

# Membership Network Newsletter

No 46 SUMMER 2017

Dear VRT Practitioner,

Greetings to you and hope you are having a good summer whether at home or abroad, at work or making the most of some sunshine amid the August showers!

One of the benefits of teaching VRT and speaking at conferences is that I get to meet so many enlightened reflexologists and other therapists. The VRT Summer newsletter contains interesting perspectives on Reflexology and its use in Hospice Care at Dorothy House, which offers specialist palliative support to a south-west community in an area containing over half a million people.

Barbara Scott is an expert reflexologist in the field of reproduction and I had the privilege of working with her and Harriet Combes for a day in the Spring. I was extremely impressed by their clinical approach to devising reflexology techniques and protocol to help the body try to achieve optimum results. I am pleased to reprint the article Barbara wrote for Positive Health Online journal.

I will be interested in member's comments regarding Angela Telford's article on interpreting possible health issues via the feet through inspection of markings such as freckles. Angela has studied this idea for some years and has a Facebook forum with over 3500 members. Angela's ideas prompt more discussion on ways to "read the feet".

Many of you are familiar with the work of Mary Atkinson who had written many books and is an expert on Massage and Indian Head Massage. Her acclaimed "Story Massage" book and workshops have featured in this newsletter and many national and international publications. She took these invaluable skills to the Dunkirk Women's' Refugee Camp in Spring 2017 just before it was raised to the ground in a terrible fire. We reprint her illustrated report written immediately on her return and follow up comments after the fire.

Last month I visited Machu Picchu and other magnificent Inca ruins in the Sacred Valley. However, the second week made an even deeper impression as I stayed in a tree house: a "room" with mosquito net walls in the rainforest canopy, and then boat, in the remote northern Peruvian Amazon rainforest. We made 3 hour treks and open boat rides through the jungle tracks and inlets with a guide/tracker and came across tarantulas, an

anaconda and boa constrictor and were surrounded by beautiful birds, butterflies and many monkeys....plus millions of ants and a few mosquitoes!

However, the greatest privilege was for 8 of us to visit 3 different tribal villages deep within the forest where there are no roads, electricity or running water. Animals and humans often shared the wooden and thatch huts. The villagers were curious, friendly and interested in us and the children had no concept of western sweets: they just sucked on the plentiful forest fruits. No-one appeared to be malnourished (although this is not always the case) neither did we see a single overweight person. The drinking water came straight from the muddy river. Each village had a very basic ill-equipped school with 1 teacher only for all ages.

We were fortunate to meet a Shaman whose grandfather had taught her skills to make thousands of potions from the forest plants and insects to cure numerous illnesses. Many were brown watery-woody mixtures stored in old plastic water bottles.



She was training two young men to take over her work in the years to come. Through an interpreter she made it clear she was not like the Witch Doctors but was a natural healer and her aim was to cure through nature. She said she only made one charge per patient, even if she had to see them several times. Dried herbs play a large part in her healing repertoire. The warmth of the blessing she sang over us, the welcome of the local people and children who were eager to hold our hands will stay with me for ever...along with the wildlife, incessant noise of birds, monkeys and insects plus the lushness and beauty of the teeming, steamy jungle

With best wishes from all the VRT tutors



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# Reflexology in End of Life Care

by Lisa Smith

Dorothy House is the hospice which serves a community of 550,000 across a 700 square mile area of Bath, NE Somerset and NW Wiltshire. We provide specialist palliative care to patients, the family and friends caring for them and to those people once they have become bereaved. This mainly happens in people's own homes in line with the wish that most of us would like to be cared for and to die at home when our time comes. The hospice has a 10 bedded inpatient unit where patients come for help with management of complex symptoms, booked and acute respite admissions and psychological, spiritual and emotional support. Some 50% of people will come in for a terminal admission which means they will stay with us until they die.



The main hub of the hospice is set in beautiful gardens in the small village of Winsley, just outside Bradford on Avon. In addition there are outreach centres in the town of Trowbridge and at Peasedown St John in the Mendip Hills. Last year we celebrated our 40 th anniversary and were delighted to be awarded "outstanding" following a Care Quality Commission inspection.

Complementary therapy is firmly embedded in the work of the hospice and very much part of the multi-professional approach so key to excellent end of life care. It is not without significance that the therapies we have selected are those which rely on the therapeutic use of touch; massage, aromatherapy, Reiki, Bowen and of course reflexology. Last year our fantastic team of complementary therapists delivered over 1500 treatments including; 500 reflexology, 450 aromatherapy, 200 massage and 190 Reiki sessions. All of the team volunteer half of their time and some volunteer all of their time. They have developed skills and expertise which

enable them to deliver safe and gentle treatments.

Treatments need to be modified, often considerably, to meet the needs of people receiving palliative care and we undertake careful holistic assessment to ensure that sessions are tailor made for each person. For example, the incidence of silent deep vein thrombosis is high in people with cancer, most people with advanced disease experience fatigue which is often profound and debilitating. General adaptations include using light pressure, reducing the duration of sessions, lightening the intensity of work and being mindful that **less really is more**.

