

Membership Network Newsletter

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Dear VRT Member.

Welcome to the Spring VRT newsletter and many thanks for your contributions and positive feedback regarding your VRT results.

It is with the greatest sadness I report that our longest standing VRT tutor, Chris Roscoe, died in February aged only 61 from Motor Neurone Disease. Many of you have been taught by Chris over the years and the feedback from classes regarding Chris and her teaching was tremendous. She is greatly missed by all. Read her Obituary on page 2.

This issue contains many articles of interest, including, on Page 2, the challenging experience that VRT practitioner Liz Seigal had when she delivered reflexology treatments to the people of Sarajevo. Many people are still suffering from trauma and injury from the terrible war nearly 20 years. I interviewed Liz recently and was most impressed by her insights and she hopes to return next year.



Liz Seigal with a massage therapist and clients in Sarajevo

We are delighted to announce that all VRT members may now use the VRT logo on their stationery and website to indicate that they are recognised VRT practitioners. This is an endorsement that is only allowed for members and ceases once membership is discontinued. VRT is internationally recognised as a valuable tool in the reflexology repertoire and many reflexology diploma courses introduce students to VRT and encourage them to undertake our courses. In 2011 VRT was Highly Commended for its Outstanding Contribution to Complementary Medicine by The Institute of Complementary and Natural Medicine (ICNM).

It is a pleasure and privilege to know reflexologist Béatrice Deleatre from Toulouse in France and some of you will have met her on ART,VRT and Nerve Reflexology classes. She has taught ART



techniques with Tony Porter and was very active in her field until she suffered a terrible accident three years ago. On page 5, Beatrice describes her inspiring journey and tells how reflexology played a very important part in her recovery.

Read about Dr Carol Samuel's research on Reflexology and Pain on page 7, "Researchers have found that people felt about 40 per cent less pain, and were able to stand pain for about 45 per cent longer, when they used reflexology as a method of pain relief". What a fantastic indictment of reflexology.

I report on Reflexology and Dementia and we look at the great success of Story Massage therapy and the fascinating Speaking Volumes project on HIV and Stigma where you can hear moving accounts of living with HIV on-line.

Thanks to all the VRT members who keep in touch and send inspiring stories and case histories about how reflexology has achieved amazing results for their clients. I have recently spent enjoyable times in Seattle, London, Berkshire and Suffolk where I shared many aspects of VRT and the newer developments in Pain and Palliative care. See the on-line list of classes that our VRT tutors are running.

Thanks again from all the VRT tutors for your support. Please continue to send in letters and articles for publication

Kind regards

Lynne Booth VR

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www.boothvrt.com

VRT Newsletter 1 Spring 2014

Obituary Chris Roscoe, VRT Tutor

Chris Roscoe was an outstanding reflexologist and VRT tutor and a good friend and colleague to so many people. It was a tragic loss for her family



and others when Christine died in February this year after an 18 month battle with Motor Neuron Disease (MND). She was only 61 and was so full of life. Her Endocrine and Sub-Fertility Master classes were great favourites with therapists and she was a sought-after reflexology practitioner and speaker in the South West.

Chris was instrumental in helping to set up the original VRT courses and was an invaluable help and adviser to me. She was never one for the limelight and, after diagnosis, gradually let people know she had just retired last year and, though very ill, carried on seeing regular reflexology clients until a few months before she died. She was able to drive till last Christmas and, when she lost the power of speech, communicated with the help of writing messages on an I-pad and by email. She herself said MND one of the cruelest of diseases and her family has assured us that she was spared the last few most difficult months as she died after one week in hospital with complications from pneumonia.

Throughout her illness she remained positive, active and cheerful with her great sense of humour intact. She quite recently travelled with family to the USA and Europe (often with great effort) and saw friends regularly. She even made a beautiful cake for her son's wedding in November. The VRT tutors and I will miss greatly miss Chris as a friend and valued colleague and so will all who knew her.

Lynne Booth

VRT CLASSES FOR 2014 - Book now!

How long is it since you took a VRT class? These award winning training days will teach you many new skills. Book on line or phone the organiser direct. Remember you can return to take a Refresher for only £65.00 on certain classes. Phone VRT 01179 626746 for details.

