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The Reflexology Manual

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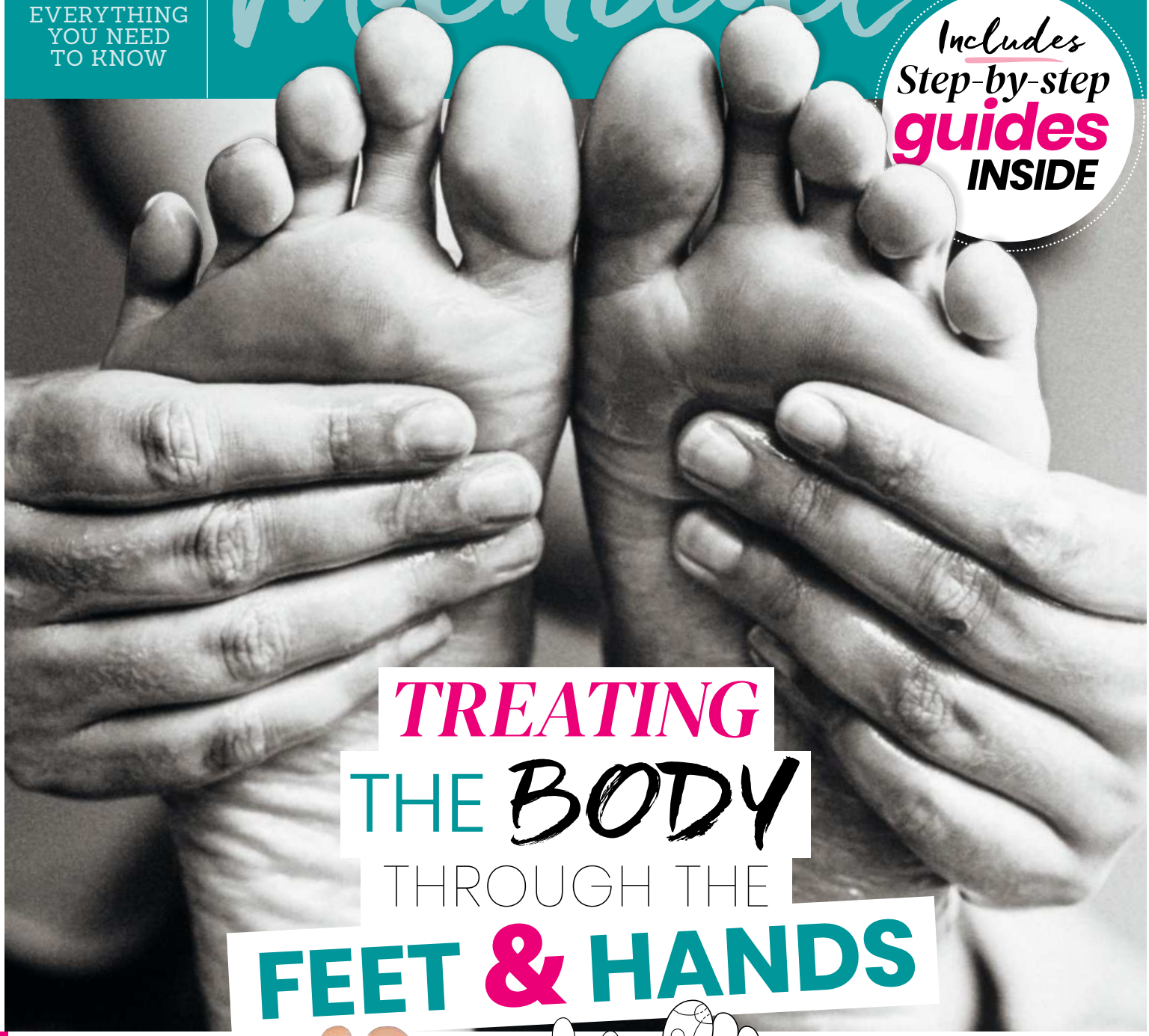
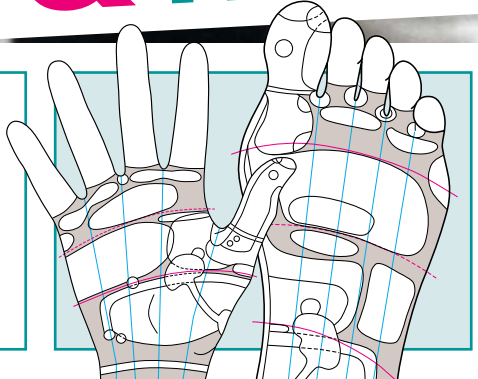


TREATING THE BODY THROUGH THE FEET & HANDS



IMPROVE WELLBEING * RELIEVE TENSION * BOOST ENERGY LEVELS

Digital Edition

FUTURE

SECOND EDITION

The Reflexology Manual

Reflexology is an effective, holistic healing method with a whole host of benefits for both body and mind. Throughout this book, you will discover how all the body's internal structures are mirrored in the reflex points – specific areas on the hands and feet that you can manipulate through massage and pressure.

Whether you are a beginner or an experienced practitioner, the step-by-step guides in this manual will show you how to use reflexology to treat a wide range of problems, from relieving pain to soothing tension and stress. This relaxing traditional therapy will boost your wellbeing in no time.

Contents

1

What is reflexology?

Reflexology is about giving and receiving. Energy is transmitted to the patient through the hands of the therapist and information is received from the patient's feet.

Reflexology is a holistic healing method which involves pressure and massage of the reflex points found on the soles of the feet and the palms of the hands. The word reflex here is used in the sense of reflection, or mirror image. The reflex points act as small 'mirrors' reflecting the whole organism.

Reflexology teaches that a vital energy, or life force, circulates between the organs of the body, permeating every living cell and tissue. If this energy becomes blocked, the part of the body relating to the blockage is affected. The pressure and massage techniques taught in reflexology are designed to detect and dissipate energy blocks, and break down crystal deposits that occur in the zones of the foot or hand relating to the affected part of the body. By stimulating the circulatory and lymphatic systems, and by encouraging the release of toxins, reflexology promotes the body to heal itself.

Apart from treating disease, reflexology is an extremely effective therapy in cases of stress, tension and tiredness. Like acupuncture, it can also be used as a preventive measure against ill health.

The history of REFLEXOLOGY

The origin of reflexology, or 'zone therapy' as it was called, remains a mystery. In his book, *Zone Therapy*, Dr William Fitzgerald states that 'a form of treatment by means of pressure points was known in India and China 5,000 years ago. This knowledge, however, appears to be lost or forgotten. Perhaps it was set aside in favour of acupuncture, which emerged as the stronger growth from the same root.' Another conjecture is that it began in Egypt. Evidence for this stems from an Egyptian tomb drawing dating back to 2330 BCE. This drawing depicts four people; one person is being treated with foot massage and a second person with hand massage. Others credit its birth to the Incas, a people who belonged to a very ancient Peruvian civilization, possibly reaching back to 12,000 BCE. It is speculated that they passed down their knowledge of zone therapy to the North American Indians who still use this form of treatment today.

What is certain is that zone therapy was being used as far back as 1500 CE. Cellini (1500–1571), the great Florentine sculptor, is reported to have used strong pressure on his fingers and toes in order to relieve pain in his body. The American president, James Abram Garfield (1831–1881), the victim of an assassination attempt, is said to have alleviated the resulting pain by applying pressure to certain points on his feet. During the 16th century, several books on zone therapy were published in Europe. One of these was written by Dr Adamus and Dr A'tatis. Shortly after it appeared on the market, a similar book was published by Dr Ball in Leipzig.

The longitudinal zones

The body is divided into ten equal energy zones, five on either side of a median line, extending from the fingers up to the brain and down to the toes. Five zones relate to the right half of the body and five to the left half. They are of equal width and are like segments of the body, not fine lines like acupuncture meridians.