Reflexology is popular and consistently elicits delighted comments about "walking on air" and "feeling more relaxed than I have in ages". The use of touch is instrumental in rapidly establishing and developing therapeutic and trusting relationships. The face to face positioning for a reflexology treatment can also facilitate effective and open communication when time and space are created. Patients, Carers and bereaved people will frequently be able to talk about challenging issues that they may not wish to or be ready to discuss with their families. Sometimes it feels as though people use their session to process what is happening and to rehearse conversations with loved ones. Nurses on the inpatient unit often notice that patients' sleep is improved following a treatment. One of the volunteer therapists does an evening session before which, staff assist the patient to settle for the night so that after their treatment they can go straight to sleep or more often continue sleeping.

Therapists use a number of reflexology techniques, including Vertical Reflexology (VRT), linking and precision and reflexology lymphatic drainage. Each person is offered up to 4 treatments. These can be arranged as outpatient appointments or delivered to patients whilst they are on the inpatient unit. The adaptations made ensure that even if patients are close to dying the treatments are safe and gentle enough to be of benefit. For families who are with their loved one at this time it can be reassuring to see how relaxing and enjoyable a reflexology treatment can be. We can teach them simple techniques and foot holds so that they too can help make a difference and benefit from connecting with the person who is dying.

Whilst the majority of Dorothy House patients have advanced cancer, we are seeing more people with non-cancer diagnoses like end

stage lung or heart failure and neuro-degenerative disorders like motor neurone disease.

A common side effect of cancer chemotherapy is the altered sensation that accompanies peripheral neuropathy. The toxicity of some chemotherapy agents damages nerve endings resulting in pins and needles and numbness. A number of patients have commented that these symptoms appear to improve when they have reflexology. This has helped some individuals feel more confident in their ability to walk. They also comment that they have greater awareness of where their feet are in space, this is something that is also experienced by people with motor neurone disease and is likely to be as a result of stimulation of mechano-receptors in the skin and around joints.



Other common problems for people who are nearing the end of their lives are related to the digestive system. We have successfully used reflexology to help some people with distressing constipation. One lady with partial large bowel obstruction found that the only thing which appeared to help with her excruciating wind pain was when her therapist gently worked the gut reflexes on her feet.

A therapist recently used hand reflexology lymphatic drainage (RLD) technique for a gentleman who had severe lymphoedema of both legs and feet. He was delighted because he was able to grip his sticks more effectively afterwards which meant he could be independently mobile. His leg swelling improved, he was using conventional lymphoedema treatments as well as the RLD. A young woman with breast cancer and lymphoedema of her arm has been using RLD and noted a reduction in her arm swelling

which has enabled her to have more movement in her arm and shoulder. She too has been using conventional management techniques.

A young female patient in the in-patient unit was recently treated with adapted reflexology techniques, for lumbar and low thoracic backache associated with her condition, she was finding the pain was affecting her ability to relax and get comfortable, causing her to walk bent over. Adapted reflexology was used, including; holds, solar plexus precision linking, very gentle spinal work, vertical reflexology techniques of pelvic balancing, lymphatic stimulation and diaphragm rocking, finishing with crown to base precision link. The patient was very grateful as she relaxed and slept during her session, her backache was reduced and her walking was improved.

Reflexology does seem to dovetail well with conventional approaches in palliative care, one of the reasons being a person centred and holistic approach is shared. We are hoping to undertake some audit or research to explore what effects may be attributable to reflexology for people nearing the end of their lives.

Working with and supporting patients and families at end of life is a real privilege which brings many wonderful and unique experiences. It can be stressful and challenging at times so the Dorothy House Complementary Team provides treatments for hospice staff for a small fee to support their health and well being. Clinical supervision and group support meetings are also provided for the complementary therapy team.

Lisa Smith is the Complementary Therapy Co-ordinator for Dorothy House



### Metta Bhavana or “loving kindness” Meditation

*May I be happy  
May I be healthy  
May I have peace and joy*

It has been suggested that saying these words several times a day will improve your well-being! Some people prefer a more emphatic phrase: “I will be happy”, “I will be healthy” etc.



## Relieving everyday stress and tension

### Classical and Vertical Reflexology calming techniques

by Lynne Booth

Try these easy to learn techniques on yourself, family and friends to help calm and relax your body, reduce stress and support your body's natural healing response towards minor ailments.

Reflexology is an ancient, non-intrusive complementary health therapy, dating back 5,000 years, based on the theory that different points on the feet, lower leg and hands correspond with different areas of the body. VRT was discovered and developed by Lynne Booth and is an acclaimed award-winning form of reflexology that has been taught internationally to thousands of practitioners over the past two decades.

#### 1. A Calming Palm Reflex for Tension Relief



- Press your thumb (or index finger) gently on the central fleshy part of your palm below the thumb. This is the **Adrenal reflex**.
- Rotate your thumb 3-4 times then press your thumb on the reflex and press firmly but not too hard. Release and press 3-4 times. You can also hold for 30 seconds.
- Repeat on the other hand.

#### 2. VRT Calming Hand Rocking Technique

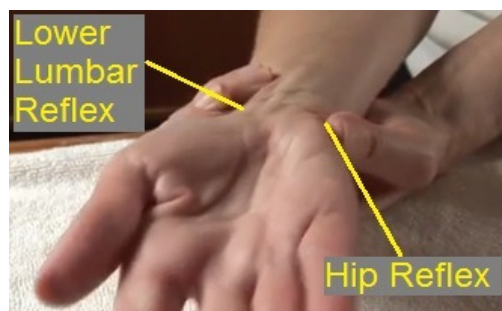


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Press your thumb gently on your palm, between the index and middle finger, below the ball of your hand, on what is part of the **Diaphragm reflex**.