Spain, Bristol, Belgium, Holland, Brecon Wirral and Nerve Reflexology-Upgrade October 18-19. More in the pipeline!

Reflexology Outreach in Sarajevo with

Reflexologist Liz Seigal.

Exactly a year ago, at the beginning of May 2013, reflexologist and VRT Network Member Liz Seigal set off for a fascinating and demanding two week assignment in Sarajevo, as part of the Healing Hands project. It offers a range of complementary therapies to people still suffering physically and mentally from the after effects of the war, now over 20 years ago. The people of Sarajevo greatly appreciate and value the service which only operates between April and October. Each week two new therapists join up with two other therapists

who are on their second week. All the therapists work both in the main clinic in Sarajevo as well as several outreach villages. Sarajevo city is the capital of the federation of Bosnia and Herzegovina entity, formerly part of what used to be Yugoslavia. Sarajevo is located in the Sarajevo Valley of proper Bosnia.

The city is situated around the Miljacka River, surrounded by the Dinaric Alps. Sarajevo is known for its traditional religious diversity and is rich in political, social and cultural diversity.

Lynne Booth recently interviewed Liz: Four therapists from Healing Hands network are involved at any one time. What skills did they offer?

On my visit massage, including Indian Head, Reiki and Reflexology was offered. We therapists went out to 3 or 4 districts to see different members of the population. Each residential area has a director whose responsibility is rather like that of a mayor who knows most of the local people and is therefore in a good position to know who might need a treatment. This included himself, also being a victim of the war. It is a democratic arrangement, which means that the people chosen to receive a free therapeutic session were physical war victims, many of whom suffering from post-traumatic stress.

We commit to two weeks in Sarajevo with a weekend off in the middle.

How long was each treatment?

Each session is approximately 50 - 60 minutes which includes a meeting with the Reception Manager at the beginning and end of the treatment. Before a therapist begins, there is 10 minutes to read the client's notes and discussing this with them by means of an interpreter. We had to make the most of working in fairly difficult working conditions

such as a lecture room. Therapists had to build their own privacy by using rows of chairs to distance themselves from other clients. There were few curtains or private areas, but both client and therapist got used to this way of working.



On-site improvised therapy centre in Sarajevo

Did you work hands as well as feet?

I only worked two times on the hands - on both occasions when the client was untreatable via their feet. It was more difficult to offer Vertical Reflex Therapy as much as I would like as the clients very much wanted to lie down and relax. They enjoyed the VRT Diaphragm Rocking as it helped them sleep as many had recurrent nightmares from the atrocities they had witnessed.

Did you give them self-help instructions?

I did give several clients self help instructions those I met the following week, found that they had been useful

What sort of injuries/psychological conditions were prevalent?

There was a wide range of problems including osteoporosis, severe back, neck, hip and knee injuries (some, as a result of horrendous treatment in the Concentration Camps). Heart conditions, high blood pressure, diabetes, were very common. PTSD was common in approximately 75% of our clients, most of whom were unable to afford the appropriate treatment. There were many male amputees being treated for pain issues and problems with ill fitting artificial limbs. Shrapnel wounds were common, resulting in numbness and in some cases, paralysis. Many of the clients had vivid memories of their experiences in the camps and being under house arrest, some for as long as 3 years. One of my clients was a very old gentle man who went to the Hague recently as an expert witness of the atrocities.

What accommodation was provided for you during your stay?

Our accommodation was an apartment close to the clinic where we worked. In the past they had had a house which was typically Islamic homely and welcoming. The style of the apartment enabled all four of us to have our own rooms, as well as a kitchen, lounge and bathroom.



Acres of Muslim graves. In Srebenica most of the entire population of 6,000 men & boys was wiped out

What was the sex/age range ratio?

There were more women than most of whom were born between the 1940s - 60s, I treated very few people who were born from the 1970s onwards.

What is the standard of living?

Extremely poor considering the extremely high cost of living and accommodation is expensive, as is food, transport etc. In addition employment is hard to come by, both for the young people desperate to find work, and the older generation. It is rather disturbing to think that the charming local restaurants which we found more than reasonable, were simply out of the question for the normal population of Sarajevo. Most of the clients I saw were unemployed but a few had very mediocre jobs.

