

Membership Network Newsletter

No 44 Autumn 2016

Dear VRT Practitioner,

However many feet I treat, I am still often amazed at the efficacy of reflexology and VRT and the results that many practitioners achieve with our wonderful therapy. It is always good to meet up on classes with VRT practitioners whom I have not seen for a while and to hear how they are using and developing the weight-bearing or nail-working techniques. In recent months I have held some of the regular small VRT master classes in my home. It is always a time for me to learn much from others too. I have expanded the VRT Crib Sheet instructions on page 7 for all who need a refresher.

Much further from home I enjoyed linking up with reflexologists in Seattle and Vancouver this summer teaching the Basic and Advanced VRT techniques, the Endocrine System and Women's Issues as well as Sleep, Tension and Mobility issues. In Vancouver a cat from the street joined us for the last day and kept placing herself between the kneeling therapist and the standing "client" in our practical sessions. She would then lie down and relax between the two therapists, so maybe it was a particularly good energy field! On page 12 there is news of an interesting conference in Switzerland in May 2017.

Recently I had the honour of being invited by Reflexology Outreach International (ROI) to speak at the Crystal Anniversary lunch at the Civil Service Club in London. I joined fellow presenters



Tracey Smith of the AoR who spoke on research developments, Jenni Tribe on maternity reflexology and Sally Kay on lymphatic drainage. We were all so inspired

by the presentations by committee members on their outreach training expeditions to India and Uganda over the years. We can all play a part in helping to teach valuable reflexology techniques in the developing world by donating to the charity, joining as members or volunteering to go ourselves. See page 4.

Next September, if you are able to consider a therapeutic break for relaxation, then why not come to an Equilibrio reflexology retreat in the Southern Spanish mountains where I will be the guest reflexologist. There is much more on offer from other therapists, as well as reflexology. I will share techniques developed by working extensively with elite sports persons and my profound newer VRTM techniques where Vertical Reflexology is combined with the client gently mobilising a limb or trunk while specific reflexes are simultaneously targeted. See full details on page 12 and on the Equilibrio website.

Dr Carol Samuel and Tracey Smith write about research in reflexology and the progress so far and Dorthe Krogsgaard and Peter Lund Frandsen say *Babies can do it... Let's learn it again!*

Thanks for all your support and keep your comments and ideas coming in.

With best wishes from all the VRT tutors



Lynne Booth

Main Newsletter Contents:

Page 2 Research and Reflexology

Page 4 Letters

Page 5 Babies can do it...let's learn it!

Page 7 The VRT Crib sheet expanded

Page 10 A close encounter with a bear

Page 11 Self-help Stress tips

Page 12 Swiss conference and Spanish Retreat

contact@boothvrt.com

www.boothvrt.com

Tel: 01179626746

Research and Reflexology by Lynne Booth

I studied for my reflexology diploma nearly 25 years and in those days I spent a considerable time explaining to people what reflexology actually was! There were few articles about it and virtually no research. Acupuncture was, and still, is better known worldwide, but reflexology has become in subsequent years one of the leading complementary therapies as it is effective, non-invasive and only the hands and feet need be accessed.

Tracey Smith, Research Manager, at the Association of Reflexologists (AoR) told me that most of what has been found about reflexology, both in the past and currently, relies on certain people's experiences of reflexology. She indicated that, initially, it was the originator of modern reflexology, Eunice Ingham in the 1930s, that informed the process of reflexology and now this similar guidance is more likely to be from the CPD providers. She says "Very little of what is actually taught on reflexology courses is based on published scientific research. This has not changed over time and partially because of this we have a rather poor evidence base. So while there is lots of belief about the therapy, there is very little scientific proof". [1]

Hand Reflexology

In my own development of Vertical Reflex Therapy (VRT) in the 1990s, I undertook some small studies with the co-operation of two GPs who offered medical support and verification on pain reduction and increased mobility in older people and also VRT self-help in the work place. [3] The latter relied on the empirical monitoring by the small sample of employees and chronic conditions for six months or more. The results of the pain and mobility study with older people were positive and interesting and in 1997, I presented them



to the doctors and nursing staff at the St Monica Trust organisation, in Bristol. The Trust runs care villages for chronically sick older people. In both cases some participants reported a 60% plus improvement that was maintained two months later.