- Slowly rock your hand back and forwards about 5 times and repeat on the other hand. It is also helpful to use this rocking technique before sleep when 10 to 20 rocks per hand are advised. This VRT technique is called **Diaphragm Rocking**.
- Repeat on the other hand.

#### 3. Relaxing your whole body with the VRT Wrist Twist



Approach your wrist from underneath your hand – palm upwards. Firmly press the outside edge of your hand below the little finger, with your thumb, where it meets the wrist. This is the **Hip reflex**.

- With your index or middle finger press the inside edge of your hand, below the thumb, where it meets the wrist. This is a **Lower Lumbar reflex**. By pressing these two reflexes together you are holding the wrist in a pinching movement.
- Rotate your hand 3-4 times clockwise and then anti-clockwise. This technique aims to relax the body especially in the pelvic/lower lumbar/hip area. Instead of moving your arm or finger and thumb – your rotating hand will stimulate the reflexes
- Repeat on the other hand

#### 4. Soothing, relaxing VRT Nail-on-Nail techniques to help relieve stress



- In Vertical Reflexology terms, the centre of the thumb nail represents **the Pituitary Gland reflex**. According to Ingham, the founder of modern reflexology, the centre of the thumb pad also represents the Pituitary and the Solar Plexus.
- Place your thumb on the edge of a hard surface and lightly press to exert a little pressure.
- Now place your other thumb pad on top of your weight-bearing nail and roll it forward until its nail touches the centre i.e nail-on-nail. Then lightly press, nail-on-nail. The Pituitary is the master gland of the Endocrine system.
- Hold for up to 30 seconds. Repeat on the other hand.
- Use these important reflexes as a discreet method for calming the body. Place your thumb on the edge of the table or beside you on a firm chair seat and press with your other thumb nail in the centre of the nail and hold for 30 seconds. Repeat on the other hand

#### Nail-on-Nail techniques.

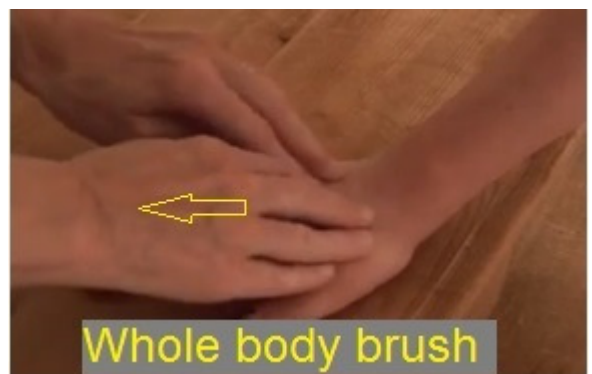


- This powerful nail-on-nail finger and thumb technique looks a little unusual but can be very calming and may help to relieve stress in many circumstances. The **Pituitary gland** reflex is worked simultaneously on the thumb and index finger nail.
- Place your index finger pad on the pad of your opposite thumb. Now place your index nail on index nail and thumb nail on thumb nail. Hold with a light, gentle pinch for 30-60 seconds. In the centre of each nail is the **Pituitary gland reflex**.
- This technique can be used very discreetly by positioning your fingers and thumbs while your hands are, unobserved by

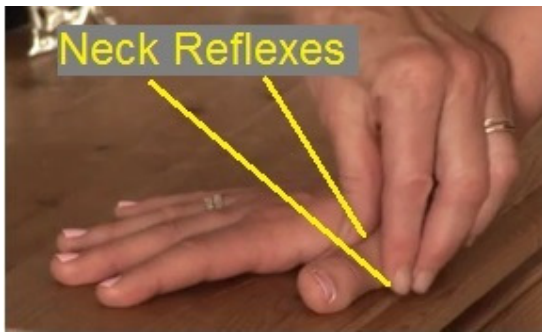
others, on you lap. Many clients undergo authorised medical support for panic attacks, fears including those related to flying or exams, hot flushes, shortness of breath, headaches and many other bodily discomforts. These VRT nail-on-nail pinching techniques may help to bring about a gentle, calming sense of relaxation to the body thus encouraging a general sense of well-being.

#### 5. A relaxing VRT work-out: Powerful weight-bearing hand reflexology

- VRT's therapeutic response on the weight-bearing hands often appears to be quicker, possibly because all the anatomic nerves in the feet and hands, and therefore the actual reflexes, become *sensitised* when weight-bearing which may increase the energetic response. These techniques cover much of the body's reflexes that are situated on the top (dorsum) can be used for self-help or applied to another person.
- **Whole body reflex brush**



- Ensure the hand is pressed firmly on a hard flat surface. The arm is held straight, but at an angle for comfort, and press downwards to slightly increase the weight-bearing capacity. Place both sets of fingers on the top of the hand at the wrist and move your fingers smoothly down the hands, pressing and lifting your finger tips in tiny "bites". Do not glide as it is important to put pressure on the hand and release to stimulate the reflexes..
- The weight bearing fingers contain some important reflexes including the **Neck reflex**. You can pinch two fingers, either side of the base of thumb for extra stimulation and hold for 30 seconds.. Repeat on the other hand.