Were medical personal involved/interested in the therapy sessions?

No. There were no medical personnel involved, nor was there any indication of community service, such as a chiropodist, for example. This service was badly needed for several of the clients I saw, one or two of whom had infected feet, or an ingrown toenail etc. The only way to see a doctor was to go privately, a fee that would be totally unrealistic for most of the population. I discovered that a very few of our clients who had PTSD were getting limited treatment from psychologists.

What were you able to contribute most from your visit?

This is an interesting question, particularly as I would say that I got so much from being with so many brave, warm appreciative people, who, despite the limited help they receive,

seem to have the courage to get on and make the most of the little they have.

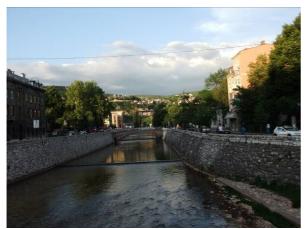
I think my contribution was my positive attitude, a determination to be as focussed as possible, and find a way to communicate, through my hands as well as my manner. Each treatment took on a special significance having read the notes, as minimal as they were. Although I realised that there were many limitations as to what I could do, or how I could shift/effect a change, nevertheless I felt energised and focussed and wanted to give my all.

What was the biggest hurdle to overcome?

In the face of the amount of suffering and actual physical illness experienced by our clients, the amount of help we could give was minimal. The hurdle to overcome, or come to terms with for me, was the shocking fact that relatively minor conditions became worse simply because there were no free basic services to prevent minor becoming major. I felt as they did; quite powerless.

Would you go back again?

I was meant to go back this year but circumstances now make it impossible. I hope to return in 2015. There is now an updated and improved selection/assessment procedure and the details the Healing Hands Network are detailed below.



Sarajevo .Near this bridge is where Arch Duke Ferdinand was assassinated in 1914 and whose murder was the trigger for World War 1.

Healing Hands Network charity helps people suffering from the mental, physical and emotional after-effects of war and disaster

They send qualified, experienced volunteer complementary therapists to Sarajevo to treat people who lived through the longest siege in modern European history.

They also help service and ex-service personnel and their families in the UK

They need therapists, supporters and money So please help

- By volunteering
- By support membership
- By donating

Healing Hands Network, 17 Fow Oak, Tile Hill, Coventry CV4 9XS Tel: 07815 628372 www.healinghandsnetwork.org.uk

"These warm, gentle and healing hands have changed my life forever. Thank you!"

Krsic Ramiza, Concentration Camp Victim

Why?

The siege of Sarajevo lasted for 1,425 days between 1992 and 1995. The city's 500,000 inhabitants were trapped without food, power, communications or healthcare. Thousands of grenades fell on this once beautiful city every day, destroying some of its most important buildings. By the end of the war 12,500 had been killed and 61,000 wounded. 1,601 of the dead and 14,946 of the wounded were children. The charity has been working in Sarajevo since 1996 to help and give hope to the people who lived through that terrible time.

What?

Holistic approaches to healing are accepted unconditionally in Bosnia and Herzegovina, and as a result of this the therapeutic benefits we are able to achieve are sometimes greatly accentuated. Many clients say how much better they are feeling. Sometimes they are sleeping better or perhaps their continual aches and pains are relieved and they have a better quality of life. Other clients report an increase in optimism and hope, and a wealth of other positive effects.

VRT RESULTS

Annie Zakiewicz writes:

Back in October, I had a new client who wanted help with severe psoriatic arthritis. Diagnosed at 15 years, now 35 years, he turned up for his appointment with his mother. She sat on the sofa throughout the treatment and kept a very low profile. The treatment was a resounding success, and he embarked on a 6 bi-weekly treatment plan, with his fiancé providing VRT support under my guidance.

The mother then recommended me to an elderly neighbour, and she is now having regular mobile sessions. Two weeks ago the mother accompanied her husband who wanted treatment for various health issues. Once again she quietly sat and watched.

