

Membership Network Newsletter

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Dear VRT Practitioner

This special edition of the VRT Membership Newsletter is celebrating 15 years since VRT went international at the RiEN conference in Tampere, Finland in 1998. VRT had been discovered and developed a few years previously and I was just beginning to teach some classes when I received an invitation to show delegates just how this "*strange new weight-bearing technique*" worked! I met new colleagues from around the world and shared conversations with Britta Stewart Dolan, Hedwige Dirx and Barbara Stanhope-Williams: all of whom would eventually become VRT tutors.

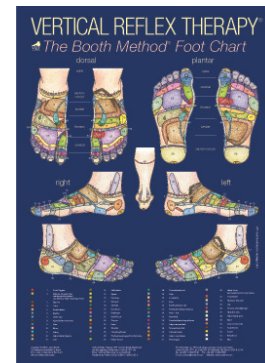
All the tutors want to give a special thank you to the VRT members who have been so loyal and supportive over the years. It is wonderful to teach and share skills with such dedicated reflexologists who are always open to learning new skills. Exploring new ideas means they have so much more to offer their clients through CPD training classes.

We shall shortly be sending you an email announcing that our website has been upgraded and is going live in the next week or so. I have also had 2 professional little video training clips made for the website and YouTube. The subjects will concern crying babies and relieving everyday stress and tensions. There also will be a short Sleep training video available soon with accompanying handbook of instructions. The biggest step for me is to get to grips with Blogging, Linked-In, Twitter and Facebook – all of which I am determined to do, as this is the way forward for therapists and others to communicate and share ideas!

Since VRT was discovered we have trained well over 7,000 reflexologists and run around 1000 VRT classes. We currently have 13 tutors around the world plus the REFLE team of VRT tutors based in Tokyo, Japan where they run VRT Diploma classes. I had a fascinating 10 days in Japan 8 years ago where I ran training classes and taught the tutors.

This issue contains some interesting articles concerning the treatment protocol for a Stroke

client written by Maria Riley a Nerve Reflexologist on **Page 4**. VRT Tutor, Allison Walker, makes a very enlightened and important suggestion regarding the use of VRT when it is incorporated into other modalities. How many of you, who are multi-disciplined, use VRT at the end of a massage session, for example? **Page 7**.



Enclosed is a free VRT foot chart worth £4.00 to celebrate 13 years of VRT Membership Newsletters!

Do give us feedback on my article on how reflexology supports those with Cancer and let us know your own experiences on **Page 5**. How much medication is necessary and essential for a patient and should annual GP reviews be mandatory? Read the view of a patient, who is a client of mine, at a local South West GP Practice. Many of us see clients with multiple pathologies and many of you understand the issues facing patients when they are on so many medication doses a day on **Page 6**.

Thanks again for your support from all at Booth VRT.

Kind regards



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Meet the VRT tutors from around the world who are such a vital part of Vertical Reflexology and all it stands for. Read more about them on our website www.boothvrt.com. It has been my pleasure to teach, and sometimes travel, with them internationally, and within the UK, over the past years. Our students can also teach us a lot with their ideas and feedback from reflexologists over the years has been excellent.

I find that my teaching trips are very special times when I am with my tutors as I am on business and working and yet I am also with friends. The nature of reflexology makes communication, with those with whom we work, much more of a relationship than one would usually find in commercial business. When tutors are booked to teach for other organisers we often get to meet local colleagues and are shown places way off the tourist track in countries as diverse as South Africa, USA, Jamaica and Dubai and I've seen so many parts of the UK too for the first time!

The vast geographical range of tutor bases shows you how widespread VRT has become.

Farewell to two fantastic VRT tutors who have been with us almost since the beginning and are now retiring. We wish them well in all they do.



Christine Roscoe

Christine Roscoe has been a great colleague and much loved UK VRT tutor since 1999.

Chris has been instrumental in helping me with developments in VRT and we have warm and positive feed back about her professionalism, teaching skills and knowledge. Not only is she a great practitioner and inspiring tutor, but has a great down-to-earth sense of humour. Her Endocrine VRT courses and Master classes were great favourites with therapists and all the UK tutors have enjoyed her thoughtful input at our meetings. She specialises in Sub-fertility issues and her compassion and understanding has made her a sought-after practitioner in the South West of England.