The credit for initiating reflexology as it is known today must be given to Dr William Fitzgerald. Born in 1872, he graduated in medicine at the University of Vermont, USA, in 1895. After practising in hospitals in Vienna, Paris and London, he became an ear, nose and throat specialist and settled in Connecticut. While working in Vienna, he studied the work of Dr H. Bresslar, who had researched the link between pressure points on the feet and the internal organs of the body and published his findings in a book, *Zone Therapy*. Interestingly, Dr Bresslar mentions that therapeutic foot massage was practised during the 14th century.

Dr Fitzgerald started to practise zone therapy techniques on his patients. To apply pressure, he used rubber bands, clamps and probes. He discovered that pressure applied to some parts of the foot induced anaesthesia in specific parts of the body. His continuing research led him to formulate the division of the body into ten equal longitudinal energy zones – five relating to the right half of the body and five to the left half – by drawing an imaginary line from the top of the head down through the centre of the body.

These ten energy zones terminate on the soles of the feet and the palms of the hands. Zone one incorporates the thumb, extends up the arm into the shoulders and neck to the brain, and then down the body to the big toe. Zone two extends from the index finger, up the arm into the shoulders, neck and brain and down the body to the second toe. The third zone extends from the middle finger, up the arm to the shoulder, neck and brain, then down the body to the third toe. The fourth zone begins with the ring finger, travelling up the arm into the shoulder, neck and brain, then down the body to the fourth toe. The fifth zone extends from the little finger, travelling up the arm to the shoulder, neck and brain and down the body to the fifth toe.

In 1916 Dr Edwin Bowers, Dr Fitzgerald's colleague, publicly described the treatment propounded by Dr Fitzgerald, referring to it as 'zone therapy'. A year later their combined work appeared in a book entitled *Zone Therapy*. It contained treatment suggestions and recommendations for doctors, dentists, gynaecologists, ear, nose and throat specialists and chiropractors. The first edition included diagrams of the reflexes of the

feet and the corresponding ten zones of the body. Dr Fitzgerald soon began to give courses on this method of treatment to medical practitioners.

These theories were not enthusiastically received by the medical profession in general, but one doctor, Joseph Shelby Riley, was so impressed that both he and his wife – also a doctor – attended Fitzgerald's courses on zone therapy in order to use it in their own practice. It was an assistant of Joseph Riley, Eunice Ingham (1879–1974), who instigated what we know today as reflexology.

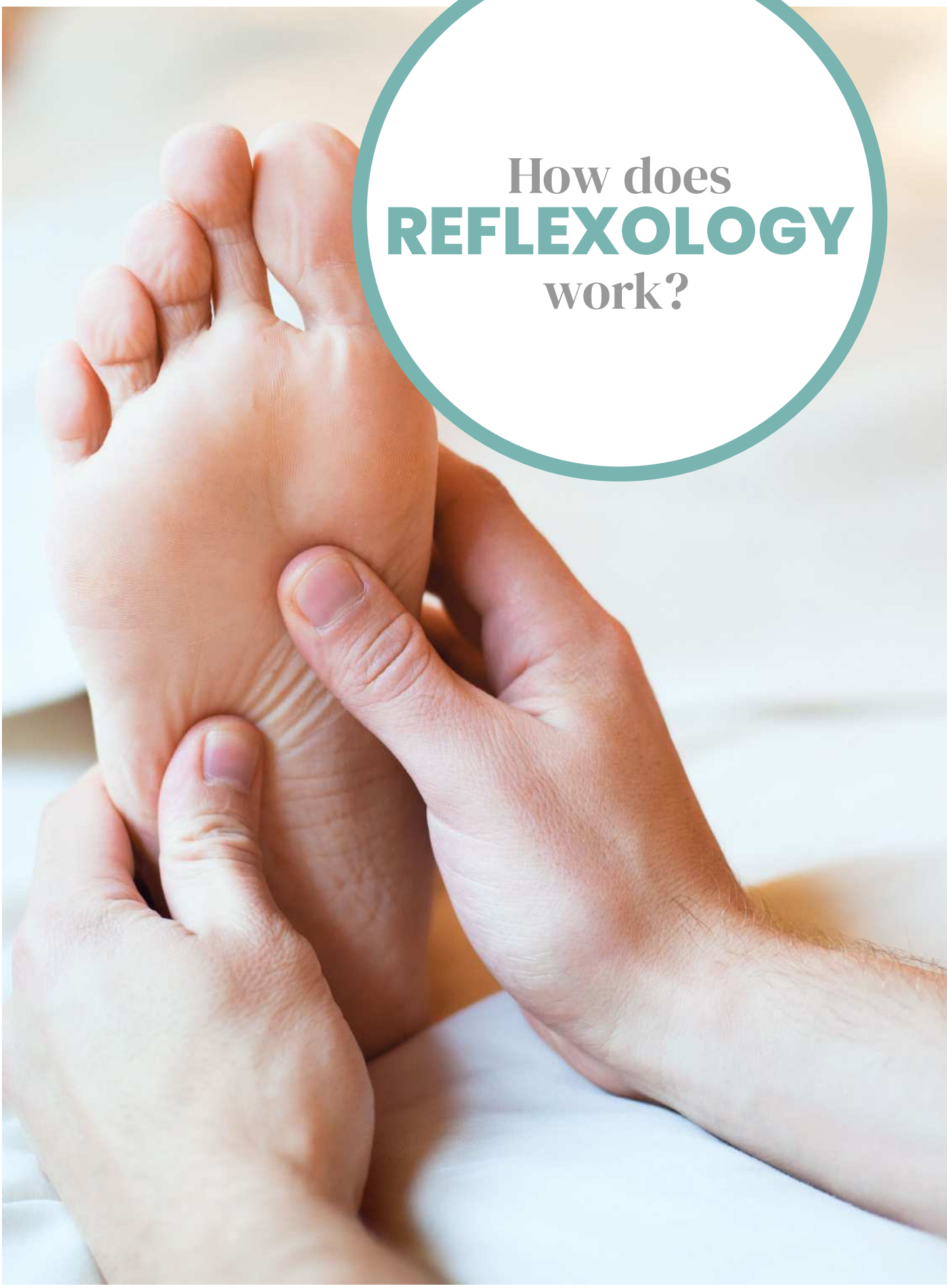
Through her dedicated research, Eunice Ingham was able to correlate the anatomical structure of the body with the energy zones located on the feet, and found that the feet provided a mirror image of the entire body. She also found that the greater sensitivity of the feet enhanced treatment. Because of this, reflexology treatment is generally carried out on the feet rather than on the hands.

Eunice Ingham taught and shared her knowledge with complementary therapists such as masseurs, osteopaths and naturopaths. During her lifetime she wrote two books: *Stories the Feet Can Tell* and *Stories the Feet Have Told*.

From its early beginnings, reflexology has developed a more scientific background based on ever increasing knowledge of anatomy and physiology. This has helped its acceptance into conventional, orthodox medicine: many countries have recognized reflexology associations. Today, reflexology is a fast-growing therapy worldwide.

A form of treatment by means of pressure points was known in India and China 5,000 years ago.

How does REFLEXOLOGY work?



Reflexology, sometimes still referred to as zone therapy, is based on Dr Fitzgerald's concept of the zone system. Ten separate energy currents circulate – five in each half of the body – between the head and the toes and the five fingers. These currents flow in longitudinal lines called zones. Within these zones lie all the organs and muscles of the body, as shown in the diagram on page 14.

In 1970 a German reflexologist, Hanne Marquarett, author of *Reflex Zone Therapy of the Feet*, felt that it would be easier to locate the reflexes found on the feet if the human form was further divided into three transverse zones. She did this by drawing three imaginary lines across the physical body, which corresponded to three imaginary lines placed across the feet. In this way, the feet provided a miniature map consisting of ten longitudinal and three transverse zones. This made for greater precision in locating the different reflexes. On the hands, because of the way they are constructed, only the second transverse line can be drawn (see page 15).