When I had finished her husband's treatment, I turned to her and asked if I could give her a little VRT hand treatment as a thank you for all the clients she had bought me. She shyly accepted, but thought she should remove the compression sleeve she was wearing. She said she had had breast cancer some years back and had to wear the sleeve most of the time because the arm was painful and swollen.

I was only doing a little thank you treatment so I didn't subject her to questions, but just gave a basic VRT hand routine, nail on nail zone walking, and added Advanced VRT for the tender spot we pin-pointed in the shoulder/upper arm reflex area. I ended the routine with a gentle hand massage to include hand brushes and "The Harmoniser" My little treatment was 10 minutes maximum. She felt relaxed and a bit light-headed when she left, but the look on her face said that my small gesture was as if I had handed her a large and exquisite bouquet of flowers!

Two weeks later she rang me and asked to make an appointment for herself. She told me that after her mastectomy she had had radiotherapy and that had resulted in a hard lump forming under her armpit. The consultant had told her that he attributed it to the radiotherapy; it would be with her for life. For the swollen arm, she was given the compression bandage and shown how to give herself a simple lymphatic drainage massage, which was fairly successful, but still left her with an uncomfortable arm. After her VRT hand treatment, the hard lump disappeared and the swollen arm looked and felt normal and she felt so much better in herself. Two weeks on, the hard lump has started to return and the swelling is coming back. She now wants a full treatment to see what can be achieved.

As you know I am a devotee of VRT and eagerly keen to learn all you have to impart. Once again I want to acknowledge that, for me, VRT really hits the spot and I use it all the time. Thank you for VRT.



Important
Conference date
for your diary
17-20 September
2015

The International Council of Reflexologists (ICR) announce their next conference will be held in the UK, in Sheffield, North Yorkshire.

www.icr-reflexology.org

Béatrice Deleatre describes how reflexology helped recovery when she broke her neck

This account was published in Spring 2014 in the Swiss magazine **Le Point Reflexe.**

I'm jogging, I'm running fast and smoothly; I feel each step, each vibration, echoing in my body through the soles of my feet



from the ground. My phone rings inside my pocket, I want to answer: it is my alarm inviting me to wake up and to begin my day. I have been dreaming.

It has been a long time since I've really felt these physical sensations. Today, only the touch of the reflexology induces reactions and deep sensations to my lower limbs.

My name is Béatrice, I'm 57 years old, and I am a reflexologist and manual therapist. In June 2013, during a training course in reflexology I was co-running with Tony Porter in Lausanne, I agreed to write down my account for the "Point Reflexe", - published in Swiss-, at the request of Isabelle, their chief editor. Having this dream led me to write down an experience I had with reflexology, in fact a gift from the hands of friends. Through this article I send a big thank you to all those who kept working my feet during seven life-changing months.

April 2011, feeling tired and exhausted, I collapsed, hitting my neck and my head on the floor of the kitchen. It was a huge shock, I wanted to stand up, and I could not. I was paralysed. Diagnosis: compression and medullary trauma after fractured C5 and C6, causing a spasmodic tetraplegia.

One surgery later (corporectomy of C6 and arthrodesis), I was bedridden, in care in the neurology ward, without any physical sensation, nor any pain, only my arms were moving a bit and my head running to 100%. The feeling tests done on my lower limbs were negative: no movement, no skin reaction.

Three or four days after the surgery, Tony Porter arrived from London and obtained permission to perform reflexology on me. The first touch, firm, precise and pressing down on the big toe and the lateral spinal reflex induced the sudden retraction of my right leg (the most affected) towards the abdomen.

I will never forget what my heart felt at that time: joy, hope, and wanting to keep things going. The previous day, a nursing auxiliary told me that I'll probably not walk again...

During the first days, I had two sometimes three reflexology treatments of about 15 minutes each day with only one goal: to stimulate the damaged nerve pathways. That was the case: where the neurological tests from the medical team failed, the reflexology awoke the feelings, the reactions and above all gave back me hope.

Gradually the treatments were once daily, then every two days which complemented the mobilization sessions at the hospital. My feet got their pinkish colour back and my ankles had the beginnings of mobility. The energy started to circulate. The physiotherapist seemed surprised by the improvements I made, even though I was not able to be sitting up.