Cherel Sue Waters

from Sydney, Australia has been an exceptional VRT tutor. She first made contact with me in 1999 as she was very keen to learn VRT. We met in Australia the day after the Millennium celebrations when the city was still draped with bunting, flags and burnt out fireworks. She's taught all over Australia and also New Zealand and has represented VRT at conferences. Cherel has also been very active in promoting VRT



One of Cherel's finest VRT moments was to organise my 2nd well-planned breathtaking Australian VRT tour for me to teach 2 day classes in each of the following cities: Brisbane, Melbourne, Sydney and Adelaide (with an extra stop for me in Canberra) all within 9 days! She and I were happily exhausted at the end of a great VRT road-

show! She is a very good companion and
Some VRT highlights over the years



VRT Tutors Evelynne Huegi and Lynne Booth teach VRT in Nashville, Tennessee and meet a group of older ladies who tell us they are *"growing old disgracefully"* and each month hire a bus and *"get up to things they have always wanted to do"*! They dress according to the popular English poem called **Warning by Jenny Joseph** which begins *"When I am an old woman I shall wear purple"*



Hedwige Dirkx, former VRT Tutor and Lynne Booth give Nerve Reflexologist, Claudine Moortgat, Diaphragm Rocking and Double Synergistic reflexology in her Shambalah Spa Clinic in Belgium!

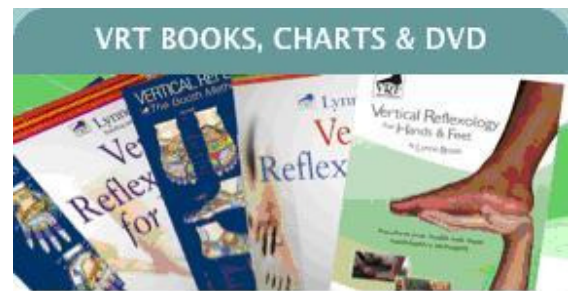


Lynne in Tokyo teaching at the REFLE Japanese Reflexology School where the VRT Diploma is offered.



The Act for Africa team in Kilembe, Uganda near the Congo border have a VRT training afternoon in 2012. Reflexology was recently banned in Uganda due to a discredited ruling by a Politician who

teacher.
 shortly lost his job. Reflexology as a profession has now been re-instated throughout Uganda.



2000 Vertical Reflexology becomes a best seller the year it is published. It is designated as one of the Daily Telegraph's top twenty complementary book recommendations that year.

2003 Vertical Reflexology for Hands is published. Both books are still in print and are reprinted regularly.



Vertical Reflexology books are translated into Japanese, Dutch, Portuguese for Brazil, Russian, Czech and soon to be Estonian



VRT was Highly Commended for its Outstanding Contribution to Complementary Medicine by the Institute of Complementary and Natural Medicine (ICNM) 2011 Awards



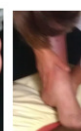
Nico Pauly on an early Nerve Reflexology Diploma Class. The renowned Belgium medic and Manual neuro-therapist has now taught the 5th 9-day Diploma course in the UK plus upgrade



VRT: Thoracic Calf Reflexes



VRT: Lumbar spine release



Reflexology support for a client who had suffered a stroke.

Nerve Reflexologist Maria Riley works at the Headway Centre in Worcester and treats clients who have suffered a stroke. She reports on the positive results observed in Steve's health when he was supported with reflexology sessions. Maria used VRT, classical and Nerve Reflexology. It is important to stress that reflexologists do not claim to cure or diagnose illness but to support their clients through balancing and relaxing reflexology techniques.

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. 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 decide to work on him with the weight-bearing techniques developed by Lynne Booth.*

Steve's Case History

Steve is a 54 year old engineer. A right-sided stroke in 2007 left the left side of his body paralysed. He collapsed work and was hospitalised for 3 months. The Hemorrhagic stroke was at the back of the lower head – right cerebellum, the cause: atheroma and plaque closing his artery to the brain causing a bleed.

His main problem was a left-sided weakness and numbness. He can walk with two crutches but he cannot control his muscles and has a loss of sensation/numbness affecting his left arm, leg, foot. He has blurred vision although his eyes are better now due to medication for high blood pressure.

What led up to the stroke? He was working shifts, had high blood pressure and not taking care of himself and there was tremendous pressure on him. A few days before the stroke he was feeling very nauseas and depressed at work.