The first transverse zone in the body is found at the level of the shoulder girdle and relates to the head and neck. On the feet, all reflexes relating to this part of the body are found above the first transverse line – the shoulder girdle. The second transverse zone lies at waist level and relates to the structure of the chest and upper abdomen. All reflexes pertaining to this part of the body are found between the first and second transverse line – the waist line – on the feet. On the hands, reflexes pertaining to the chest, upper abdomen, neck and head are found above the second transverse line.

The third transverse zone in the body runs across the pelvic girdle and relates to the lower abdomen and pelvis. All reflexes associated with this part of the body are found between the second and third transverse line – pelvic girdle – on the feet, and below the second transverse line on the hands.

When the energy currents that flow through the longitudinal zones build up at certain points, they create an accumulation of energy, or blockage, at those points. Referred to as energy blocks, they interrupt the smooth flow of energy throughout the body, causing the pain, disorder, disease or whatever problems which require healing.

RESTORING HARMONY

Reflexology, by using specific massage and pressure techniques on the reflexes of the feet or hands, is able to remove the energy blocks. The energy currents flow freely once more, and the body is returned to harmony.

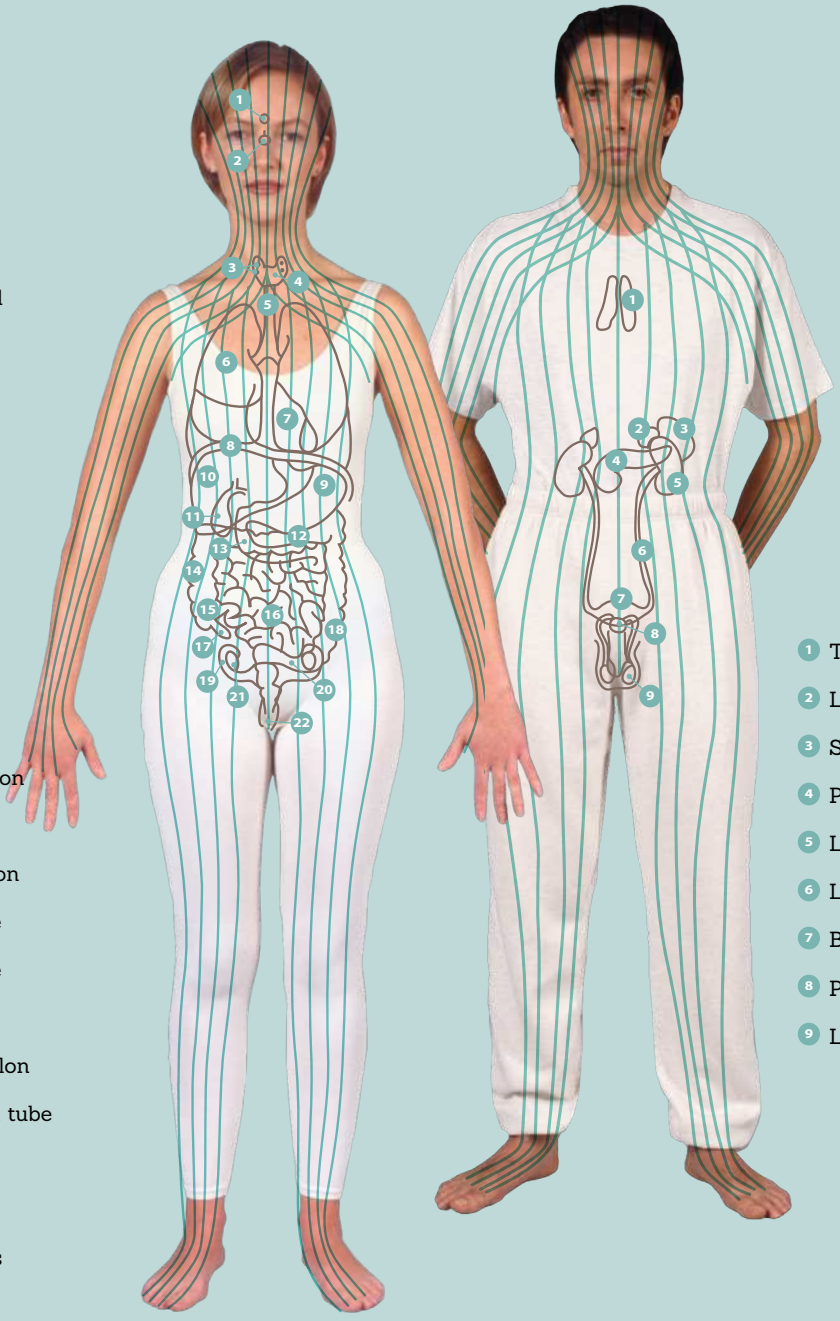
However, energy blocks in the zones can have many causes: stress, bad diet, a life style that is no longer beneficial, a broken marriage or relationship to name but a few. The way to successfully dissipate the problem is to find the cause. Reflexology is a holistic therapy, and techniques must be coupled with counselling by the reflexologist – and in some cases by a qualified counsellor.

Of course, to successfully find the cause and treat the problem may take many hours of counselling.

Reflexology, by using specific massage and pressure techniques on the reflexes of the feet or hands, is able to remove energy blocks. The energy currents flow freely once more, and the body is returned to harmony.

Position of the organs of the body within the zones

All the organs and muscles of the body are found within the longitudinal zones, and the corresponding reflexes are found in the same zones on the feet and hands. The female figure shows all the organs situated forward in the body, and the female reproductive organs. The male figure shows the remaining organs which cannot be seen in the female figure and the male reproductive organs.



1. Pineal gland
2. Pituitary gland
3. Parathyroids
4. Thyroid gland
5. Oesophagus
6. Right lung
7. Heart
8. Diaphragm
9. Stomach
10. Liver
11. Gall bladder
12. Transverse colon
13. Duodenum
14. Ascending colon
15. Ileocecal valve
16. Small intestine
17. Appendix
18. Descending colon
19. Right fallopian tube
20. Sigmoid colon
21. Right ovary
22. Rectum / Anus

1. Thymus gland
2. Left adrenal gland
3. Spleen
4. Pancreas
5. Left kidney
6. Left ureter tube
7. Bladder
8. Prostate
9. Left testicle

A cause may well have been buried deep in the subconscious mind because a person finds it too painful to cope with. Or some people, although they are well aware of the cause, may nonetheless be unwilling or unable to discuss it – simply because they are not psychologically prepared to resolve it.