The sample group was extremely small (8 people) so my attempts at research were useful to me and my colleagues, but made no impression as far as research was concerned because the exacting protocols had not been met. This article looks at the problems that face reflexologists who want to contribute valid research. Bringing reflexology research right up to date: very pertinent, studies on reflexology as a method of pain relief have been undertaken by Dr Carol Samuel in 2013. She was the first non-medically qualified person to gain a PhD in Reflexology and Pain Management and her research is reported below.

Vertical Foot Reflexology

Tracey Smith, of the Association of Reflexologists (AoR), has been watching the research world of reflexology for the past 16 years. Prior to her training as a reflexologist, she was a scientist and she told me, "The one thing you are taught early on as a scientist is that research underpins everything you do. If you go back to the start of scientifically published reflexology research you would probably start with the Oleson and Flocco paper in 1993 on premenstrual syndrome. This study has not yet been reproduced or bettered either in methodology or results, by more up to date research which is somewhat disappointing over a timeframe of 23 years. While there has been an increase in numbers of published studies, changing from one published every few years to several a year, the size of the projects have remained disappointingly small.

There has however been a change in how research is being produced. Reflexologists are becoming actively involved in formulating the research projects. Where, in the past the reflexologist was used as a 'tool' they are now becoming an integral part of the research team. This means the research is not only more relevant to the world of reflexology but also means it is fairer to its original concepts, that it's not just reduced to a reflex point that can be omitted rather than the w-holistic therapy that it is.

The other interesting change is where the research is originating from. Classically, research into reflexology published in English has come from the UK and the USA, while there have not been many studies there has been a steady drip feed of information. What is encouraging is that there are other countries that are beginning to produce research into reflexology with new and interesting ways of using it. Two countries that are beginning to make their mark are Iran and Turkey. Over the last few years some really interesting small studies have emerged. Possibly there is a different understanding of complementary therapies; perhaps there is a greater feel for the non-medicalisation of health in these countries”.

Research into reflexology is certainly getting better, there is more of it, the methodology is getting sharper, the reflexologists are becoming more involved and it is more likely to become published, but still it is a tiny drop in the ocean compared the research produced on other complementary therapies. What it needs is repetition and reproduction.

Repetition is where a positive study is repeated by the same researchers on a different group of clients. **Reproduction** is where different researchers get the same results in a different place. This is one of the true bedrocks of science and it enforces the idea that the original positive study wasn't just a fluke or plain good luck. *If there is anyone out there thinking about a reflexology research project, then Tracey and the AoR would cordially invite them to reproduce a previously positive study; the methodology has already been thought out and it is just waiting to prove a point - that reflexology does work.*

Researchers 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, a trained reflexologist, 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.

Although Reflexology is often associated with the feet, the participants attended two sessions, in which they were asked to submerge their non-dominant 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 Ebenezer from the Department of Pharmacy and Biomedical Sciences, 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”.

Dr Samuel used a small study of 15 people to determine whether foot 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 was 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 cancer.

References

1. Tracey Smith, Reflexology and Research Manager, The Association of Reflexologists www.aor.org.uk

2. Pain reduction and increased mobility in older people (1997) Lynne Booth published in Vertical Reflexology Publ Piatkus Books, London. ISBN: 0-7499-2132-3 2000.
3. VRT self-help in the work place (2002) Lynne Booth Publ Piatkus Books (2003). Paperback ISBN: 0-7499-2319-9 2003. Published in Vertical Reflexology for Hands
4. Published in the Journal of Complementary Therapies in Clinical Practice. 24.09. 2013.) Reflexology reduces feelings of pain: University of Portsmouth Press Office Research news April 9 2013.