Problems with giving Steve reflexology

Steve has no control on his muscles, the bed couch (massage table) was not ideal to work on and there was no reclining chair. I tried using a reflexology stool but it caused him pain in the knee. I then thought VRT might help. purchased the VRT CD and decide to work on him with the weight-bearing techniques

25th May, 2011, Damage to the right cerebellum affecting the left side. with vision.

Observation on foot reflexes: Ankles a little swollen, right bladder reflex swollen – hard tissue, a red/purple hue under the heel on pelvic/ muscles/lower organs reflexes. The left foot is colder than the right and the left shoulder area is swollen.

Before I started the colour of the lower left leg was semi-brown and rough, hard muscles, bringing lack of circulation around the tissue and no flow of circulation to the top extremities. After 10 sessions it is less hard no longer rough, and the circulation was much improved.

Left side the top metatarsal is swollen mainly around the shoulder area, for ligaments, muscles, and axillary nerve, but also the back thoracic muscles comparing to the right, this in general affected the shoulder, arm and fingers. I noticed a big difference in the left plantar big toe, on the left medial side is big swollen, red purple colour, the rest of toes are bent and swollen on the dorsal side on the nail in the lower part (moon shape) is was brownish colour, rough, wrinkle, shrink. I massaged the nail. The right foot had a normal appearance

6th July, 2011: Definitely difficult to work on the feet, even sitting down because of the knee problems. In the end I continued working on the top of the feet to help with the back muscles, nerves of the thoracic, and pelvis, which will help him with the walking. After the treatment he felt a bit straighter and more relaxed and passed a motion

20th July 2011: Steve felt tired, so no much talking today.

27th July 2011 Steve commented “*when I had my stroke it affected my left hand side and I couldn't move my left arm very much. I now find that I can feel sensations in my foot and hand are coming back.*”

3rd August 2011: After the last treatment a bowel movement appeared to relieve a deep seated congestion. Steve, was walking with one stick, and had a big improvement in walking.

13th August 2011: Steve's 1 hour a day physiotherapy had been stopped and he reports he is swimming but not so tired afterwards, and is sleeping through to dawn and feels more relaxed.

17th August 2011: Massage on arms, left leg and hand reflexology.

31st August 2011:

I did a connection with the pineal pituitary and adrenal gland on both feet and he started jerking the foot a lot plus jerking the shoulder and arms a bit. He was semi-asleep because he felt a sensation but was very relaxed.

7th September 2011: Nothing different to report.

12th October 2011: Today I managed to work on the plantar of the feet plantar as he sat in the recliner. At this time, I noticed the leg had improved in colour and texture.

26th October 2011: Worked on the lymphatic system to help drain his left leg which was itching. The brown and hard tissue that was covering almost all leg is now only a tiny bit comparing to what it was before.

9th and 23rd November 2011: His leg showed signs of ulcers which are being treated, so no treatment. Possibly the release of toxins?

30th November 2011: Hand reflexology. Steve has been diagnosed with diabetes,

Reflexology was stopped when Steve developed what looked like ulcers and it took almost two months to clear, so he lost the confidence in walking, no swimming and come back to the crutches mainly because he had right & left knee pain, weight gain and he is now on a diet and starting to exercise. Next January the right knee cap will be replaced. I hope he may try to walk again with 1 stick. I hope I will soon be able to resume my sessions with him.

Positive Health Article by Lynne Booth
Issue 208 July 2013

Reflexology's role in Cancer care and support

Almost everyone knows someone who has developed cancer. Reflexology is a gentle, supporting, non-invasive complementary therapy that is used widely to support people who are living with cancer, who are undergoing various medical interventions and surgery or are involved palliative care/end of life situations. Reflexologists make no claims regarding a cure or specific treatments but their approach is an holistic method through working pressure points on the hands and feet

to stimulate specific parts of the body to help bring about *homeostasis* (balance).

Many hospices and cancer units in hospitals offer reflexology as one of many complementary therapies to support a person on their journey with cancer. Penny Bohn Cancer Care in Bristol is one such organisation and offers a wide program of therapies. Their mission is *Helping you live well with the impact of cancer* (1) and that statement could equally apply to the role of a reflexologist whose aim is to give a client the space they need to receive a deeply relaxing treatment.