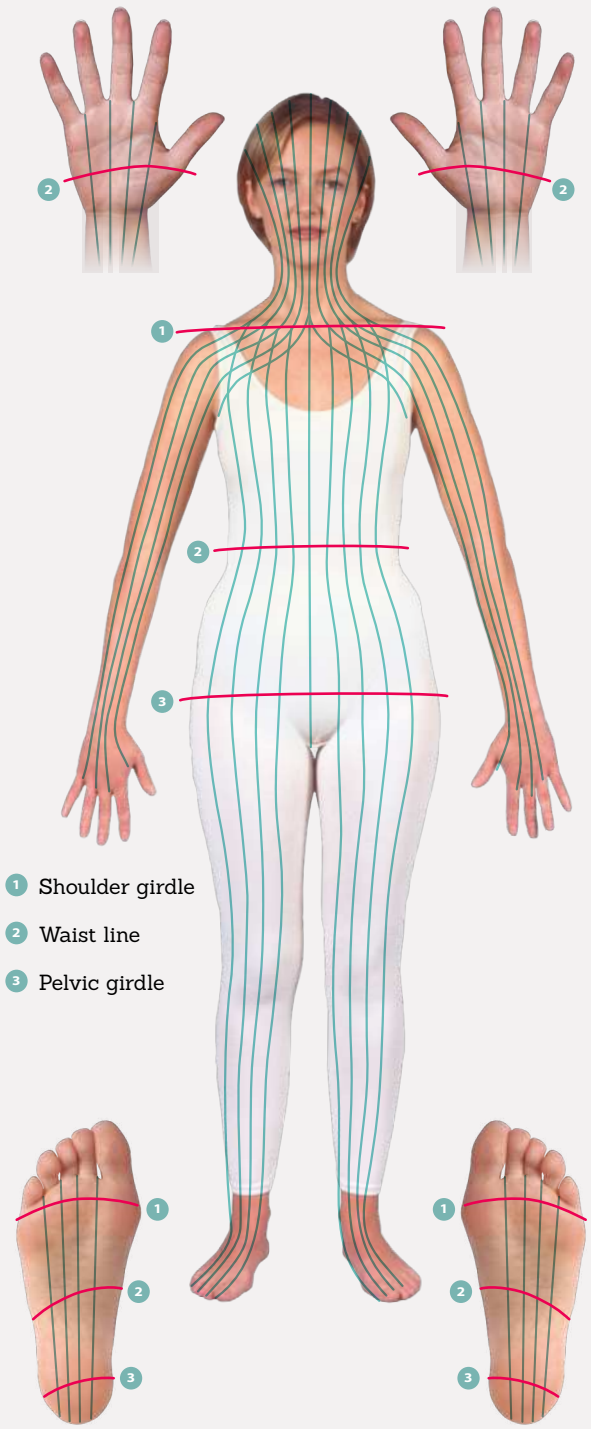
Yet these energy blocks are obstacles which must be overcome. If the cause is not found, a patient will continue to block the energy which the reflexologist has started to release. Equally, if the cause is known but the patient is unwilling to deal with it, the energy channels which the reflexologist frees will be blocked again by the patient. In both instances, such resistance will frustrate the treatment and hinder its success.

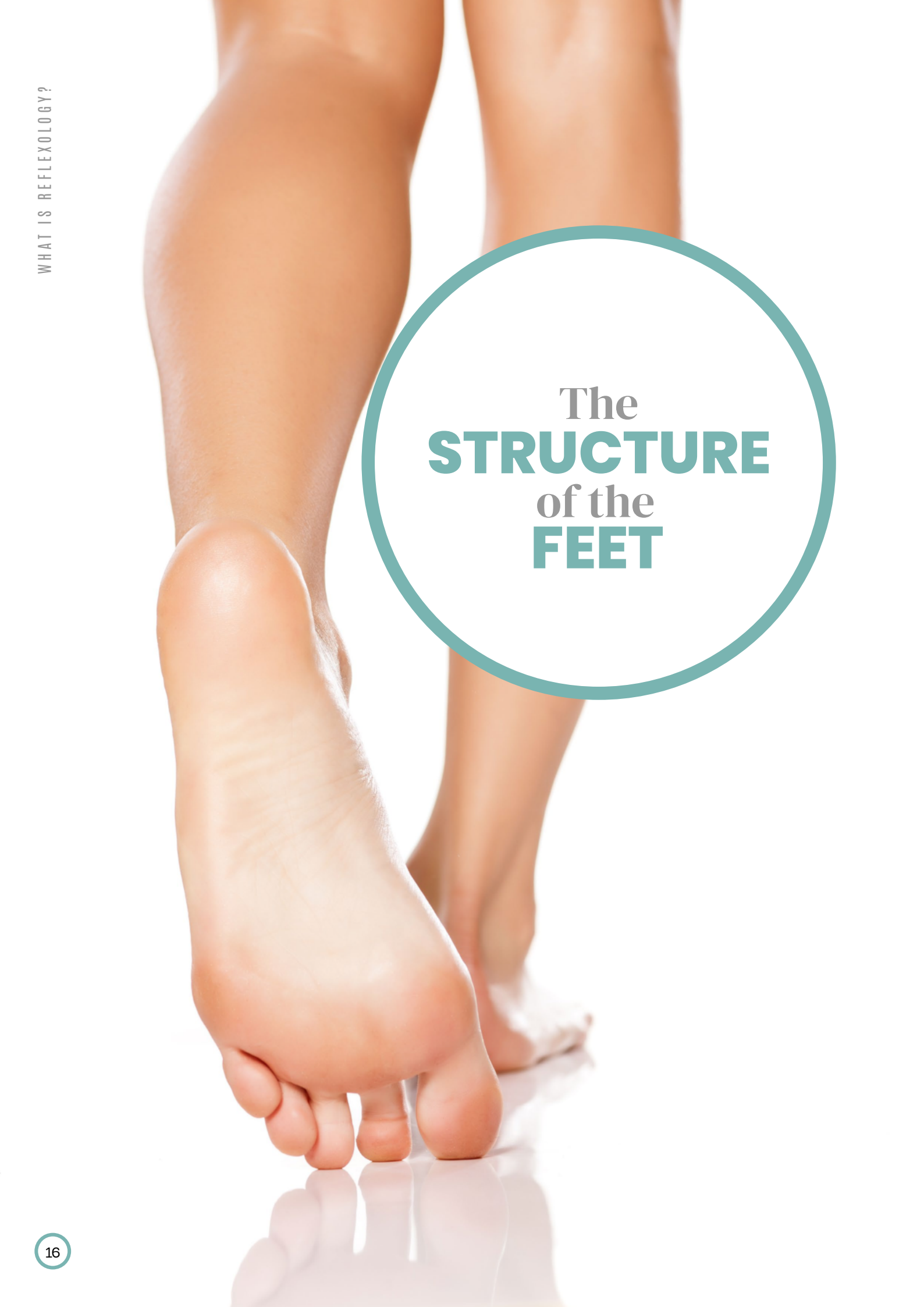
WORKING WITH THE THERAPIST

In conventional medicine, a patient is given a prescription and is not expected to take any responsibility for him or herself. Complementary medicine – which reflexology is – takes a holistic approach: the patient is involved, and is expected to take responsibility together with the therapist in order to effect a cure. Of course, as the term implies, complementary therapies can also work very well as a complement to allopathic, or conventional, medicine.

Reflexology treatment centres on massage and pressure to the reflex areas in the feet and hands. Energy blocks in the human body are reflected in one or more of the zones located in these areas. Therefore it is important to learn the anatomy of those parts. And since the position of the transverse zones on the feet and hands has a direct relationship with their skeletal structure, it is essential to study this structure in some detail so as to be able to locate the reflex areas accurately.

The transverse zones





The STRUCTURE of the FEET

Each foot is made up of twenty-six bones and thirty-three articulations They are joined together by over a hundred ligaments. The twenty-six bones are (from heel to toes): the calcaneum; the talus; the navicular; the cuboid; three cuneiform bones; five metatarsals and fourteen phalanges (two in the big toe and three in each of the remaining four toes).

The posterior part of the foot contains the talus and the calcaneum; the anterior part of the foot comprises the cuboid, navicular and three cuneiform bones. The word cuneiform means wedge-shaped; these three bones are referred to as the medial, intermediate and lateral cuneiform. All these bones are called the tarsal bones.