This article was originally published in full in **Positive Health** Issue 232 - August 2016. Reprinted with kind permission of Positive Health on-line journal. www.positivehealth.com

Contact Dr Samuel for information on her Reflexology and Pain classes
Carol Samuel, PhD. Cert-Ed.
Mob: +00 44 7989 768774
Email: carol@reflexmaster.co.uk
www.reflexmaster.co.uk

Letters

Thanks so much for sending through all this information and useful links. I found the whole weekend inspiring and, although I have used diaphragm rocking with all clients plus other basic VRT approaches sporadically since doing my first course with you a few years ago. I am now using the VRT sandwich for most treatments plus adding in extra techniques as appropriate ... and the clients are responding very positively! Such a worthwhile way to have spent a weekend,
Suzy Carter



A practitioner writes: I gave a presentation where a woman asked if reflexology might help her husband after the removal of one of his kidneys. I'd been taught that reflexology for kidney issues was sometimes contraindicated, yet I've heard many say that light work even immediately post-surgery to support overall functioning could be beneficial.

Lynne Booth replies: *I have never been taught that reflexology is contraindicated post surgery and never has a single organ or condition been specifically selected as out of bounds! The IIR and other schools I have followed always stress that we are simply seeking to offer well-being, balance*

and homeostasis and we aim through reflexology to help the body trigger itself to heal. I work lightly over the reflex area of surgery but otherwise treat the feet or hands as normal. I have applied this on young children to people in their 90's with no ill effects and they appear to benefit.

Questions answered:

Would you work on the client:

1. Immediately post-surgery if MD permitted in hospital? *Absolutely.*

2. After release from hospital? Would you especially engage parasympathetic nervous system, solar plexus, and spinal reflexes? *Yes, I would want to give on going support to the whole body and certainly the neural pathway reflexes play a crucial part so I would want to give continuing support.*

3. Is there a post-surgery protocol you know of? *No....I use the normal treatment protocol but suggest you especially work the lymphatic system to help expel the residue of anaesthetic. I concentrate on the adrenals to help with shock of surgery and work the central nervous system via the spinal reflexes for balance.*

4. Would you lightly "work" remaining kidney reflexes and perhaps lightly hold the reflex for the removed kidney? *Yes that I would do. I would also apply VRT Signalling and Pelvic Balancing techniques that are taught on the Sleep and Mobility class.*

Reflexology Outreach International



(ROI) was set up in 2000 to provide free reflexology training in the developing world. They target carers who are responsible for looking after people who have HIV/AIDS or other serious illnesses, and our emphasis is directed at helping people who are poor. To this end they train a range of people from family members through to nurses and doctors. We also provide free reflexology treatments when we have time after training sessions.

ROI members have so far travelled to Uganda and India to teach the healing power of reflexology. The ROI is a registered UK charity.

For more information regarding membership, donations or volunteering see:

www.roi.org.uk

Babies can do it... Let's learn it again!

By Dorthe Krogsgaard and Peter Lund Frandsen, Denmark

We are all living on a planet where the force of gravity keeps us from leaving too soon. But moving about against this force is a constant challenge to our joints and ligaments. Moving and positioning our body parts in a way that minimizes the load put on the movement system is therefore essential to prevent all kinds of problems related to these structures, back pain being one of the most common.

Babies are born with a natural instinct to develop an appropriate way of moving, sitting and standing with efficient use of muscle power and yet protecting their joints and muscles. Later on in childhood these good habits seem to gradually disappear as shoes are introduced and the parent's postural patterns are being mimicked and slowly taken over.



Introducing small and very simple changes in the way the body is being used can have a huge effect. Being able to explain to clients how these connections function and

teach them the needed adjustments is an invaluable tool in any reflexologist's toolbox. In our experience it often more than doubles the efficacy of the treatments. We have therefore decided to include a section on postural correction in all Touchpoint's Round About... workshops when dealing with the musculo-skeletal system.

The doctor's bad back

Postural correction (or static correction) is a method devised by Dr. Flemming Vestberg, a Danish chief medical consultant physiatrist. Dr. Vestberg himself suffered at a time from a herniated disc and (perhaps knowing the hospital system from within) did not want to

have it operated. This set him off searching for non-invasive methods that could relieve his problem and even more important prevent it from reappearing. He succeeded and has over the years refined the method and documented it in two books.

The basics: Five steps

In postural correction the thesis is that many people stand and move in what could be called an "over stretched" fashion (illustration). This is a locked position, where the vertical line passing through the centre of gravity is shifted backwards putting an excessive load on the spine and all joints.