During the six months of re-education in the clinic, I had one reflexology treatment per week on hands and feet. Two months after the surgery, to the day, I made my first move between two bars.

Seven months after the surgery, I walked out the clinic on my 2 legs with 2 crutches. And even if my hands still don't seem to open themselves and are a handicap in my day-today life. I'm self-sufficient.

Today, I'm regarded as having a tetraparesis (partial paralysis) with heavy spasticity; I keep up the re-education and I'm regularly given reflexology treatments.

Far beyond physical mobility, reflexology has given me back hope, and I want to keep it up. Reflexology helped me to quit antidepressant and sleeping pills by regulating the activity of the thyroid.

Today, I sing and laugh again, I sleep better, I've got busy days, I'm planning things and I've a rich social life. I'm rebuilding myself. My family, my friends, philosophy of life, and healthily living were, of course, the basis of this reconstruction, but I'm utterly convinced that reflexology has been the starter and the reason.

For me, being healthy means to have energy.... and energy circulates again. Thanks to this amazing manual therapy, thanks to Tony Porter and ART, and thanks to my Reflexology friends.



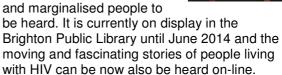
Speaking Volumes Project on HIV and Stigma

www.speakingvolumesproject.org

SPEAKING VOLUMES

Reflexologists often work with clients who are HIV positive, but many people still do not know much about the HIV virus and there is much ignorance surrounding the subject.

The Speaking Volumes Project is a new storytelling venture that allows the voices of hidden, stigmatised



In the early 1980's the "AIDS diagnosis" was considered to be predominantly fatal, easily spread and a lot of fear and prejudice, surrounded those who were living with this condition. Sadly some stigma still remains.

This Lottery funded Speaking Volumes project



is working with HIV positive, gay and heterosexual, people to enable them to share their experiences of living with the condition. Participants attended creative workshops using art and storytelling to look at their self-image and journey with HIV. They were then

interviewed and these edited interviews can be heard on-line.

www.speakingvolumesproject.org/stories

Some stories are accompanied by images drawn by the participants at the workshops, and others have some meaningful text chosen by the speaker.

Caroline Lucas, Green MP for Brighton writes:

I was privileged to attend the launch of an extraordinary exhibition at the Jubilee Library in Brighton in April. Called Speaking Volumes, the exhibition presents in audio form powerful and positive stories of people living successfully with HIV. People who live, work and contribute in so many ways to our community.

Speaking Volumes is also about the misconceptions, financial hardship, prejudice and other challenges faced by people with HIV. Despite advances in treatment, too many people still deterred from being tested by fear

of being stigmatised and by the fear of the consequences of a positive diagnosis.

I hope that Speaking Volumes will encourage people to access HIV testing services, at the same time as increasing awareness and understanding of what a diagnosis might mean.

The stories that are being told at the Jubilee Library are stories of



survival and strength. They are inspiring, deeply personal, and stories that should be heard as a call to action towards the eventual eradication of HIV.

I am enormously grateful to everyone involved in this project for sharing their experiences, for believing in the power of their stories, and for knowing that being given a voice can be like being given the strength to survive.

RECOGNISING A STROKE - plus a new sign:

Stick out your tongue

Sometimes symptoms of a stroke are difficult to identify. Unfortunately, the lack of awareness spells disaster. The stroke victim may suffer severe brain damage when people nearby fail to recognize the symptoms of a stroke.



Remember S-T-R ,,,,,, and now T

Doctors say a bystander can recognise a stroke by asking three simple questions:

S * Ask the individual to SMILE.

T * Ask the person to TALK and SPEAK A SIMPLE SENTENCE (Coherently i.e. Chicken Soup)

R * Ask him or her to RAISE BOTH ARMS.

If he or she has trouble with ANY ONE of these tasks, call emergency number immediately and describe the symptoms to the dispatcher.

New Sign of a Stroke:

Stick out Your Tongue!

Another 'sign' of a stroke is this: Ask the person to 'stick' out his tongue. If the tongue is 'crooked', if it goes to one side or the other that is also an indication of a stroke.