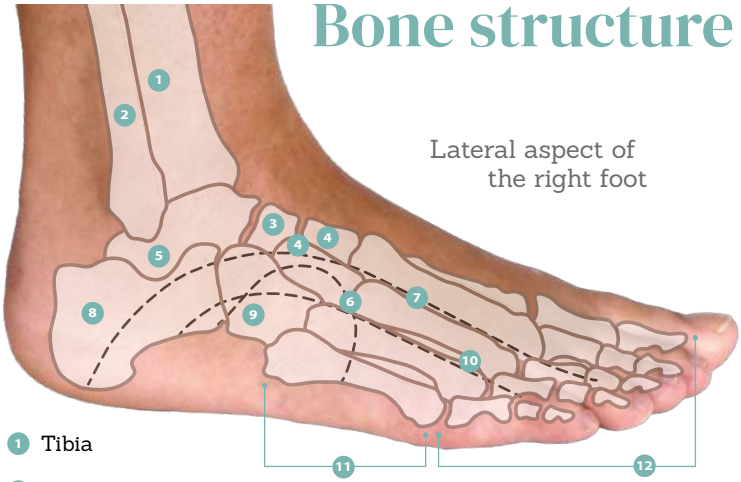
The talus is the only bone in the foot that articulates with the fibula and tibia bones of the leg. In the act of walking, the talus bears the entire weight of the body. Part of this weight is then transmitted to the calcaneum – or heel bone – and the remainder of the tarsal bones. The calcaneum is the largest and strongest bone in the foot.

The five metatarsal bones are long bones and each consists of a base, a shaft and a head. The base of the first three articulates with the first, second and third cuneiform bones, and that of the lateral two with the cuboid. The first metatarsal bone, being thicker than the rest, bears more weight.

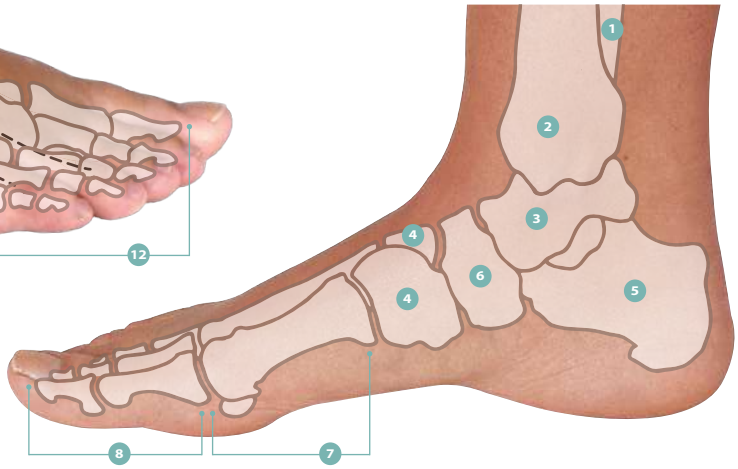
Like the metatarsal bones, the phalanges consist of a proximal base, a middle shaft and a distal head. The big toe consists of two large, heavy phalanges known as the proximal and distal phalanges. The other four toes each consists of three phalanges.

The bones of the feet form two arches: the longitudinal and the transverse arch. The arches enable the foot to support the weight of the body and provide leverage while walking. The

Bone structure of the feet

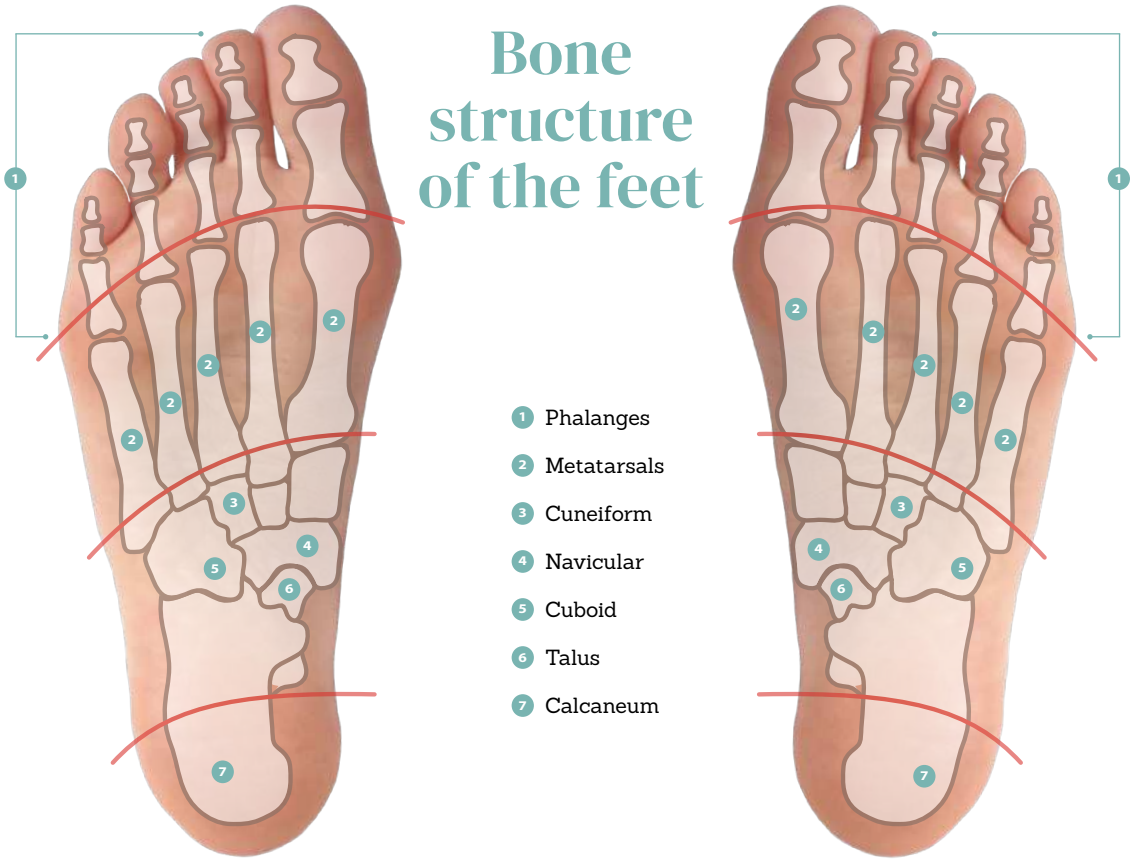


1. Tibia
2. Fibula
3. Navicular
4. Cuneiform
5. Talus
6. Transverse arch
7. Medial part of longitudinal arch
8. Calcaneum
9. Cuboid
10. Lateral part of longitudinal arch
11. Metatarsals
12. Phalanges



1. Fibula
2. Tibia
3. Talus
4. Cuneiform
5. Calcaneum
6. Navicular
7. Metatarsals
8. Phalanges

Bone structure of the feet



bones which make them up are held by tendons and ligaments. The longitudinal arch consists of a medial part (facing inwards) and a lateral part (facing outwards).

The muscles of the foot are intricate and comparable to those of the hand; but whereas the muscles in the hand are designed for precise and intricate movement, those of the foot are limited to support and locomotion.

In relation to the skeletal structure of the feet, the first transverse zone covers the phalanges, which lie above the shoulder girdle line. The second transverse zone covers the metatarsals and lies between the shoulder girdle line and the waist line. The third transverse zone, the pelvic floor, is found below the waist line and this lies midway between the calcaneum and talus bones.

Many disorders relating to the feet are encountered in the course of practising reflexology. Since they may affect the treatment in different ways, it is very important to have some knowledge of them and to know how to distinguish them.

- **Athlete's foot** A harmless condition, caused by a fungus growing in the skin between and under the toes – especially between the fourth and fifth toes. The skin becomes red, flaky and itchy. The fungus can also affect other parts of the foot, and the toenails. If the nails are infected, they become thicker and yellow.
- **Bunions** An inflamed bag of fluid overlying a bony protrusion from the outside edge of the joint, at the base of the big toe. The medical name for a bunion is *hallux valgus*. Bunions tend to occur in people with an inherited weakness in toe joints,

or who wear ill-fitting shoes. Shoes with high heels and pointed toes are great promoters of this condition. The result of the inflammation is that the bony base of the big toe is twisted and the toe is pushed out beyond the normal outline of the foot, forming what is known as a bunion.