- Pinch up and down the side of the thumb and fingers. It does not matter which direction. Some **neck reflexes** are at the base of the thumb. **The sinus, neck, brain and head reflexes** are on all fingers. You can work both hands at once – starting with the thumbs and finishing with the little fingers.

### Working the weight-bearing fingers to relax your upper-body and limbs



This unusual VRT technique is very powerful and helpful for relieving everyday stresses and strains.

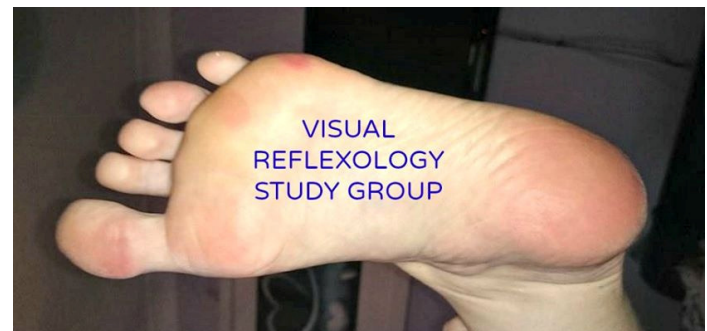
- Place your weight-bearing hand on the table with just your finger tips touching and pressed firmly on the surface.
- Pinch down both sides of the fingers and thumbs. The **Sinus** reflexes are worked by pinching up and down all fingers. The Head and Brain reflexes are on the thumb and finger pads & tips. The Neck reflexes are situated either side of the base of the thumb. Repeat on the other hand for a maximum of 30 seconds. This method appears to be helpful to relax upper body tension.

The VRT/reflexology techniques aim to bring your body into balance (homeostasis) thus relieving the stresses and tensions of everyday life individuals family and friends can all benefit. Clients should be encouraged to try to

make time each day to spend a few minutes applying these gentle, relaxing hand reflexology techniques which may stimulate the soothing release of endorphins. Every age, from small children to octogenarians, can benefit.

**There is a short video to accompany these instructions on the Home page of [www.boothvrt.com](http://www.boothvrt.com) and YouTube.**

## Visual Reflexology Study Group By Angela Telford



I run workshops and a Facebook group on the study of visual reflexology, a much under appreciated, under researched and consequently under used aspect of reflexology. I am compiling a record of visual clues that we can use to help guide our palpation and the questions we ask of clients. Consequently I am exploring many theories around the various marking, lines, etc, found on the feet and what they might signify to a reflexologist.

Of course many people are very predisposed to freckles either genetically or from sun exposure. However these are small freckles which very often appear without the client's feet having been exposed to the sun which is interesting in itself. Also in a reflexology context I have found the appearance of these small, often tiny freckles many times to be found at a reflex area where there has been disturbance to the organ or surrounding tissue.

During a treatment, whilst I am working directly and fractionally around these freckles, clients very frequently feel an intense acute sharp pain which I would consider typical of a nerve reflex response. They sometimes also feel a nerve reaction in the corresponding part of the body. Whether or not a sensation is felt in the body, the acute pain in the foot then usually eases immediately.



As an example, I am attaching a photo of the left foot of a client who suffers from trigeminal neuralgia (TGN) on the left side of his face. Since starting reflexology a year ago he has managed to reduced his medication to a few times a week, as opposed to the prescribed 3x per day and he has not had any attacks of TGN.



During his treatments of course I work the usual reflex points for jaw, neck etc. plus other referred reflexes e.g. hip etc. However we find that working directly on, and immediately around the freckle as seen beneath Left toes 3-4, gives better results than the direct reflexes. I feel very strong charges of electrical energy/pulsation/chi - whatever term you wish to use - and he often feels a sense of heat, when I use the press-release technique with either thumb or forefinger directly onto the freckle area.

I completely agree with Lynne Booth's VRT reflexology charts and philosophy where all the reflex areas are represented on the dorsal aspect as well as on the plantar, and would consider this freckle to be on the shoulder girdle, which is an area in which tension could be considered to impact on the deep inner ear/jaw. The client certainly has chronic hypertension in the whole left shoulder girdle and treating this is a major factor in alleviating his TGN.

There are also two other reddish markings on toe 4 which would lead me to expect some disturbance at the reflex to the ear itself, and he does have a history of problems with the left inner ear.

What I am also considering is why a disturbance to an organ/soft tissue should cause a change in pigmentation at the corresponding reflex, but it does seem that it may do so. Of course in the body darker pigmentation can be linked to vitamin

deficiency. I have always found what is happening visually at the reflexes in some way to mimic what is happening in the body, so possibly a change in pigmentation indicates a vitamin deficiency at the relevant organ/nerve as a cause or result of the health issue?

What is also interesting is that the depth of the freckle pigmentation and its size can change over time and sometimes they will disappear altogether. As well as at times causing a reaction from a nerve reflex I have also noticed that these freckles can sometimes be found on a reflex area relating to lymphatic drainage in a part of the body where there has been trauma.

There are of course larger brown markings and moles frequently found on the feet, especially the soles, and I also believe they signify something, but may relate to a different aspect of the client's health to these very small freckles.

Below is a link to the Facebook group I run: Visual Reflex Study Group. We have over 3500 members. I have compiled a folder specifically for research into freckles on the reflexes by myself and other group members Please have a look and if interested you can be added as a member if you would like to see more.