With a correct posture the gravity line moves forward and now passes all major joints and there is an optimal balance between ventral and dorsal muscle groups.

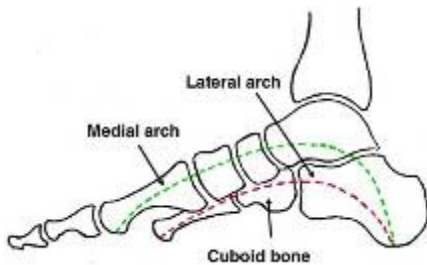
According to Dr. Vestberg an improved posture can be obtained by following 5 simple rules:



The five rules of good posture

- 1) Keep the lateral edges of the feet parallel.
- 2) Stand and walk on the lateral longitudinal arches of the feet.

The foot is constructed with two longitudinal arches. The lateral is sturdy and built to carry our weight. The highest point of this arch is the foot's strongest bone, the cuboid. The medial arch is more complex with an extra row of bones in the tarsus (the cuneiforms) giving this arch more flexibility and **allowing it to act as a spring.**



Longitudinal arches of the foot
3) Bend the knees 10-15 degrees.

With an equal balance between the flexors and extensors of the knee, the joint will take this position. In the over stretched position you can feel your knee caps hanging loose in their tendons indicating that the quadriceps muscle is inactive and not contributing to your posture.

4) Tighten the abdominal muscles.

The abdominals are of essential importance in carrying your body. They act as a very important support for the spine. Look at babies, they can sit straight up for hours. We are all born with a strong tonus in our abdominal wall – but as we grow, we tend to become lazier.... Imagine your belly as a balloon: When you squeeze a balloon it will change its shape to become more elongated. The same thing happens when you apply tension to your abdominals: Your belly changes shape and the increased pressure takes weight off of your back. When practising this up-toning of the abdominals try to keep a mental focus on the navel and avoid using the diaphragm to “suck in the belly”, your breathing pattern should remain unaffected.

5) Look straight ahead with your neck relaxed when standing and walking.

Try to watch yourself in a mirror. Perhaps you should bend a little forward to look like the person above.. The line of gravity should pass in front of your ankles through the cuboid bones.

Simple but effective

The essence of this method could be summarized in Flemming Vestbergs words: “You should carry your body with your muscles, - not hang in the joints!” The method is as simple as that! But you will be surprised how convincing it works, especially when combined with reflexology treatment.

Of course it takes a lot of practice to change a habit that has lasted since early childhood, but in clients with pain anywhere in the movement system, the effect will often be almost immediate and what could be more motivating?

Dorthe Krogsgaard

30 plus years of experience working full time in her Copenhagen based practise, Dorthe is one of the reflexology veterans in Denmark. Throughout her career she has always been actively involved with raising the profession's standards and documenting its effects.



Dorthe has served as chairperson for the Danish Reflexologists Association, FDZ and was instrumental in establishing FDZ's Research Committee in 1991. Dorthe Krogsgaard has lectured at international conferences and served as a board member and vice president of ICR.

Peter Lund Frandsen

Peter has studied modern physics and philosophy in the USA, and medicine at University of Copenhagen, Denmark. He also studied reflexology and has practiced this since 1990.



Through 30 years Peter has followed the development of Energy Medicine via literature studies and conferences in Europe and USA. He presents the Frontier Biology lecture series on this and related subjects,

Peter Lund Frandsen is an international tutor, lecturer and author of many articles on various aspects of reflexology. In Denmark he is co-head and partner of Institute of Complementary Therapies (IFIB).



www.touchpoint.dk

The Basic/Advanced Booth VRT Crib Sheet expanded!

Lynne Booth expands the information and guidance surrounding these core techniques

All VRT practitioners will recognise the following core VRT moves that can be used at the start of a reflexology treatment to stimulate the body. These techniques can also be used separately as part of a brief “first aid” session that may only last 10 minutes when combined with some Diaphragm Rocking and Zonal Triggers. Other advanced VRT techniques can also be used comprising the VRT Nail-working techniques and new Mobilisation moves.