• **Chilblains** An acute or chronic form of injury caused by exposure to cold. People who suffer these normally have an exaggerated sensitivity to cold. A chilblain is characterized by inflammation of the skin, itching and swelling, that are frequently followed by blisters.

• **Claw foot** A condition in which the medial longitudinal arch is abnormally elevated. It is frequently caused by muscle imbalance, which could arise from poliomyelitis.

• **Club foot** A foot that is twisted out of shape so that the sole does not rest on the floor when standing. It is a condition that some babies are born with and is thought to be caused by the fetus maintaining a fixed position in the uterus for a long period.

• **Corns and calluses** Areas of skin that have thickened as a result of constant pressure. Corns are small and develop on the toes, while calluses are larger and usually develop on the soles of the feet.

• **Flat feet** At birth, a normal baby has flat feet. The arches of the feet develop slowly over the first six years of its life. When this condition develops in adults, it is usually due to the weakening of the muscles or tendons that support the bones which make up the arches of the feet. If these tendons and muscles are weakened, the medial longitudinal arch may decrease in height until the foot is flat.

• **March fracture** This can occur in one or more of the metatarsal bones after long or repeated periods of excessive stress on the feet. It most commonly occurs in walkers and runners, and produces pain in the ball of the foot that worsens on exertion.

• **Tarsal tunnel syndrome** This condition occurs when nerves become entrapped at the ankle. The principal symptom is an intermittent burning pain or numbness in the sole or toes of the affected foot which may spread to the calf. The problem can be made worse by standing or walking.

• **Verrucas** *Verruca* is the Latin word for wart. On the sole of the foot, it is called *verruca plantaris*. In appearance, verrucas are small, hard, whitish or flesh-coloured lumps with a cauliflower-like surface. They contain small clotted blood vessels that resemble black splinters. Through walking they tend to be pushed into the foot and become painful. Several verrucas can appear close to each other, scanning a width of 2.5 cm (1 in) or more.

CARE

To have problem-free feet, it is essential to take good care of them. It is important to wear well-fitting shoes. Whenever possible, walk barefoot. It stimulates the reflexes on the feet, thereby stimulating the energy flow in the whole body. If prone to developing corns or calluses, regular visits to the chiropodist are advisable, in order to have the formation of hard skin removed. Hard skin can affect the reflex that it covers. Through wearing tight shoes or cutting the toenails in a curve rather than straight across, ingrowing toenails can occur. If not dealt with, these can press into the head reflex on the toe and cause headaches. Nails should be trimmed regularly with scissors or special nail clippers; a good time is after a bath when they are fairly soft. Bathe the feet at least twice a day and apply a good foot cream to prevent the skin becoming dry.

The structure of THE HANDS & WRISTS

Each hand and wrist comprises twenty-seven bones and tendons. The latter attach the muscles to bone. The twenty-seven bones consist of: eight carpals; five metacarpals and fourteen phalanges.

The eight carpals constitute the wrist, or carpus. They are small bones and are arranged in two rows of four. The row nearest the radius and ulna bones of the arm includes the scaphoid (resembles a boat), lunate (resembles a crescent moon), triquetrum (has three articular surfaces) and pisiform (pea-shaped). The row nearest the metacarpals comprises the trapezium (four-sided), trapezoid (also four-sided), capitate (the rounded head of which articulates with the lunate) and hamate (named for the large hook-shaped projection on its anterior surface).

The five metacarpal bones form the palm of the hand. The heads of these bones are commonly called the knuckles and are very easily visible when the fist is clenched. The phalanges are the bones found in the four fingers and thumb. The index finger, middle finger, ring finger and little finger each consist of three phalanges, but the thumb – like the big toe – has only two.

The muscles that move the wrist, hand and fingers are many and varied. They include anterior muscles which function as flexors; posterior muscles that act as extensors; and intrinsic muscles. The intrinsic muscles are located in the palm of the hand and they help in the movement of the fingers.

The efficiency of the hands depends above all on the movement of the thumb, its functional importance only being realized when it is put out of action through injury. The general functions of the hand are: power grip (forcible movement of the fingers and thumbs against the palm of the hand, like squeezing); precision handling (a change in the position of an object that requires exactly controlled finger and thumb motions, as in winding a watch or threading a needle), and pinch (compression between the index finger and the thumb or between the thumb and first two fingers). When carrying out a reflexology treatment, all of these movements are utilized.

PROBLEMS RELATING TO THE HANDS

• **Carpal tunnel syndrome** The carpal tunnel is formed by the wrist bones and a tough membrane on the underside of the wrist which binds the bones together. Through this tunnel runs the nerve which carries signals between the hand and the brain. If, for a number of reasons, the tissues within the carpal tunnel swell, they press on and pinch the nerve. The symptoms are tingling and intermittent numbness of the hand, frequently accompanied by pains radiating up the arm from the wrist.

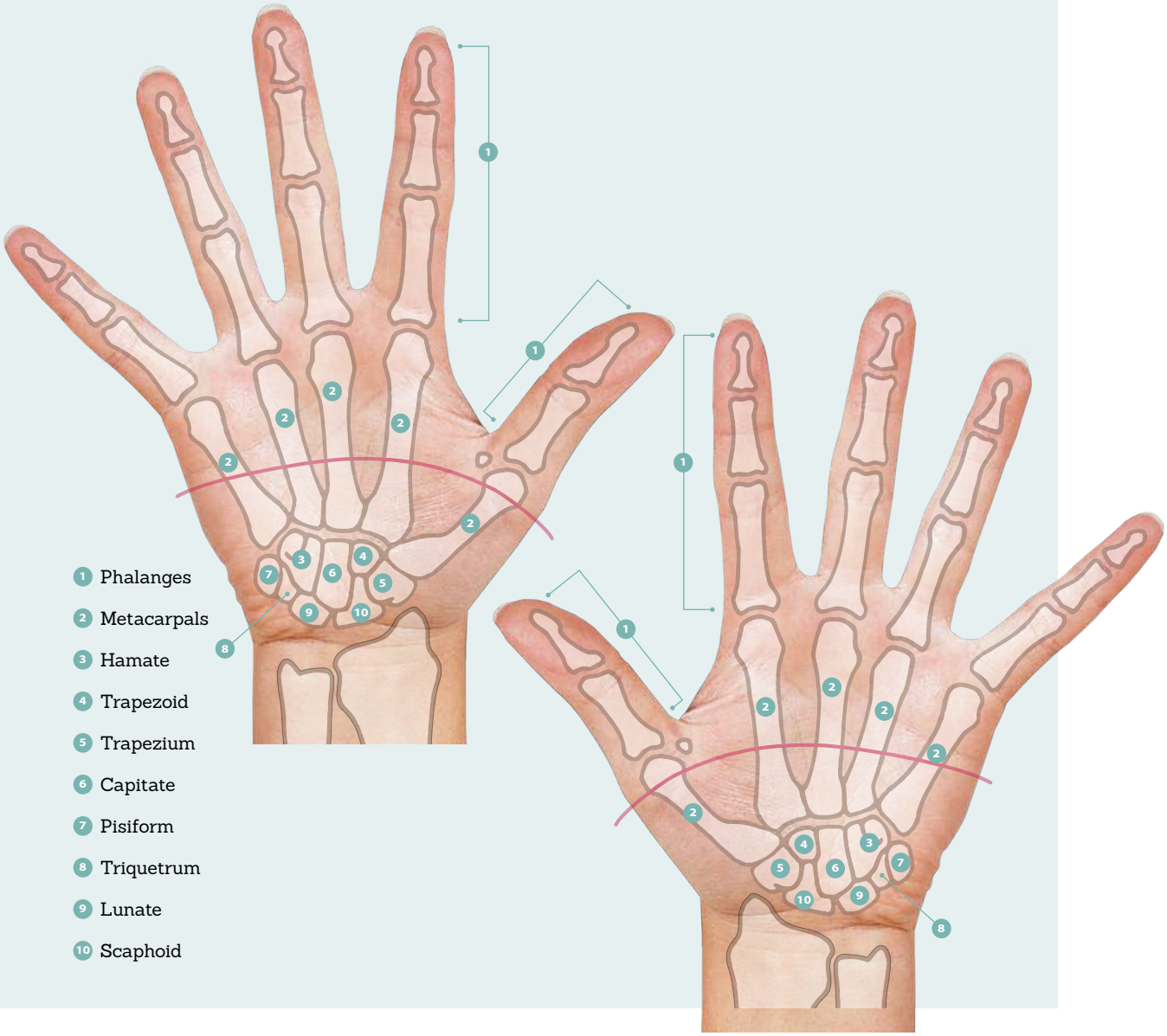
• **Chilblains** (see Problems relating to the feet, page 18).