Angela Telford (MAR, MPR)  
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<https://www.facebook.com/groups/reflexobservationskills/>

## Great Hayfever result



*I want to tell you that with the hand reflexology regularly (now 3x per week) my hayfever is less than the years before! We have already had so many nice days, that I can compare the difference!*

**Dora Hügi, Switzerland**

# Reflections on Volunteering at the Women's Centre, Dunkirk Refugee Camp

By Mary Atkinson

Published March 28, 2017

I'm just back from a week volunteering as a massage therapist and general helper at the Women's Centre in Dunkirk Refugee Camp. The whole experience was made even more meaningful because it was supported by friends and family, and shared with Sue Cooper, a fellow therapist with a very generous heart. I've been struggling to find the words to describe the confusing emotions of the week, so here are ten of my most poignant personal memories written from the perspective of a woman.



**The bleakness of the camp with people crammed into tiny wooden huts known as shelters.** There is no electricity in the shelters so they rely on paraffin heaters and torches. Refugees sleep on second-hand blankets on the floor and cook on make-shift cookers or open fires. The chilling coastal wind scatters the rough, barren ground with litter and exacerbates the harshness of living conditions. The only view is more huts.

## The isolation of the women.

We spoke to female bank managers, university graduates, beauty therapists and musicians – people just like us – who have been forced to leave their homes suddenly and endure long and dangerous journeys across Europe.



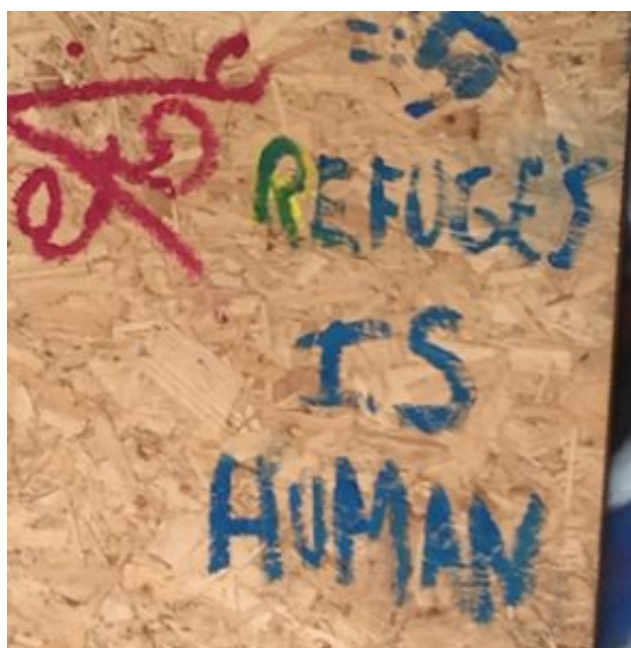
Some are single, some married, some pregnant, some with children – women of all ages and from a range of war-torn countries. They showed us photographs of their friends and families back home.

**Happy family gatherings, stunning scenery, colourful clothes.** And there are women, stranded alone and vulnerable on the camp, while their husbands and children are in the UK. They find so much joy and comfort from contact with their loved ones, even if it is only an occasional phone call when they have sufficient credit. We soon realised the importance phone credit, not only to stay in touch with their families, but for essential safety reasons if they get stuck on a lorry or stranded miles from the camp.





Many have been trying for several years. All they have is hope.



**The vulnerability of the women and children.** The number of refugees living on the camp changes daily but it is estimated at 1,500 people, including only around 150 women and 200 children. In such a male-dominated environment, where traffickers hold the power, few women or children feel safe going to social spaces, such as the phone charging points. At night, when the volunteer organisations have left the camp and electricity is turned off, the frustrations, tensions and anger on the camp all too often erupt into frightening violence and sexual assault.

### **The strength and resilience of the women.**

We spoke to women enduring exhausting and lonely lives in the desperate hope that their children will have a stable and safe future. Love for their family is their incentive for getting up in the morning and facing the monotony of another day in the camp. Some are seeking asylum in France and others are waiting for legal entry to the UK, but many have put their hope entirely in the hands of traffickers. We heard from women, many with babies and children, about the regular night-time ritual of packing a few belongings and a fully charged phone in a rucksack or bin liner then walking to a car that takes them to a lorry park to be smuggled into the UK. They are disappointed time and again. Either there is no suitable lorry for them or they are caught by the police. They walk back to the camp, dejected, and try again.



The Women's Centre has recently organised locks to the female toilets and showers but these are often tampered with by predatory

men. We saw spy-holes punched in the toilet doors. Many women feel confined to their shelters and rely totally on others to complete essential tasks such as queuing for food and supplies or taking clothes to the laundry.

**The compassion and dedication of long-term volunteers on the camp.** We worked alongside Indi and Maja, who were running the Women's Centre during our visit. They listened to the needs of the women and worked tirelessly to help maintain dignity and self-respect – whether it was providing a donated saucepan for cooking a family meal or organising for women to attend a local Kurdish New Year celebration.