Reflexologists who work in palliative care situations are trained in "adaptive reflexology" which means they are acutely aware of the changing needs of a sick person who may be frequently moving into different sitting or lying positions because they are in pain, they may be emotionally upset and become anxious so an imaginative approach is essential.

The therapist will be aware that it may be more appropriate to change from working the feet to the hands or vice versa. Many hospitals, such as the Christie NHS Foundation Trust in Manchester, has an award winning complementary therapy service that supports patients and carers through all stages of their cancer journey. As an integrated part of the rehabilitation unit they offer a range of therapies, all free of charge, such as massage, aromatherapy, acupuncture, reflexology, therapeutic touch, hypnotherapy techniques and creative visualisation which all aim to help alleviate these emotions and symptoms. (2)

Key facts

More than one person in three will develop cancer at some time in their lives and one in four will die of cancer.

Cancer develops most often in older people – the proportion of older people with cancer

registered in 2008 was 74.5%. In an aging population these numbers are bound to rise. No age group is immune from cancer, and other terminal illnesses, and most children's



hospices survive on charitable donations offer care for children who have illnesses which mean they will die before reaching adulthood

Over 250,000 people in England are diagnosed with cancer every year and around 130,000 die from it. Currently, about 1.8 million people are living with and beyond a cancer diagnosis.

Improving outcomes for people with cancer is not just about higher survival rates. It is also about improving patients' experience of care and the quality of life for cancer survivors. (3)

So how can the reflexologist make a difference to a person with cancer? It may be that they can offer the therapeutic calming touch to someone in the last stages of life or in the first stages of diagnosis when they are facing the future with fear, anxiety and possibly isolation.

I have personally treated many people over the years who have had the successful removal of a cancer, who are in currently in remission or are using all available allopathic and complementary techniques to avoid their cancer spreading or are managing terminal symptoms.

Many medical practitioners now welcome complementary therapists to apply their techniques to patients who are undergoing surgery, hormone therapy, radiotherapy or chemotherapy. Their intention is have a multi-faceted approach to a person's well-being as the body may adversely react in many different ways to essential, but invasive, medical interventions and any means of relaxing and calming the person are welcome. Professor Karol Sikora is the Medical Director of Cancer Partners UK and is a world respected oncologist and campaigner for better universal cancer treatment while he still remains a Consultant Oncologist at Hammersmith Hospital, London. (4) He stated:

"There is no reason I can see why reflexology should be harmful in any way to a cancer patient. It can only be beneficial in improving the quality of life. I guess the only exception could be the very rare occurrence of a melanoma in the foot but even then other sites could be used".

Reflexology Treatments

Reflexology foot sessions can normally take between 15 to 60 minutes or hand treatments can take between 15 to 30 minutes. Self-help on the hands can be 3 - 5 minutes approximately plus classical reflexology techniques that are applied to the resting, as well Vertical Reflex Therapy (VRT) (5) where

reflexes on the *weight-bearing* hands or feet are briefly stimulated.

It is suggested that brief stimulation of reflexes in this mode may have an enhanced effect. Standing to have the feet worked is obviously not so relaxing for the practitioner or client, but is compensated by the fact that VRT is applied in this position for a maximum of five minutes only. Sometimes just 5 minutes of reflexology can be of great therapeutic value to a chronically ill person who is often unable to stand but the semi-weight-bearing hands or the seated feet can be treated instead.



Cradling the feet to work the pelvic reflexes

It must be stressed that Vertical Reflex Therapy enhances and complements conventional reflexology and should ideally be incorporated into full length conventional reflexology treatments for a few minutes at the beginning and/or end of a reflexology session. However, it has proved to be a brief but powerful tool in its own right for First Aid and therapeutic applications when a longer treatment is not possible or appropriate, which is often the case with terminally ill people. Reflexologists never make claims about a cure but it has been observed that, once a person is relaxed, their body will often respond positively and a general feeling of relief (and sometimes more mobility in movement is obtained.

Occasionally a general reflexology session may appear to bring about a positive outcome that can support the medical interventions. For example (6):

Reflexologist BSW saw Mrs BK, a woman in her late 50's, who had undergone a segmental mastectomy and was in considerable pain due to the removal of underarm lymph nodes. The scar tissue was acutely painful and prevented her from lifting her left arm. As a result she was unable to undergo the prescribed radiotherapy because she could not raise her arm and she was referred for physiotherapy.