Remember this and pass the information on – it could save a life.

Reflexology reduces feelings of pain

Research by Dr Carol Samuel

Researchers have found that people felt about 40 per cent less pain, and were able to stand pain for about 45 per cent longer, when they used reflexology as a method of pain relief.



Dr Carol Samuel

Reflexology is often associated with the feet Participants attended two sessions, in which they were asked to submerge their hand in ice water. In one of the sessions they were given reflexology before they submerged their hand, and in the other session they believed they were receiving pain relief from a TENS machine, that was not actually switched on.

Dr Carol Samuel, who is a trained reflexologist and who carried out the experimental procedures at the University of Portsmouth as part of her PhD, said: "As we predicted, reflexology decreased pain sensations. It is likely that reflexology works in a similar manner to acupuncture by causing the brain to release chemicals that lessen pain signals."

The researchers found that when the participants received reflexology prior to the session they were able to keep their hand in the ice water for longer before they felt pain, and that they could also tolerate the pain for a longer period of time.

Dr Ivor Ebenezer, co-author of the study, said: "We are pleased with these results. Although this is a small study, we hope it will be the basis for future research into the use of reflexology"

Reflexology is a complementary medical approach, which works alongside orthodox medicine, in which pressure may be applied to any body area but is commonly used on either the feet or hands. In this study reflexology was applied to the feet.

Dr Ebenezer from the Department of Pharmacy and Biomedical Sciences and Dr Samuel used a small study of 15 people to determine whether reflexology would be more effective than no pain relief at all. Dr Ebenezer said: "Complementary and alternative therapies come in for a lot of criticism, and many have never been properly tested scientifically. One of the common

criticisms by the scientific community is that these therapies are often not tested under properly controlled conditions.

"When a new drug is tested its effects are compared with a sugar pill. If the drug produces a similar response to the sugar pill, then it is likely that the drug's effect on the medical condition is due to a placebo effect".

"In order to avoid such criticism in this study, we compared the effects of reflexology to a sham TENS control that the participants believed produced pain relief. This is the equivalent of a sugar pill in drug trials."

Dr Samuel added: "This is an early study, and more work will need to be done to find out about the way reflexology works.

"However it looks like it may be used to complement conventional drug therapy in the treatment of conditions that are associated with pain, such as osteoarthritis, backache and cancers".

The study has been published in the Journal of Complementary Therapies in Clinical Practice.
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Article dated 24.09 2013



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How reflexology can support those living with dementia

Lynne Booth writes: For decades dementia has been on the increase due to a burgeoning aging population and is now one of the greatest pressures on healthcare systems around the world. Over the past 18 years I have given many reflexology sessions, mainly on the hands, to nursing home residents and others who are living with dementia. There are various stages of dementia and clients may at times be uncommunicative and others will be articulate, lively, responsive and very aware that their cognitive faculties are beginning to fail. Dementia can take many forms, including Alzheimer's disease, and all conditions have the potential to respond favourably to a therapeutic touch.

The G8 summit on dementia in December 2013 was expected to agree to a package of

measures that will see collaboration on research, sharing of expertise and closer cooperation as part of a worldwide push similar to global efforts to fight cancer, malaria and HIV and AIDS (1).

There are a growing number of research studies and trials in relation to reflexology and the following paper by Nancy A Hodgson RN, PhD, CS, *Efficacy of Reflexology as a Palliative Treatment in Nursing Home residents with Dementia: Pilot Study* July 2006 (2) suggests that reflexology "may be an effective treatment for older adults with dementia, appearing to relieve pain and improve psychological well being".

Hodgson's results showed that the following analysis of variance for repeated measures demonstrated a significantly greater decrease in symptoms of pain, depression and physiologic measures of stress for the residents given reflexology treatment than for those in the control group. The conclusion was that "these clinical findings support the use of reflexology in nursing home residents with mild/moderate dementia."