The Women's Centre has become a real sanctuary where women and children can find support and relaxation, enjoy activities and meet other women and friendly volunteers. Long-term volunteers from the Women's Centre also visit vulnerable refugees, men, women and children, in their shelters and work alongside other organisations to do all they can to provide for their basic needs. We saw the pleasure on Indi's face when she was able to source shoes for a male refugee, whose footwear had been taken from him by the police when they caught him trying to get across the channel. "Now he can play basketball tonight," she said with a kindness that brings tears to your eyes, "People's donations matter so much."

**The warm welcome in the Women's Centre.**

The day began at 11 and finished at about 5.30 – and there was never a moment when we were not well occupied. We massaged, cleaned, decorated, shopped, made crafts, played with the babies and children, and sat quietly with the women as they shared their heart-breaking stories in equally broken English. We also laughed together, shared food and enjoyed learning a few words of Farsi and Kurdish Sorani. My friend, Sue, also brought cushions and throws from the UK to create a beautifully colourful quiet space within the Centre where women and volunteers can take some 'time out'.

**The power of touch.** We offered hand massages to the women and felt so rewarded by the almost instant relaxation in their faces and bodies. We gave head massages to some of the women and volunteers. And we taught some of the volunteers how to give a hand massage. We had not expected the children to

join in – but they craved nurturing touch and were so happy and focused when massaging each other's hands. A lasting memory of the camp was massaging the hands of a Kurdish lady whose eyes showed the depth of her suffering and daily grind. During the massage there was a real sense of human connection. Afterwards, her eyes were bright and her smile was so radiant. She said 'Thank You' over and over. Those few moments made the whole trip so worthwhile.



**The traumatic impact on the children.** It is impossible to imagine the fear that children have experienced and the sights they have witnessed at such a young age. They are exhausted by constant upheaval, lack of stimulus, the unsettled life of the camp and an uncertain future. They find it hard to concentrate for long and seem to constantly active and on high alert. The Children's Centre has been set up to provide some routine and structure and it offers a colourful and fun learning space with a regular lunch for those who choose to attend. We were invited to run a Story Massage session and were so impressed by the creativity and enthusiasm of the volunteers doing their very best to give the children a start in education. You can read more about our work with Story Massage (an FHT accredited course) and the benefits for the children on my Story Massage blog.

**The inspiration of other volunteers in the Women's Centre passionate about sharing their skills.** We met teachers from the Adult Learning Centre which holds regular English and French classes. Some are women-only classes based in the Centre. We met a volunteer hairdresser, play therapists, beauticians, cooks, artists and a team from Gynecology Without Borders who support pregnant women and those with children under 2 years old. There was a sense of solidarity and shared purpose which helped build a feeling of community. People have asked if I



felt safe on the camp, and as a volunteer working through the day, there was never any threat. Quite the reverse, we enjoyed fascinating conversations, smiles and jokes with refugees, men and women, of all ages. One charming, elderly Afghan man referred to us as his 'Mothers' – a term of great respect!

Thanks to the generosity and support of family and friends we raised nearly £1000. Amazing! And thanks to kind donations we were able to buy goods to meet the immediate needs of the women and families. The Women's Centre runs a "free shop" for essential items. Things on the most needed list included loo rolls, washing up liquid, batteries, phone chargers, flip flops, baby food, soap and kitchen roll. We also bought new locks for the shower doors, cushions to offer comfort for a disabled boy – and we splashed out on a birthday cake for a vulnerable male refugee too. These donations were so gratefully received and made a real difference to the lives of those on the camp.



### Would you like to help the Dunkirk Women's Centre?

*Following a devastating fire in April, just weeks after my visit, the camp is now officially closed and the people living there have been displaced. The Women's Centre continues to support refugees on a mobile basis in and around Grande-Synthe, near Dunkirk. Donations and volunteer help are much needed.*

<https://www.dunkirkrefugeewomenscentre.com>

**Suzy Jacobs, VRT Tutor for Belgium and Holland, writes:**

In May 2017, in the school Wellness Academy in Hasselt (Belgium), we held



a VRT course (Basic and Advanced for two days) for 10 students.

The students were very overwhelmingly positive towards all the new information and especially by the fact that some of them were relieved of pain they had for a long time! One student was saying: *this is magic, this is hocus pocus* .... because the pain went away so fast and this was achieved by "only" touching 3 points on the dorsal feet!

Of course I always ask for a volunteer with some neck, shoulder or hip problems to show them how fast the VRT results are as they are always so successful.



Haslett, Belgium, VRT Workshop



### 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 1<sup>st</sup> 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](http://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/](http://www.boothvrt.com/course-dates-booking/)

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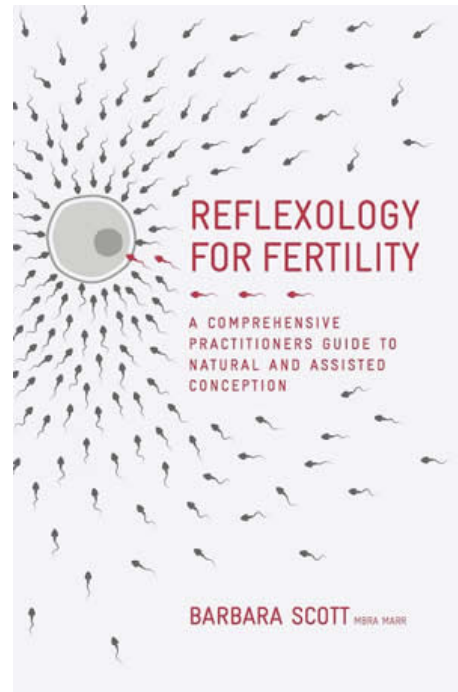
**or phone 01179626746 for more detail**