BSW worked the shoulder, neck and arm reflexes on her weight-bearing feet using reflexology and VRT techniques. The client stated: *"As she (the reflexologist) touched one point on my feet, I gasped. When she had finished I could lift my arm. She gave me some self-help reflexology/VRT exercises to do at home every morning and by the end of the week I had complete mobility"*. This woman was immediately able to start her radiotherapy programme.

End of Life situations

End of life situations can be extremely distressing for the patient and the loved ones and the medical staff will make every effort to ensure that person is as comfortable as possible.

A reflexologist who works at a London oncology hospital and has used the two following simple techniques that developed from the Vertical Reflexology repertoire. She was attending a terminally ill man in a coma who was restless and very distressed at times. First, she simultaneously held both big toe nails, with her thumb nails, nail-on-nail for over a minute. Then gently, for about 5 minutes, she simultaneously cradled his heels, just brushing and pressing all the pelvic/heel reflexes precisely.

She has observed that many terminally ill people, who have been in bed for a long time, are in great pain and tension due to prolonged periods in a reclining position. She resumed holding his toe nails and his breathing and general demeanour changed and he became calm and peaceful for the remaining days until his death. Careers and family can be shown this latter technique which can be also applied to the thumb nails. The slow working of heel reflexes appears to bring about a deep relaxation and release of muscular tensions in many patients.

Dame Cecily Saunders, Founder of St Christopher's Hospice in the UK in 1967 spoke for all therapists when she said:

"You matter because you are you.....to the last moment of your life, and we will do all we can, not only to help you die peacefully, but to live until you die"

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A very persuasive Reflexologist!

Lynne writes: A client of mine was on holiday, near Messina, in Sicily at the Giardini Naxos beach complex; he sent the above photo and asked if it was one of my past students! This lady and a group of fellow reflexologists were authorised to approach sunbathers and encourage them to have a reflexology session. They were equipped with foot charts and sun protection attire and seemed to be plying their trade well with many satisfied clients! However, it became a little irritating as the day wore on as he was approached on an hourly basis by the therapists and each time he assured them he would wait till he got back to the UK for his next appointment!

The versatility of VRT in Clinical Practice! by VRT Tutor Allison Walker

I discovered Vertical Reflexology and Lynne's amazing work soon after qualifying as a Reflexologist. I was fascinated by the quick results with relatively little effort but still felt that I ought to give my clients their money's worth and work on them for a full hour! I now know that it is the quality and not the quantity of the work that counts and that a short

focussed, and well planned treatment can be much more effective.

VRT is a powerful tool in the reflexologists' toolkit, but it is not to be brought out as a last resort. I believe that it should be considered for every client, even those who have not necessarily come for reflexology.

With client consent, I include five minutes of VRT at the beginning or end of sessions when have come for Ear Candling, Healing, Auricular Reflexology and even E.F.T (The Emotional Freedom Technique). I love creating bespoke plans for my clients using a variety of techniques and they certainly appreciate that they are receiving a treatment that is designed especially for them.

One recent example was in an Ear Candle treatment with a client presenting with a blocked right ear following swimming. Two weeks of living in a 'fug' (her words), feeling dizzy, having a sore jaw from trying to release the blockage, a trip to the GP and the pharmacist and an ear candle treatment with her husband who was poised nervously over her with a bucket of water - she came to me.

Following basic VRT, the ear reflex was worked with Synergistic Reflexology and the appropriate Zonal Trigger. After candling as well as Auricular Reflexology, synergistic reflexology was used with the client still reclining. Combining the ear reflex on the ear with the ear reflex on the hand and then linking the hand to ear reflex on the foot. The energy was felt to buzz along the length of the body; I then reversed the links and finished back on the ears. I haven't yet quite managed to link the ears directly to the feet! It is difficult to say categorically if it was the inclusion of VRT but the result was an immediate improvement and the ear was clear by the following day.

So if you offer Body Massage, Indian Head Massage or any other therapy why not consider how five minutes of VRT could boost your client's healing response.



The special quality of small-group courses

Lynne comments: Many VRT Members practise other modalities, so please let us know if you combine VRT with other sessions. If Allison's article now encourages you to introduce VRT into other therapies you offer, then let us know how you get on!