Over the years I have adapted and modified these techniques a little to make it as quick, easy and effective as possible to give every client the best start to their reflexology session.

Below are the VRT Crib sheet moves in sequence and key instructions. These are followed by explanatory comments, which may provide useful reminders.



1. The first move is for the reflexology practitioner to make sure they are comfortable in the kneeling or sitting position.

Always be prepared to move if you are not relaxed or if your body is twisted or your hands are strained. The solution is usually to simply change hands and realign your body. The client should be asked to stand straight, knees relaxed and slightly bent. They should be encouraged to look straight ahead rather than peer downwards!

If the client is unsteady, infirm or is an older person, please ensure they have a

table or chair to hold onto. If there is any question that their safety is at risk when standing, then always treat them seated in a semi-weight-bearing position with their feet firmly on the floor. A client can even receive semi-weight-bearing VRT when lying on their back in bed with their knee or knees raised and their foot placed firmly on the couch.



2. Slide/work/brush thumb across the top and round the entire ankle on each foot. Use little “caterpillar bites” at least once to press upon and stimulate the Zonal Triggers.

You may use one or preferably two hands for this exercise and work the feet one by one underneath both malleolus, pressing and stimulating all the reflexes that include the Zonal Triggers as you stimulate all round the ankle. Try using a tiny amount of cream on the ankles and use your knuckles as well to gently stimulate all the reflexes right down as far as the bladder area.



3. Move sideways to the feet. Press dorsum, grip instep to the nearest point to the ankle and pull gently upwards three times per foot. Keep hands in one position only.

This is an excellent way to balance and stabilise the body before you start a treatment session. Also press lightly with one hand on the dorsum of the feet. This action forms a supportive and steadying

role and prevents the client putting too much pressure on the lateral side of their foot. If your hands feel awkward or uncomfortable in that position: swap the placement of your hands. Then ensure that you keep your four fingers in one place only and make three lifts along the first metatarsal with your finger tips firmly pressing into the reflexes. This is a great lower lumbar reflex release.



4. Spinal reflexes. Work vertebrae reflexes 3 times by tapping 3 times with three fingers up and down the spinal reflexes from C1 by the big toe nail to L5 on the heel. Also finger walk up and down the spinal reflexes 3 times while pressing firmly on each vertebrae.

It does not matter if you tap or finger-walk first but make sure you have covered the medial side of the foot from C1 vertebrae (by the big toe at nail base) to lower lumbar sacral reflexes above the base of the heel. Make three passes up and down the feet (it is unimportant which direction you start) and cover a slightly different line on metatarsal 1 to cover the vertebra, muscle and neural pathway reflexes. Always approach the spinal reflexes from the front of the client's foot and do not curl your arm round the back of the foot to walk the spinal reflexes from behind.

5. Pinch mid-calf circumference for thoracic reflexes. Use 2 hands on one leg, pinch from back to front. Glide fingers to meet at the front of shins. This is an optional move so do not include if vein problems or history of Deep Vein Thrombosis (DVT).

I now suggest that this is an optional technique as it is not always appropriate to work on a person's legs. They may have thin varicose veins that feel uncomfortable under pressure, thin skin, tenderness from lymphatic issues or other problems. You can work through trousers for this technique if the client agrees, but never use lotion at this point as it could mark the

material. This is very useful for asthmatics or general breathing difficulties. Make sure you work from the back of the calves, in a series of pinching slow glides, to the front of the shins in a smooth pass drawing your finger tips together at the end. Repeat three times in the same line of calf area i.e the widest circumference only.



6. Press ovary/testes reflexes simultaneously for 15 - 30 seconds for both men and women.

I respect the tradition Ingham ovary/testes reflexes on the lateral heel in Zone 5 but feel these VRT points are great helper reflexes as they are more anatomically correct in Zone 3. Always ensure that you use the most comfortable position for your digits. i.e use either index fingers, knuckles or thumbs. Press into the base of the heel as aligned with the floor but do not press under the heel.



7. Metatarsals: Work from behind with 2 hands simultaneously on one foot at a time. Edge your fingers down the entire foot in little caterpillar bites, including toes, and glide off nails. Repeat this move 3-4 times so that the entire dorsum foot has been stimulated/ Repeat on the other foot.