## Reproductive Reflexology

**By Barbara Scott Listed in Positive Health On-line Fertility, originally published in issue 230 - May 2016**

Infertility, sub-fertility and delayed conception are increasingly common issues experienced by approximately 1 in 6 couples in the UK. And this statistic appears to be replicated in many countries around the world. There is much anecdotal evidence to support the use of reflexology for those couples, both men and women who are having difficulties getting pregnant, but how does it work, who may benefit and how effective is it. One of the most important things that we can do as reflexologists, is to ensure that we are gathering the right information. In building up a picture of what the issues may be for both the male and female allows us to plan treatment effectively. And effective, prescriptive treatment is key in supporting them on their journey to parenthood.



The causal factors of fertility issues are complex and varied, but one thing of which we are certain is that they involve the male as well as the female. Causal factors are attributable a third male, a third female and a third joint. Male fertility is still marginalized by many medical practitioners, which means that many couples are told that IVF is the only answer to their fertility issues, when some further testing may show that natural conception is still an option.

Reproreflexology™ (Reproductive Reflexology) aims to help couples achieve conception naturally, but if this is not possible due to the complexity of their reproductive health issues, then it is used to support all forms of assisted conception. This means that it is imperative, that practitioners understand the drugs and treatment protocols that their female clients will be undertaking and that they use reflexology to support these protocols

### Importance of Menstrual Cycle Regularity

One of the most important things to address in women is regulation of the menstrual cycle. Cycle irregularities can be caused by a myriad of different conditions, but in the main will usually present as either a fluctuating follicular phase, or a shortened luteal phase. An irregular follicular phase will mean that ovulation is taking varying amounts of time to occur. This will make it difficult for your clients to get their timing right for having sex and therefore they will find it more difficult

to conceive. If there are issues with the luteal phase, in that it is either too short or insufficient levels of progesterone are being produced, this means that both implantation and the ability to sustain a pregnancy are affected. It can also be a factor in repeated miscarriage. As practitioners, we learn how to use temperature charting and blood chemistry testing to monitor both progesterone levels and progression of reflexology treatment.

**Basal Body Temperature** charting is a fantastic tool for reproductive reflexologists to use when working with female clients as it provides so much more information than just whether a client is ovulating or not.

It allows us to assess:

- The length of/and or irregularity of the menstrual cycle;
- At what stage and whether ovulation is taking place;
- Is the correct type of cervical mucous being produced at the right time. i.e. at ovulation;
- What type of ovulation signs clients are experiencing. i.e. i.e. spotting, one sided abdominal pain, breast tenderness;
- How long their Luteal Phase is;
- Are they producing sufficient progesterone for long enough;
- Are they spotting prior to their bleed starting;
- Are they having regular sex at the correct time;
- And whether reflexology is having a positive effect upon their cycle;

If clients are using blood chemistry testing to monitor progesterone levels, then it is essential that the test is taken seven days post-ovulation, for the most accurate result. It is very often called the day 21 blood test, as many medical practitioners assume that all women have a 28 day cycle and will ovulate on day 14. However, many women have very stable cycles that are of a completely different length to this and will therefore NOT ovulate on day 14 of their menstrual cycle. The Luteal Phase of the cycle is usually constant and will be individual to each woman, but will be somewhere between 12 and 16 days (this is where temperature charting is helpful).

So to provide some examples below:

<b>Length of MC Prog. Test</b>	<b>Length of LP</b>	<b>Ovulation</b>	<b>Optimum</b>
35 days	12 days	Day 23	Day 30
21 days	12 days	Day 9	Day 15
30 days	14 days	Day 16	Day 23
40 days	16 days	Day 24	Day 31
MC=Menstrual Cycle LP=Luteal Phase			

If progesterone blood chemistry tests were taken on day 21 for the above clients, they may either not have ovulated quite yet, or would have ovulated quite some while previously, in any event the results

would be inaccurate and they may be led to believe they were not ovulating at all. However, a test taken at the correct time at the beginning of reflexology treatment being undertaken that shows a poor result, can then be used again to monitor progress and is a very useful tool for practitioners. Most clients will be given a lab slip that allows them to present themselves for testing at the appropriate time, which means that with your support they can have their test taken at the correct time in their menstrual cycle.

Reproflexology™ uses prescriptive treatment protocols to work at correcting each stage of the menstrual cycle, and a wide range of reproductive conditions, including progesterone deficiency. This allows us to ensure that each component part of the cycle is working effectively and is able to support ovulation, fertilization, implantation and pregnancy. Working with males is of the utmost importance, but I know that it can be tricky to encourage them to present for treatment, as they tend to be much more sceptical about reflexology as a form of treatment. Even more so when it comes to working reproductively, and many will only attend under the 'suggestion' of their partner. However, if we can get to see them at initial consultation then that is a huge step in the right direction, as it does allow us to, at least, to gather the information that is needed to complete the picture of what issues might be affecting their fertility as a couple.