• **Clubbed fingers** This condition is associated with chronic lung disease. The reason why the disease causes this deformity of the fingers is not known. The symptoms are disappearing cuticles and curving fingernails around the end of the fingers. The tips of the fingers may also flatten out to become spatula shaped.

• **Dupuytren's contracture** This occurs when the layer of tough fibrous tissue that lies under the skin on the palm of the hand, thickens and shrinks. The shrinkage eventually causes the ring finger and little finger to be permanently bent at the knuckles. Some sufferers also have thickened skin pads over their other knuckles and on the balls

Each hand and wrist comprises twenty-seven bones and tendons.

Bone structure of the hands



of their feet. This is a common condition in men over forty, and tends to be hereditary.

• **Fingernails** Deformation or discolouration can be caused by injury or illness. In some cases of psoriasis of the hands (a chronic disease of the skin of unknown origin), the nails tend to become thick, pitted and separated from the underneath skin. Paronychia is an infection of the skin adjacent to a nail caused by either bacteria or yeast microbes, and occurs particularly in people who spend a lot of time with their hands in water. This condition causes the nail fold to become swollen, red and painful. The cuticle may lift away from the base of the nail, expelling pus on pressure. Occasionally, however, the nails themselves are attacked by this fungus and become thick, rigid and discoloured.

Iron deficiency anaemia can make nails spoon-shaped; lung cancer and congenital heart disorders can cause clubbing. Various disorders may cause nail discolouration. The nail bed looks pale in the case of anaemia, and white in some forms of liver disease. Small, black, splinter-like areas appear under the nails in infections of the heart valves. An accidental knock to the nail can cause one or more small white patches to appear.

- **Ganglion** A swelling which appears under the skin, either in the wrist or on the upper part of the foot. Its development is due to the accumulation of a small amount of a jelly-like substance in a joint capsule or a tendon, causing it to swell. The size of ganglia varies. Usually they are no larger than a pea, and can be either soft or quite hard. They are usually painless, or the cause of only slight discomfort. Unless obtrusive or uncomfortable, they are best left alone and frequently disappear by themselves.
- **Osteoarthritis** The cause of osteoarthritis is unknown. It occurs in the joints of the body, including the finger joints. The smooth lining of the bones – where they come into contact – begins to flake or crack. As the cartilage deteriorates, the underlying bone is affected and may become thickened and distorted, making movement painful and restricted. The symptoms of this disorder are swelling and stiffness in the affected joint which can occur over a period of months or years.
- **Raynaud's disease** A circulatory disorder affecting fingers and occasionally toes. For some reason which is still unknown, the small arteries which provide the indispensable blood supply to the fingers become hypersensitive to cold. As a result, they suddenly contract, thereby reducing the flow of blood to the affected area. The lack of oxygenated blood to the affected area gives it a pale and sometimes bluish appearance.
- **Tenosynovitis** Its popular name is triggerfinger. It is caused by the synovium, the membrane that sheaths the tendons of the fingers and thumbs and assists freedom of movement, becoming inflamed and swollen. In time this will heal, but it may become tight or narrow as it does so, resulting in restricted movement of the tendons and making it difficult to straighten the affected fingers. The area over the tendon becomes painful and tender. In addition, the affected finger or thumb will hurt and may make a crackling sound whenever it is moved.

HAND CARE

Before starting a reflexology treatment, it is worthwhile examining the hands and nails of the person receiving treatment. These will frequently give some indication as to the general state of health. It is also important for reflexologists to care for their own hands and fingers. Remember that these are the tools of the trade. Always make sure that your hands are thoroughly dried after washing, and wear protective gloves when washing up and cleaning. Lastly, always apply a good quality hand cream after washing your hands and before going to bed. This will keep them soft and supple. If you follow these few simple rules, your hands should remain healthy and strong.

Finally, when working with reflexology, it is essential to acquire the correct pressure and massage techniques. People who constantly use their fingers and thumbs, especially if used in a way that puts strain on the joints and ligaments, may become prone to tenosynovitis (trigger finger) or osteoarthritis. Also, make sure that your nails are kept short and clean. Patients will not thank you if you dig your nails into them during treatment.

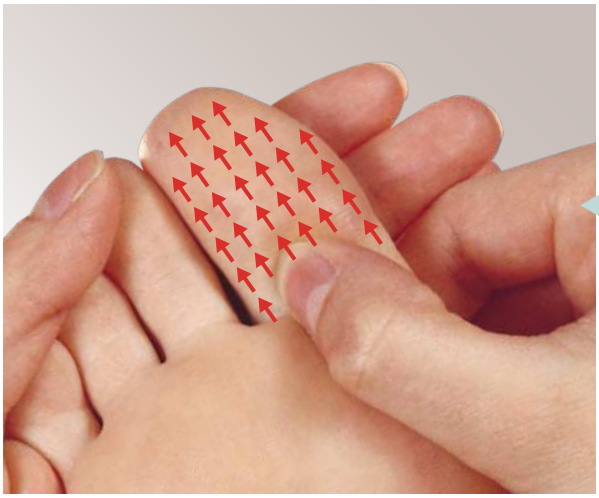
PRESSURE-POINT techniques

Before attempting a full reflexology treatment, it is vital that you have mastered all the techniques you will be using, in order to feel confident that you are performing them correctly. It is recommended that you practise them first on your own hands – or feet if you can reach them. In a comprehensive reflexology treatment, like the one set out in Part Two, you will use five basic pressure-point techniques. These are: thumb-walking, finger-walking, pivoting, sliding and pinching. The same techniques can be used on both the feet and the hands.

In general, the amount of pressure exerted when using any of these techniques should be adjusted to the person you are treating. A firmer pressure would be used on a strong adult than would be used on a frail or elderly person, or a child. If you notice that the veins on the top or side of the foot, or the back of the hands, are pronounced, make sure that you use only very gentle pressure, to avoid the risk of causing a haematoma (bruise) – an accumulation of blood under the skin from vessels injured by a blow or disease.

Each technique is adapted to the particular reflex it is treating. Thumb-walking is used on the majority of the reflexes found on the hands and feet, with the exception of the very small points. As the name suggests, the thumb literally walks lightly over the surface of the skin. Finger-walking is a similar technique, but employs one or more of the fingers. Pivoting is the technique to use on small reflex points – for instance, the pituitary gland found in the centre of the big toe: the tip of the thumb is rotated slowly on the reflex.

The other two techniques are used less frequently, but can still be useful for particular problems. Sliding, for example, can help break down crystal deposits. As the name suggests, it is performed by sliding the thumb over an area while maintaining a gentle pressure. Sliding is used mostly on the soles of the feet and the palms of the hands as it is a fairly robust action. The tops of the feet and the backs of the hands are more delicate and this type of pressure could be painful. Pinching is a technique used on hands or feet only to treat lymph drainage.