Comment; VRT Classes have been taught in many different settings from vast conference halls, small village halls to a club-house in Jamaica and a former convent in Scotland! VRT tutor Allison Walker recently offered a successful small group VRT class in her home where they so enjoyed her hospitality and teaching that the course extended into the evening!

A PATIENT'S STORY

Lynne comments: *I have been supporting this client with monthly reflexology sessions for 20 years as she finds it very beneficial to her general well-being. She has multiple health issues and I asked her to write about her daily routines to self-medicate. Reflexologists see chronically ill people who sometimes may not have the mental capacity, may be too tired or overwhelmed to take their medication properly. Whatever their general health status, it may be worth checking with clients to see if their doctor has given their medication list an annual overview.*

My client writes:



My GP for over thirty years retired at the end of last year. When I first became his patient, I suffered from nothing more than an annual bout of pharyngitis, almost an occupational hazard for a Modern Languages teacher. In the course of the next three decades, however, I gradually developed what my GP referred to as 'compromised health'. My conditions currently include Addison's disease, asthma, arthritis, IBS, deafness, a hiatus hernia, uncompensated vestibular weakness and lichen planus, as well as problems with blood pressure, cholesterol, overheating, thin skin, dry eyes, itchy skin, bruising and a painful ear. I've had eleven operations, including a Caesarean section, cholecystectomy and hysterectomy. There have been occasional dramas such as a TIA and an episode of TGA, plus a dozen or so Addisonian crises. Some conditions have come and gone, but over the years the total has mounted inexorably.

Not surprisingly, the aforementioned GP knew me very well. I suggested an appointment, in

which I could try to give him an overview of my case. This, I felt – and he agreed – would make future appointments more productive and would ultimately save his time.

In case I have an Addisonian crisis while travelling, I always have a list of all my current medication and also a timetable showing how I manage these on a daily basis. This was compiled with the help of a pharmacist, who could advise me on how to avoid taking inappropriate combinations of drugs simultaneously. I began the appointment with my new GP by showing him this document. This is the current version:

DAILY DRUGS ROUTINE

6am

10 mg hydrocortisone

6.15am

15mg Lansoprasole

6.45am

200mg Colofac (mebeverine hydrochloride)

7.30am

120mg Telfast (fexofenadine hydrochloride)

0.1mg fludrocortisone

75 mg Clopidogrel (Plavix)

200mg bezafibrate (Bezalip)

1500 mg glucosamine

25mg losartan potassium

Fish oil

2 x Ventolin

2 x Seretide 250

10am

5mg hydrocortisone

12.40pm

200mg Colofac

1.15pm

2 x Gastrocote

2pm.

5mg hydrocortisone

5.30pm

15mg Lansoprasole

6.10pm

200mg Colofac

11pm

4mg Piriton (chlorphenamine)

300 mg quinine sulphate

10 mg montelukast (Singulair)

Calcium 500

2 x Gastrocote

2 x Ventolin

2 x Seretide

IN EMERGENCY

Efcortisol injection

FRIDAY am ONLY

1.25mg Vit D (Ergocalciferol)

SATURDAY pm ONLY

No calcium

SUNDAY am ONLY

Actonel

2X WEEKLY

Vagifem 25mg

OCCASIONAL USE/AS NEEDED

Rapitol eye drops 2 x daily

Arjun cream 2 x daily

Betnesol 0.5mg 4 x daily as mouthwash

2mg Immodium

3mg Buccastem (Buccal)

Paracetamol 4 x daily

He was shocked. Reading such a document was, he said, a very salutary experience for him. As he explained, doctors prescribe and prescribe, without necessarily appreciating the impact this can have on a patient's daily life. Seeing my daily routine spelt out in this way was a real eye-opener for him. Even the most empathetic members of the medical profession probably never contemplate how intrusive a drugs regime can be.

Yet the above list only represents the daily essentials, the bare minimum. If, for instance, my balance deteriorates, the lichen planus reappears, my foot is particularly painful, my eyes are sore and I develop a cough, the routine becomes markedly more complex

I reckon I'm pretty lucky. Despite all the above, which admittedly gets me down at times, I have a good life. Most people have no idea that I am anything but healthy. None of my medical conditions is likely to kill me off in the near future, as far as I know, and I am extremely grateful that they can mostly be treated or at least controlled, so that I can lead a relatively normal life. I can feel extremely exasperated with people who claim they 'don't believe in taking pills'. What rot! If I had 'not believed in taking pills', Addison's disease would have killed me twenty eight years ago, so I am only too happy that there are drugs available to keep me alive and I take them conscientiously. Nevertheless, I have to admit I do find that keeping on top of it all is quite troublesome and time-consuming.