Make sure you press the toes in little bites and only glide off the foot when you reach the toe-nails.



8. Pituitary Pinch. Place your index fingers under the client's big toes and pinch both big toes simultaneously for 10 - 30 seconds.

Unless a client is very frail or sensitive I usually suggest that the Pituitary Pinch is stronger and more therapeutic when the **thumb nail**, rather than **thumb pad** is used, on the client's toe nails: nail-on-nail. I no longer think it is necessary for the client to be asked to lean forward a fraction and the pinch itself exerts enough pressure. For frail clients or those with chronic immune deficiency then the Pituitary Pinch using the gentler thumb pad on toe nail is preferred.



9. Synergistic VRT Select up to 2 key priority reflexes on the hand and foot and stimulate and hold simultaneously for up to 30 seconds on each foot. 10 to 15 seconds is often sufficient.

Always work the same side of the body simultaneously i.e. left hand/left foot, for example, and select the same reflexes. For example, the dorsal kidney reflex should be worked on the foot but the palmer adrenal reflex may be worked on the non-weight-bearing hand. Stimulate both reflexes simultaneously and then hold for 30 seconds maximum as stated above but 10 seconds only can still be effective.



Working two reflexes synergistically

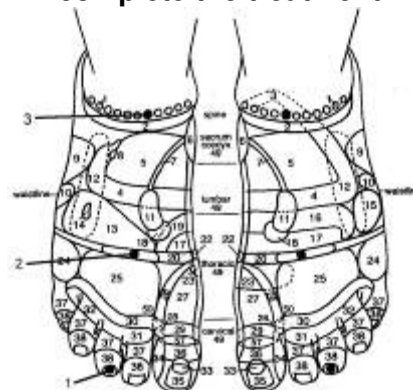
10. Synergistic VRT and Zonal Trigger. Select the top priority reflex on the hand and foot plus ankle Zonal Trigger and stimulate all three simultaneously for up to 30 seconds on each foot.



Shoulder problem - Working the hand and foot reflex synergistically plus the appropriate Zonal Trigger

You may work two Zonal Triggers in a treatment session if they are in the same system as this can offer excellent support for, say, a neck and shoulder condition, for example.

Always use the Harmoniser technique to complete the treatment



Harmoniser reflex points are marked as 3 black dots.

Use it the end of every treatment or during a reclining reflexology session if you or the client feels that a reaction has occurred in the body.

1. With the third fingernail of one hand, press the middle point of the nail on the middle toe (or finger)
2. Press the dorsal solar plexus reflex with your index finger in line with the third toe.
3. Just align the Zonal Trigger in Zone 2/3 with your middle finger and very lightly simultaneously hold all three reflexes for 10 - 30 seconds.

Repeat on the other foot immediately (this can be repeated twice if necessary). This can consolidate your work and also will immediately calm the body and prevent any over-reaction.



The feed-back regarding this technique has always been excellent. It is also effective for hand self- help too : place your thumb nail onto centre of third finger nail of the same hand and work remaining two dorsal hand reflexes with the other hand (easier when demonstrated!) You can use it frequently in the reclining position.

VRT in Seattle and Vancouver plus a very close encounter with a black mother bear and cubs

Lynne Booth writes

This August I enjoyed return visits to Seattle and Vancouver to teach VRT classes for Lisa Hensell who is the principal of the Seattle School of Massage and Reflexology. I then travelled onto Vancouver to meet up with VRT tutor, Chris Shirley, who is the principal of the Pacific Institute of Reflexology.