Anecdotal examples of the results of hand reflexology treatments

Oran Aviv, a senior reflexology tutor in Tel Aviv, Israel was taught Vertical Reflexology Techniques (VRT) (3), including simple VRT Nail-working on the thumb nails and immediately incorporated these into her care plan when working with Alzheimer/Dementia residents. (4) In 2007 JDC-ESHEL- The Association of the Planning and Development for services for the Aged in Israel developed a pilot program to train Day Center staff in the basics of Aromatherapy. Four staff members of the Kfar Saba Day Center participated in the program. The Day Center then implemented the program by leading both group and private sessions of simple hand massage. Jeffrey Lieder, the Manager of the Day Center reported, "When Oran offered her expertise in reflexology and volunteered her professional knowledge and training to expand and improve the program it was a perfect fit". Oran Aviv describes the project:

In the book From Heart Through the Hands: The Power of Touch in Caregiving by Dawn Nelson (5) she refers to a 1996 pilot study in a Chicago care home where a correlation between certain kinds of touch, on specific parts of the body, and specific behaviour patterns in people with dementia. This refers to massage rather than reflexology but it is worth reflexologists experimenting with the following findings to see if a certain reflexology approach works better.

Nelson suggests that "Foot treatment: works well for those who are hyperactive, restless or have a tendency to wander. Hand treatment: generally works well for those who are sad, anxious and fearful"



Carers practise hand reflexology in a Tel Aviv Care Centre.

I run short training sessions for relatives, carers and medical staff and demonstrate simple but effective hand techniques and methods of helping relax and calm a person who is living with dementia. Relatives welcome this skill as they often feel powerless when visiting a loved one who does not respond or communicate easily. The nursing staff gain valuable techniques to use in various situations when the person may become distressed.

Dementia is one of the greatest medical challenges of the 21st century and reflexology is a complementary therapy that should be considered, alongside other modalities, in offering valuable support to this group of clients or patients and those who care for them.

Reference

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- 2. Hodgson, Nancy A, RN, PhD, CS, Efficacy of Reflexology as a Palliative Treatment in Nursing Home residents with Dementia: Pilot Study July 2006
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Letters and Results



Ganglion and MS relapse The VRT demonstration at

our Education Day was
very well received. Everyone was very
appreciative of your generosity in allowing us
to revise for some people and introduce others
to your work. We allowed time for some
practical sessions so everyone got to give and
receive some VRT. I must tell you of a
wonderful result I saw in my clinic a couple of
weeks ago. A client came in with a very
painful ganglion. She actually came for a
Chiron Energy session but I asked her if I
could do so synergistic Vertical Reflexology
first. It was amazing; she walked out with the
ganglion completely gone. I do not know who
was more amazed her or me!

Another result this week: a lady with Multiple Sclerosis (MS) has had a bit if a relapse after doing well for so long. I applied some VRT synergistic work with her and I just got a message to say her legs are working much better again. So thank you.

Dee Leamon, Australia

Backache

Thank you so much for the class; my back condition improved after the session. I am very grateful. I have been using the techniques on myself, and on my clients. There have been some really positive reactions: on myself and others, to keep my back pain free and increasing mobility; I love it! I look forward learning and applying more VRT in reflexology

Helena

Shoulder pain

Thank you again for the brilliant, inspiring course. I asked for my shoulders to be worked on. They weren't particularly bad, but I hold tension there and they are always tight across the top. This did free up considerably yesterday and still feels good today.

What is astonishing (and I am still trying to convince my husband that I haven't had a massage or a passionate liaison with someone!) is that on both sides across the top of the muscle this morning is a big red mark It is worse on my left which was the more painful side. I haven't been carrying a bag there and cannot think of anything else that might have caused it (despite what my husband says)!

Brilliant! K H. Berkshire

Diabetes

A male friend has been a diabetic for ten years and weighs 16 stone. He works in London most of the time and often travels abroad, leaves home early in the mornings and always has to have a good breakfast because of his diabetes. He injects himself three times a day and gets very stressed because of his work and different time schedules.

I spoke to him some time ago about having reflexology and he just laughed. So I suggested to him that I would not charge for a treatment and he could let me know what her thought. He came to me one evening after work and he couldn't believe how relaxed he felt. I picked up on so many sensitive reflexes, especially the pancreas reflex, which had a "spongy" texture. As he left he said he would definitely come again. Later that evening his wife rang to inform me that he had checked his blood count and could not believe that it was down from 9.5 to 2.4. His wife told me that when he left the house he was irritable and tired but on his return home he was a different man.