I am reasonably intelligent and noted (sometimes mocked) for being highly organised, yet I cannot honestly claim that I always remember to take all these tablets and carry out all the other procedures without fail at the appointed hour. Life just intervenes at times. How do other people manage, particularly people who are perhaps less capable than I am of organising their daily life to accommodate such a routine? To make treatment more effective for all those of us with multiple medical problems, an annual review would be invaluable to check whether

- all the medication is still necessary
- any new, improved products have become available
- any of the drugs might have unfortunate interactions with others
- any of the drugs might have consequences for other conditions
- any new additions to the regime are being taken appropriately.

But apart from this proposal, what is the main point of this article? I don't expect doctors

often have the opportunity to read about a patient's view of her daily routine, so I hope this tale has a moral which you might take on board. When GP's sign yet another prescription, they may justifiably congratulate them on helping their patient, but perhaps, like my new doctor, they should also take a moment to reflect on the effort and commitment the patient too has to devote to the attempt to stay healthy.

Reflections on Aging

*Eardrops and eye drops
False teeth and glasses
My list gets longer
Because time passes.*

*Physios and Masseurs
Are essential to see
"Wheelie" and wheelchair
To help transport me.*

*Of course, lots of rest
and Reflexology.
For all of these aids
I make no apology.*

*This list should be longer
With tablets and lotions
But my memory is bad
And for that: no potions!*

Written by an older resident, Dorrie, who enjoyed regular reflexology at the St Monica Trust residential care village, Bristol.



Reflexology 'improves heart efficiency', claim researchers?

Reflexology can make the heart pump more efficiently, say researchers who think they have found the first scientifically robust evidence that it does have a physical effect.

Practitioners believe that certain parts of the feet and hands correspond to certain organs, and that massaging these points increases blood flow to those organs

Some reflexologists also claim reflexology can improve heart function. Now a team at Stirling University in Scotland has found that when volunteers undergo reflexology massage of

the heart point - located somewhere on the ball of the left foot - they exhibit a "subtle" improvement in cardiac output. This is a measure of how efficiently it is pumping. But when they underwent a sham treatment, in which only the heel of the foot was massaged, there was no change in heart function. Jenny Jones, a PhD student, said the finding was "intriguing", adding: "We have no idea what caused this change."

Daily Telegraph 13 Jul 2012
<http://www.telegraph.co.uk/health/healthnews>

Important Membership Notice from Lynne Booth

The next Winter 2013 issue inaugurates the start of the VRT Electronic Newsletter. We have printed and posted copies to members since 2002 and, in 13 years, the annual membership fee has never increased despite printing costs doubling and some postal prices trebling. Contact us if you do not have an email address.

Obviously this has not been a particularly good business strategy on my part but I have been happy to send out copies to our supportive members! So the membership fee is still not increased and from now on there is one category of £25 per annum for UK and international and £20 by Standing Order.

**UK or sterling accounts pay only £20
per annum by Standing Order**

**Annual Membership Renewal
£25 per annum**

Of course, those of you who like leafing through the newsletter can still print it off but the decision makes economic sense and will also save a few trees. Thanks for your understanding.

For those members whose annual subscriptions were renewable on 1st July 2013 you will find a blue renewal form enclosed. Please post this form with your cheque, or scan with a card number, to the office address.

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 newsletters.

Why not take a VRT Refresher class for only £60 per day? Contact us on contact@boothvrt.com or phone 01179 626746

***From the VRT Newsletter Archives:** This article was published in the 2nd edition of the VRT Newsletter in Summer 2002. At the time far fewer reflexologists were finding opportunities to bring reflexology into the workplace. Today many complementary therapists are involved in companies' staff well-being programmes. Sarah Brown's comments are as interesting and relevant today as they were 11 years ago.*

VRT in the workplace **by Sarah Brown RGN MAR**

In October I was lucky enough to be asked to join a company that takes complementary therapists into offices. My brief was to set up Reflexology in a large Call Centre, in Bristol. On-site massage and Alexander Technique were already in place and running well. Reflexology had originally been wanted but it was thought it would take too long!