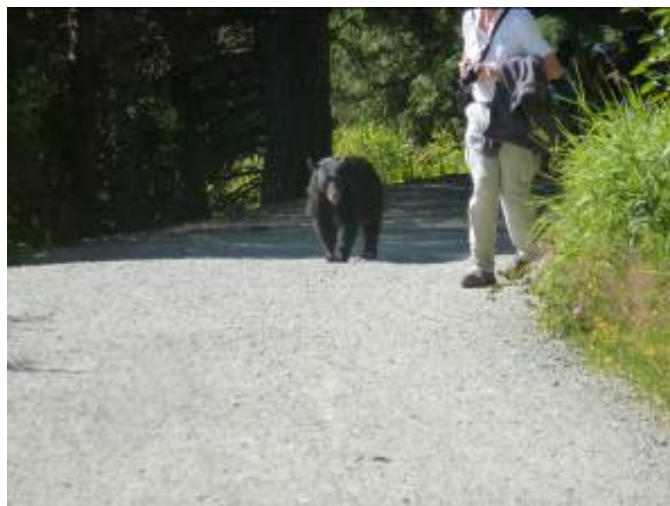
At both venues it was a stimulating and rewarding time for me to meet up with old and new colleagues. It was particularly enjoyable to share many of the new VRT Mobility (VRTM) techniques I have developed for both older people and elite sportspersons as well as showing how they can be incorporated into all treatment sessions for everyone. It is always stimulating to work with a high calibre of students as we can cover so much in a few days of VRT instruction and Seattle and Vancouver were no exception.

In between my teaching weekends I travelled to Whistler village in the mountains 100 miles north of Vancouver which was the venue for the 2010 Winter Olympics. In summer, it hosts many visitors who wish to walk the scenic mountain trails and wilderness walks by several lakes. In summer there is still snow on the high mountains and alpine flowers and plants abound. August is also the berry season and the heat wave at the time made the lake shores attractive to bears that came near to the water in search of fruit.

On a hike beside a lake I paused to photograph the beautiful view not realising that a mother bear and her cubs were sitting in the bushes only 8 foot away from me. The next moment there was a scuffling noise and the bear made a "bluff charge" at me to scare me away. It was circling three of us and at times was only a metre away. I luckily remembered the *Bear Smart* protocol that I had been given on at check-in at a Yosemite hotel the year before. So we backed away in a tight group slowly and calmly, not making eye contact and speaking loudly and firmly.

We warned a woman tourist walking along the path to avoid the bear. Instead she walked up to it and photographed it numerous times as she placed her camera only feet away as if it was a tame dog or animal behind

bars in a zoo. The unfortunate animal became more agitated as the reckless woman persisted in taking photos. Fortunately the bear suddenly ran back to her cubs and the woman then ignored us and hurried on. She could easily have been maimed or killed and 2 days later, in another part of the State, a local 10 year old girl was attacked and critically injured by a mother bear in a similar situation to my own. After such incidents the bear is hunted and shot and the orphaned cubs are taken into care.



This long-lens shot shows the agitated mother bear being provoked by a reckless tourist near Whistler, British Columbia.

This tragic second incident made national news so I emailed a letter to the local Vancouver Sun newspaper because I felt so strongly about the need for better tourist education regarding bear behaviour and habitat. The editor immediately asked for an interview and published it as an article the next day. See link below. Later I also wrote to the Whistler and British Columbia Tourist Boards to ask that they direct all appropriate hotels to give out Bear Awareness information at check-in as they do in American bear country. In the scenario described above, no one was hurt so I hope that good will come out of my experience. There will always be a few arrogant idiots who put themselves in danger for the sake of a good photograph but, giving out bear awareness leaflets to hotel and campsite guests will help to protect and educate other tourists in the future.

Click to read full article:

<http://vancouversun.com/news/local-news/should-b-c-hotels-do-more-to-warn-tourists-ab>

Stress: Self-help Reflexology Tips

1. Stress

Diaphragm Rocking is an extremely helpful reflexology technique that I have devised 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. These techniques can also apply to Sleep Issues.



Method:

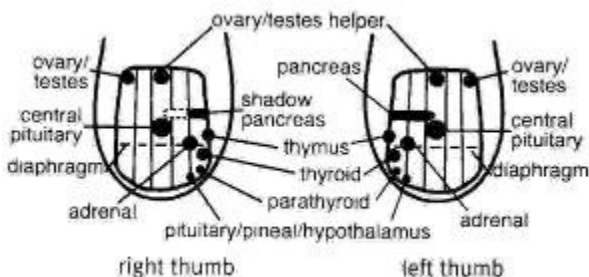
Lightly press your left thumb on the palm of your right hand, between your index and middle finger and 2-3 cm below (just below the raised fleshy area). Straighten your fingers and slowly curl them over your thumb, gently rocking your fingers back and forwards for 10 – 15 rocks and then repeat on the left hand.

