem corresponding to the distal phalanx of the great toe reaching across the joint with the proximal phalanx.



Working Parasympathetic reflexes.

One efficient way of working these reflexes against the bone, is to place the thumb flat from medial against the bone, and then swing it around toward the plantar side, thus gently pushing away the soft tissue and getting the clear contact with the bony surface.

When working these areas classical reflexology techniques may be used to work through both sympathetic and parasympathetic systems and then let the body do the rebalancing of these systems.

If preferred, the techniques could be thought of in terms of stimulation and sedation. In stress situations, it would be beneficial to stimulate the parasympathetic side and relax the overloaded sympathetic branch.

Self-help Reflexology Tips for Stress

Diaphragm Rocking from the Vertical Reflexology repertoire is an extremely helpful reflexology technique which may be used to help sleep, as a relaxation aid, to regulate breathing and energise the body. Its key benefit is that it appears to naturally prioritise and

pump energy to the part of the body most in need.

Method:

Lightly press your left thumb on the palm of your right hand, between your index and middle finger and 2-3 cm below (just below the raised fleshy area). Straighten your fingers and slowly curl them over your thumb,



gently rocking your fingers back and forwards for 10 – 15 rocks and then repeat on the left hand.

Diaphragm Rocking

To boost energy and help relaxation: Start with Diaphragm Rocking as above and then add 30 seconds of stimulation to the adrenal reflex in the fleshy part of your palm below the thumb (on the thenar muscle).

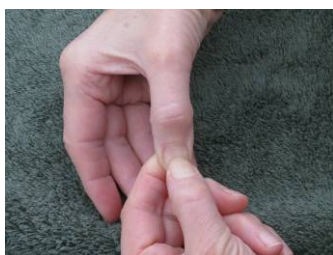


Adrenal Reflex

Just press your thumb lightly on the middle of the muscle and locate and then stimulate the most sensitive point, which is the adrenal reflex. It should not hurt but there may be a transitory sharp, tingling or *bruised* sensation.

Repeat on the other hand and return several times during the day as required.

(b) The Endocrine system may benefit from a quick stimulation of the Pituitary reflex which is the master gland. Vertical Reflex Therapy (VRT) techniques include working nail-on-nail and the gland may be stimulated by one simple action: place and pinch your thumb nail in the centre of the other thumb nail and hold for 30 seconds. Repeat on the other hand



Pituitary Pinch, Nail-on-nail.

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www.positivehealth.com

In8 understanding

Do you or your clients ever get the feeling that things are not quite right in life or that things don't make sense anymore? Emotional and mental wellbeing is vital to overall health and the ability to live life to the full, but sometimes people get stuck, and can't get the 'gears back in motion'.

At in8 we see people individually who need help, people often come to see us because they suffer from anxiety, panic attacks, depression or other forms of mental distress such as uncontrollable anger, addictions, phobias, relationship problems or pain. We also train people in the caring professions to use our techniques to enhance their own practice.

Our approach is based on some relatively simple ideas about how our brains work, but which really revolutionise our whole approach to what it actually means to be healthy.

The in8 workshops, based on the human givens approach, give practical techniques for dealing effectively with the stresses of modern life, whether these are due to lifestyle, family, work or other factors. in8 workshops are fun, interesting and packed with great insights into human behaviour. You will learn things about yourself that make you wonder why you never saw things this way before.

Attending the Using Innate skills in Therapeutic Practice workshop in Bristol on 5th June 2013 will give you more tools for your 'professional toolbox'. For more information or to book a course go to www.in8.uk.com or ring 01225 805279

Booth VRT warmly welcomes Anne Brunton as a VRT Tutor



Anne is a Member of Association of Reflexologists, Member of Professional Reflexology, Member of Bowen Therapy Association UK, City & Guilds 7307 -

Certificate in Teaching Adult Learners.

Anne Brunton *Ph.D, IIR, BTAA, ART (reg'd)*. qualified with the International Institute of Reflexology in 2002 and has since completed further advanced training in the Ingham method with Dwight Byers. In 2006, Anne started teaching Diploma courses for the International Institute of Reflexology in Scotland and South West and has been teaching both Diploma courses and post-graduate workshops since then. She has also taught Anatomy & Physiology for Cotswold Kinesiology Diploma courses.

As part of her ongoing professional development, Anne has attended courses such as ART with Tony Porter, Advanced VRT courses with Lynne Booth, Nerve Reflexology with Nico Pauly, as well as an intensive 6-day workshop with Dwight Byers. Anne has also completed various advanced workshops in Bowen Therapy.

Anne has a busy private practice of Reflexology and Bowen Therapy in central Bristol.

Grape seed extract could be as effective as new stomach bug vaccine

As the UK government prepares a mass programme to vaccinate babies against stomach bugs, scientists have discovered



that grape seed extract could do the job just as well. From September next year, all babies in the UK will be offered a two-dose vaccine designed to protect them against stomach bugs that cause vomiting and diarrhoea. The vaccines are already available in other countries such as the US. But scientists from Ghent University in Belgium have discovered that grape seed extract may be a genuine alternative for parents worried about having their babies inoculated so early in their life.

The extract attacks the coating of the virus, disabling it. Using cell lines of the norovirus, the cause of around half of food-borne illnesses and stomach upsets, the researchers discovered that even small doses of grape seed extract caused deformities to the cell wall. At higher doses, the virus was destroyed.

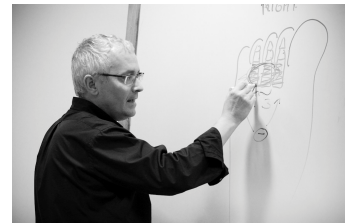
The new vaccine is also designed to protect against the rotavirus, a different form of the norovirus.

(Source: Applied and Environmental Microbiology, 2012; 78: 7572).

The Manzanares Method™ of Reflexology: Saturday 8th & Sunday 9th June 2013

A Science-Based Course for the Reflexology Professional based on 30 years of research and proven clinical techniques. An integrative medical physician and researcher, Dr. Manzanares travels from Barcelona Spain, to personally instruct the classes in the U.S. and now for the very first time in the UK.

Venue: Columbia Hotel, London W2
Course Fee: £245.



For more course information & bookings **Contact Hagar Basis Tel. 07971808011**

Website: www.reflexologyacademylondon.com
Email: learn@reflexologyacademylondon.com

Have you had good results working on Stroke clients?

Please let us know so we can include your comments in the next newsletter. It is never too late to start treating stroke symptoms with reflexology.

Nerve Reflexologist Maria Riley works at the Headway Centre in Worcester and treats clients who have suffered a stroke. She writes: *I started seeing Steve in May – November 2011 for a total of 11 sessions. He used to walk with two crutches but after 6-7 sessions he walked with one stick. A right-sided stroke in 2007 had left the left side of his body paralysed. He collapsed at work and was hospitalised for 3 months. His main problem was a left-sided weakness and numbness. I tried using a reflexology stool but it caused him pain in the knee. I then thought VRT might help so bought the VRT CD and decided to work on him with the weight-bearing techniques developed by Lynne Booth. Maria used VRT and Nerve Reflexology with outstanding results. We shall feature her report in the Summer 2013 newsletter.*