I was told I would have 9 half-hour appointments with half an hour break for me. I had to get the person in and out within their time slot, so they could get back to their workstation. It felt like an interesting challenge! My emphasis has always been holistic and I believe the client needs an hour to truly relax and absorb the benefits of the treatment. This was going to be a completely different way of working!

It was quickly apparent, that I would need to devise a speedy but effective framework of treatment that could be easily adapted to meet the different feet that I was going to meet. I had already been told that stress and sickness levels were the main reason for us being there in the first place. It was therefore obvious that Vertical Reflex Therapy (VRT) was going to be invaluable, and so it proved to be the case. VRT is a new revolutionary method of reflexology where the feet are treated for a short while in the standing position

I found Lynne Booth's 20-minute treatment session that she describes in her book, *Vertical Reflexology*, a real help when I devised the office plan. I use small postcards to keep records and these are very useful for my own learning and seeing the progress of the clients. I was initially told that I would only be at the Call Centre for 3 months, but it has proved so popular that we are all there till the end of the year. As the company generously subsidises their staff, we, as therapists have to

provide statistics, and keeping accurate records of numbers seen, has made this easy.

Reflexology quickly became extremely popular amongst the staff. People liked the fact that they quickly felt very relaxed, but were able to go back to their workstation and continue working without feeling too spaced out. I really think that the consolidator technique has greatly helped here. Also, many staff have really appreciated being given some of the self-help hand treatments to practice in between treatments.

I have encountered a vast array of feet and conditions, and for many, reflexology has been the prop that has kept them going! I always tell the staff to report to their managers how much the treatments help them so the powers that be keep getting positive feedback. The staff soon got used to my way of working, which was about 3 minutes of VRT or the 'standing bit' first, with about 15 minutes of conventional reflexology and foot massage to follow. I've found that it is common for people to use the VRT time to unload their troubles as they stand peering out of the window!

They know that their secrets are safe with me! Indeed, confidentiality



is important in any practice, but vital in such a big office. As I have now just attended Lynne's Endocrine and nail-working workshop, I have to try and fit in some nail work at the end before the shoes go back on!

Many of the workers have neck, shoulder and arm problems due to computer work and I'm sure some have repetitive strain type difficulties. The advanced VRT techniques such as neural pathway stimulation have been very useful in these cases. Also, many of the staff are unbelievably stressed, and I've found the calming methods of palming and diaphragm rocking particularly good for these problems.

Over the months I have seen real improvements in people's conditions; these include reduction in frequency of headaches and migraine, vastly improved menstruation disorders, less shoulder and back pain and help with IBS. One of my regulars has been suffering from non-epileptic seizures and is under the care of neurologists. He found that weekly reflexology dramatically improved his general well being and his need for painkillers greatly diminished as his headaches

decreased in frequency and severity. On Lynne's suggestion, I usually rock his feet for up to 3 minutes each depending on how he is feeling. He particularly likes this!

During one of his hospital visits he told the Consultant Neurologist that he was having weekly reflexology treatments the doctor thoroughly approved and told him to continue with it as it was doing him good! He is now evangelical about reflexology and has been reading books I've recommended!

As the months went on it was apparent that more reflexology times were needed to cope with the demand! I am very pleased that my friends and colleagues Julie Fletcher and Denise Berwick have joined me at the Centre and we, as a team, are able to offer a consistent approach to the treatments as we all follow the same method of working. We all really believe in the power of VRT and its ability to enhance the conventional reflexology treatments.

All the staff at the Call Centre have been so helpful and appreciative of our work and we all feel very lucky to have the opportunity to see so many needy feet! I would like to thank Lynne Booth for her help and her encouragement in writing this article.

In a former life I worked as a nurse and a health visitor. I entered the complementary medicine world in 1995, when I trained as a massage practitioner. I qualified as a reflexologist in 2000, and I have not looked back since!

Adaptive reflexology with small children can be fun. 3 year old Leo was not aware he was having a good reflexology workout – he thought it was just nice to play with his Mum and Lynne!



Synergistic VRT



The Diaphragm Rocking Glide for tiny feet



Reclining Synergistic VRT



Conventional Diaphragm Rocking



Not too sure about the demo hand & foot!