He has now had three reflexology sessions and all three times his blood count has dropped after treatment. The last time his shoulder was hurting because he had been worked till the early hours of the morning on his laptop, I worked foot reflexes and points on femur bone and next day the ache had disappeared. He thinks I am magic but I explained that it is the effect of reflexology. He has now booked once a month for regular treatments. He also visited his doctor and mentioned he had had reflexology and the doctor stated that, as his blood count had reduced dramatically, he had better keep it up his appointments!

Brenda Attree.

Don't forget the VRT Calming Nail Techniques



For personal use: Hold your thumb, nail-onnail, in the middle on the central pituitary reflex. Keep a light pressure for approximately 30 seconds. Repeat on other hand.

Client Hand reflexology: Hold thumb nails nail-on-nail simultaneously for 30 seconds.

Before you begin your regular foot reflexology session, after the client has received some VRT, and is reclining on the couch: Simultaneously hold the central pituitary reflexes on both big toes and keep a light pressure for approximately 30 seconds.

Story Massage

New Book DVD Classes

Lynne Booth tries it out.....



Story Massage involves the use of simple movements (through clothes), associated with words that help to build up a story. Tracing a large circle on a child's back, for example, can depict the image of the world while a gentle squeezing action on the shoulders can represent eating something very delicious. Story massage can be shared as a child to child or parent to child activity. It is currently being used and developed worldwide in a variety of settings including home, school, after-school clubs, family centres, hospices and special schools.



Attendee Lynne Booth with, Sandra Hooper and Mary Atkinson, at a Story Massage training day in Bath, Somerset.

In March I attended a fascinating *Story Massage* one-day class in Bath which was run by the authors and tutors, Mary Atkinson and Sandra Hooper. I was intrigued to learn more about this acclaimed course and book that has made such a difference to children's and adult's lives especially in a remote area of Japan, which was struck by the tsunami. Mary travelled there and taught the local community these valuable techniques. They have also worked with children from Chernobyl.

It was an interesting day for a group of adults to practice this gentle massage built round individual storytelling and I could immediately see there was a scope to introduce this into the field of dementia. The book and charts are well illustrated and the accompanying DVD teaches the massage strokes very concisely. Story Massage can also be bought online as an e-book. The website reports on the usual and unusual settings where Story Massage has been taught.

I would recommend this book and classes to anyone who is involved with children, either personally or in a teaching situation. Mary and Sandra are such an experienced team who really brought this valuable concept to life

Positive touch activities have been used effectively as part of the internationally recognised Massage in Schools Programme which introduces peer massage, child on child, into the classroom and wider community. MISP was one of the inspirations when Mary Atkinson and Sandra Hooper were developing their story massage project.

Story Massage Strokes

The benefits of positive touch for children are backed by extensive research from The Massage in Schools Association and Touch Research Institute Miami with findings including:

- Improved calmness and concentration
- Increased self-confidence, self-awareness and self-esteem
- Improved social skills

There is also an educational element as story massage can be used to fit in with the national curriculum. Many children have learnt their numbers and letters, and elements of history, geography and nature through story massage.

Story Massage Workshops for 2014

Tuesday 24th June 2014, Birdham, Chichester – £95 (book by April 10th 2014 for early bird rate of £80)

Saturday 12th July 2014, Liverpool (National Wildflower Centre). £95 (book by May 31st 2014 for early bird rate of £80)

Tuesday 19th August 2014, Bristol £95 (book by July 5th 2014 for early bird rate of £80)

Saturday 13th September 2014, Brecon, Wales £95

Tuesday 14th October 2014, Cambridge £95 (book by September 2nd 2014 for early bird rate of £80)

Friday 14th November 2014. Bournemouth £95 (book by October 2nd 2014 for early bird rate of £80)

Story Massage www.storymassage.co.uk Tel: 01243 779600 07899813659

Email: info@storymassage.co.uk

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