2. To boost energy

(a) Start with Diaphragm Rocking as above and then apply up to 30 seconds of stimulation to the adrenal reflex in the fleshy part of your palm below the thumb (on the thenar muscle). 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 sensation.

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

VRT Endocrine and related nail reflexes



VRT Endocrine and related nail reflexes

(b) The endocrine system may benefit from a quick stimulation of the Pituitary reflex. 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. This VRT nail chart illustrates the more complex approach that reflexology can make to the endocrine system but pressing the central point can give the whole system a boost.



The calming nail technique

Pinch the middle of each thumb or middle finger nail, nail-on-nail, and hold lightly for about 30 seconds each.



Membership Renewal Notice

Members can now use the VRT logo on their leaflets and website. The membership fee is £25 per annum for UK and international or £20 if you pay by Standing Order from a UK bank.

For those members whose annual subscriptions were renewable on 1st July you will receive an email request to renew online or send a cheque. If you pay by Standing Order already you will receive your new certificate automatically. To renew online or pay by cheque please visit:

www.boothvrt.com/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 re-take a previous VRT class as a Refresher for only £65 per day?

For current courses see online:

www.boothvrt.com/course-dates-booking/

Contact us on:

contact@boothvrt.com

www.boothvrt.com

or phone 01179626746 for more detail

DO NOT MISS THIS GREAT OPPORTUNITY TO ATTEND THIS INTERESTING CONFERENCE IN SWITZERLAND NEXT MAY!

Reflexologists from all over the world come to share their knowledge with us through lectures and practical workshops.

International Reflexology Congress

Saturday 6 and Sunday 7, May 2017

AQUATIS HOTEL SA

Rte de Berne 150

1010 Lausanne (Suisse)

UNIQUE IN SWITZERLAND, NOT TO BE MISSED !!!

**Conferences translated in 4 languages :
French, English, German and Spanish**

To be held at the new Center Aquatis in Lausanne, Switzerland./

Reflexologists from all over the world come to share their knowledge with us through lectures and practical workshops

Presenters:

Carmen Teresa Perales Moncada / Sœur Jeanne Cattin / Tony Porter / Sally Kay Nico Pauly / Sharon Stathis / Peter Lund Frandsen / Noëlle Weyeneth Carole Gambarini / Dr Thornton Streeter / Géraldine Viatte

Discover the on-line complete programme:<http://www.gedane.ch>

Registration fee: from 690 CHF (approximately £568 sterling)
Including: 9 Conferences translated in French/English/German and Spanish

Workshops- These are the supports of the conference

Meals for lunch - Coffee break - Visits to exhibition stands

Optional costs: Brilliant show of an international artist and dinner (Saturday night):- 70 CHF
Lausanne City Tour by bus: 35 CHF

Don't miss the Show, it's a great "reflexology surprise"!

Organizer: Ecole Gedane SARL, Côtes-de-Montbenon 30, 1003 Lausanne, CH
Fax: 0041 (0)21/312.14.31 Mail :

info@gedane.ch

Website:

www.gedane.ch -

www.gedane.com



TRAINING
gedane

A special date for your diary next year

*Lynne Booth writes: Do come and join me on a very special week long reflexology retreat, organised by Equilibrio, in the southern Spanish mountains from **Sun 24 to Sat 30 September 2017.***

All activities are optional, so you can treat your stay at Equilibrio retreat as a time to completely relax, enjoying workshops and discussions as and when they interest you. There will also be plenty of time to soak up the sunshine and the tranquil atmosphere, make use of the facilities at the centre and explore the stunningly beautiful mountain location.



By participating fully in the activities provided during the week you can achieve up to 20 CPD points in the category of Self Directed Learning.

See Equilibrio website for more details of their retreats including Hagar Basis joining them for a week next May:

+44 7519 642 684

+34 642 50 27 89

INFO@EQUILIBRIO.LIFE

WWW.EQUILIBRIO.LIFE