In general, in the UK, if couples have been trying to conceive for 12 months without success (6 months if they are over 35), then they can ask their GP for some base line tests to ascertain whether there are any obvious reasons for their inability to get pregnant. We have already looked at one of these tests for women (although there are a number of others), but for men, it should be a semen analysis. If your clients do have a semen analysis, please do make sure that you ask them to provide you with a copy of the result, as it is possible that they will have been told that all is well, when things are not quite what they seem. Many GPs presume that even if men are producing low numbers of sperm that there is still a possibility of conception, when we know this is not the case. Additionally, fertility clinics will be looking at results from the point of view, of using IVF/ICSI and not natural conception, so they may also have been told that all is well, when the results show something quite contrary to this.

#### **A basic semen analysis should measure**

- Volume - the amount of seminal fluid produced;
- Count - which is the number of sperm in each ml of seminal fluid and an overall count;
- Motility - the number of sperm that are 'swimming' and whether they are swimming progressively;
- Morphology - the formation of the sperm, and what kind of defects they might have. i.e. head, mid-piece or tail defects;



All of the above factors are relevant, in terms, of sperm health and their ability to fertilize an ovum.

**The current World Health Organization lower reference ranges are as follows:**

**Volume** 1.5 - 4 ml  
**Count** 15ml per ml  
**Total Count** 39 million  
**Motility** 40%  
**Progressive Motility** 32%  
**Morphology** 4%

Sperm take approximately 90-100 days to develop and mature, which means that when you are reading test results, the sperm were produced approximately 3 months previously. This is key to interpreting results, as you will need to factor this in when discussing with clients what might be affecting their most recent result. It could be something as simple as a fever, a period of high stress levels or some emotional or physical trauma. It is also important to understand that sperm production fluctuates constantly and so sometimes repeating a test is useful.

Reproflexology<sup>TM</sup> uses a twelve week protocol, with semen analysis at the beginning and end of treatment to measure the affects of treatment. Male fertility has declined by 50% in the last 25 years in the UK (and in many other countries too), this means that we need to be educating, informing and engaging males in the process more than ever. The most effective way of doing this is by using an initial consultation that does not involve any formal treatment. It also allows you plenty of time to gather the correct information, build a professional relationship with your client, explain the work that you are going to be doing with them, treatment plan and allow your clients to ask questions. I use a pre-conceptual questionnaire that is sent out to clients prior to their appointment, and I ask them to bring it with them along with copies of any relevant test results, I do also state that I like to see both of them at Initial Consultation. This means that you have the beginnings of the pieces of information that you will need to build a picture of what is happening for the couple that you are working with. It also means that you have had the opportunity of engaging with your male client and answering any questions or reservations he may have, and he is then able to make an informed choice about his treatment options.

Working with clients with fertility issues can be one of the most challenging, interesting and rewarding specialisms, but also one in which you need to take great care of yourself and your clients. It can

be demanding on many different levels and it is vital that you construct clear professional boundaries very early on in your working relationship, so that any discussions you may have are never misconstrued.

In 2011, along with some former students, I formed the Association of Reproductive Reflexologists, which has allowed us to do a number of things, a few of which are:

- Continue to develop knowledge and training;
- Support practitioners when working in this specialism;
- Develop links/collaborate with the medical profession;
- Promote Reproductive Reflexology and our practitioners;
- Develop a presence at The Fertility Show (Olympia, London);
- And undertake a data collection study.

We carried out a data collection study of 180 cases and found that the success rate was proven to be 68% of all cases, whether they were undertaking IVF or natural conception. We then extrapolated this data into individual conditions. The data is listed below and you will see that there is a distinct difference between the conception rate and the Live Birth Rate. With some conditions the miscarriage rate is higher and this is usually because this is a known possibility with this particular kind of condition. It is important to be aware that these results can only be attributed to using these particular protocols and no other forms of reflexology.

- 180 cases
- 68% success rate
- 100 - Natural Conception
- 22 with Assisted Conception
- Age range of 24 - 46
- Average number of treatments undertaken - 11.32

### **For those clients for whom there was 'No Diagnosis'**

Pregnancy - 70%                      Live Birth Rate - 70%

#### **Endometriosis**

Pregnancy - 65%                      Live Birth Rate - 55%

#### **PCOS**

Pregnancy - 72%                      Live Birth Rate - 57%

#### **Amenorrhea**

Pregnancy - 91%                      Live Birth Rate - 70%

### **Sperm Motility Issues**

Pregnancy - 100%      Live Birth Rate - 50%

### **Sperm Morphology**

Pregnancy - 50%      Live Birth Rate - 50%

### **Ovarian Cysts**

Pregnancy - 100%      Live Birth Rate - 100%

### **Progesterone deficiency**

Pregnancy 50%      Live Birth Rate 100%

The results of our data collection have been presented at The Reflexology in Europe Network conference, The Fertility Show at Olympia in London and in a number of publications.

### **Bibliography and Further Reading**

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### **Comments from some of our Reproductive Reflexology practitioners**

Barbara Scott is the founder of both Seren Natural Fertility and Training and the Association of Reproductive Reflexologists. The ARR was formed in 2011 with the aim to form a professional body of practitioners with a high standard of training that the public can rely upon and which has now become a kite mark for excellence in the field of Reproductive Reflexology. She has lectured in Madeira, Denmark, London at The Fertility Show, and published a number of articles on this specialism. She has also spoken for local and BBC radio and her book 'Reflexology for Fertility' was published in February 2016.

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