Thumb-walking With the thumb bent at the first joint, and only the outer edge of the tip of the thumb in contact with the foot, take tiny 'steps' all over the reflex being worked – here, the back of the head. It is important that the thumb is constantly kept bent, and not continually flexed and straightened as it walks forward, as this could cause problems in the joint.

When you place your thumb on the foot, make sure that it is positioned in a way that allows the flesh of the outer edge of the thumb to fold in towards the nail. This prevents the nail being pressed into the foot.

Try practising thumb-walking on your own hands. Bend your thumb and place the outer edge, with the flesh folded in towards the nail, onto the palm of your hand. Place the other four fingers against the back of the treated hand for support, before applying pressure. Make sure that the pressure is applied only by the thumb and not by the fingers – these are acting merely as a buffer against the pressure. After you have pressed your thumb into your hand, pull back to relieve the pressure but without losing contact. Then take one small step forward, press and pull back. Continue to do this across and up the palm of your hand.

When you first work with thumb-walking you may find that your hands become very tired. This will improve as your muscles become stronger through practice.

Sliding Adopt the same thumb and finger positions as for thumb-walking. Press your working thumb gently into the foot or hand and, maintaining the pressure, gently slide it along 1.25 cm (½ in). Pull your thumb back slightly before sliding along another 1.25 cm (½ in). Continue until you have covered the reflex with which you are working.

To treat the spinal reflex on the hand, for example, first thumb-walk along the reflex, down the medial border of the hand to the wrist. Then change over hands and, with the fingers of your working hand placed on the back of the patient's hand for support and holding the patient's thumb, slide your working thumb 1.25 cm (½ in) back up the reflex. Take your thumb back slightly, and slide up a further 1.25 cm (½ in). Continue this movement until you reach the base of the thumb nail.

Pivoting The position of the thumb and fingers is the same as for thumb-walking. Use the outer edge of the thumb, so that the skin overlaps the nail, as before. Press on the point you wish to treat and slowly and gently pivot on it, keeping your thumb in contact with the foot.

Finger-walking This technique is applied mainly to the top and sides of the feet and the back of the hands. Depending on which reflex is being worked, either one, two or all four fingers can be used. To treat the lymphatic system, for example, place the tips of all four bent fingers of your working hand on the top of the foot, close to the little toe, and your working thumb on the sole of the foot for support. Gently pressing and pulling back, walk all four fingers together down the top of the foot.

Two-finger-walking is often used to treat reflexes on the back of the hand. Wrap your supporting hand around the patient's wrist. Place your index and middle fingers on the lateral side of the patient's hand, with your working thumb on the palm for support. Starting at the little finger's web, walk down the back of the hand across the metacarpal bones until you reach the web between the thumb and index finger. Try this technique on your own hands.

MASSAGE techniques

Massage on the feet or hands can be used prior to treatment to relax patients who are tense or under stress, and to stimulate energy after treatment has been completed. There are five basic techniques: wringing, kneading, stretching, finger circling and stroking. These techniques are most effective when performed in this order.

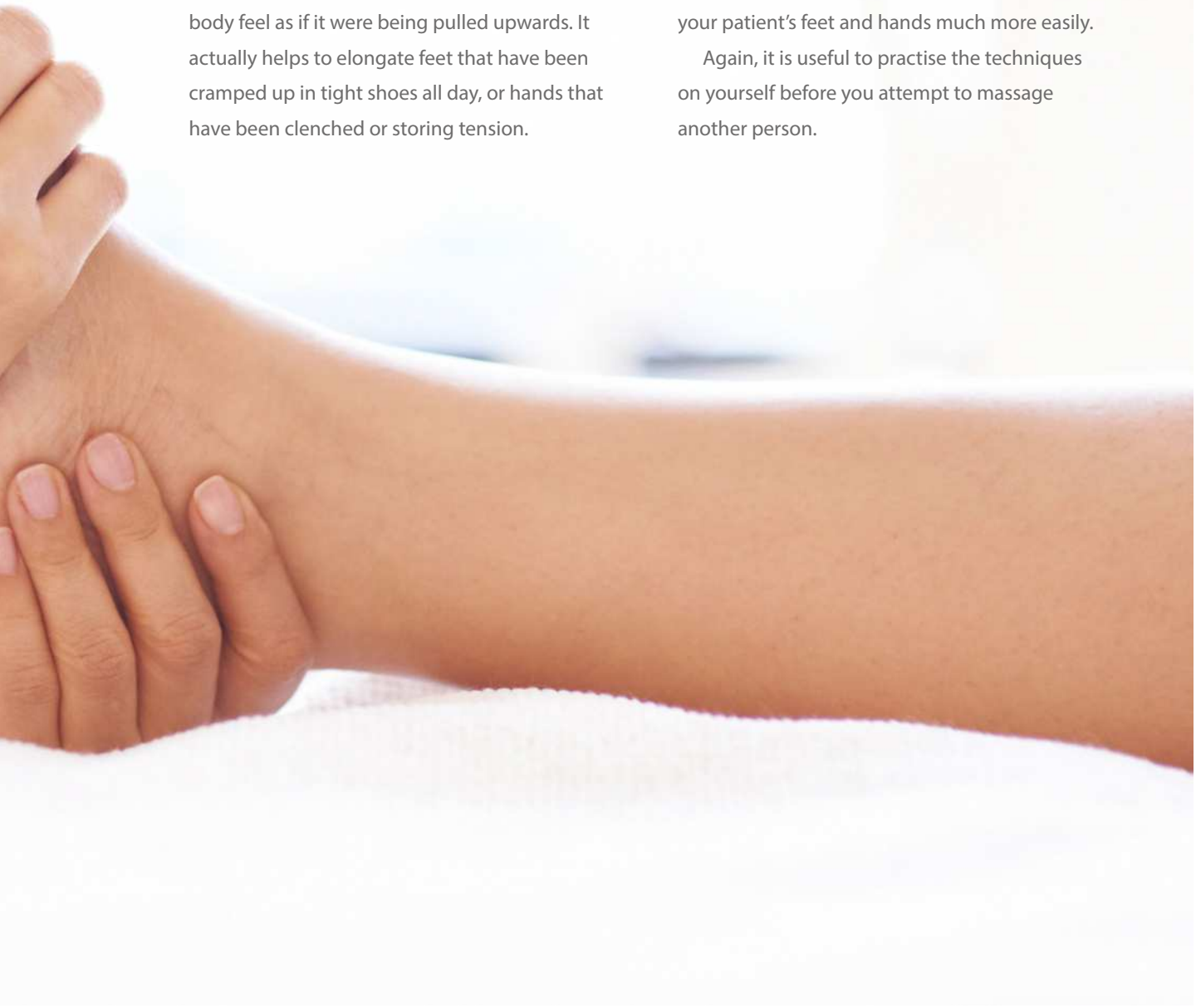
Wringing helps to smooth out the feet or hands by stretching the muscles. It is followed by kneading, which relaxes the person and stimulates body energy.

Stretching literally stretches the muscles, allowing the bones more freedom of movement. When performed on the feet, it makes the whole body feel as if it were being pulled upwards. It actually helps to elongate feet that have been cramped up in tight shoes all day, or hands that have been clenched or storing tension.

Finger circling, used on either the feet or the hands, is a wonderful movement for relaxing a person. If your patient is very tense, this can be carried out on either feet or hands – depending on which you are treating – before starting the actual treatment. Stroking is also a very soothing movement, wonderful for removing tension.

All of these techniques can be used on both the feet and the hands. Just as with the pressure-point techniques, adjust the pressure according to the person you are treating. To make sure your hands are quite smooth, apply a small amount of cornflour or dermatological cream (such as E45) before massaging. You will find that they move over your patient's feet and hands much more easily.

Again, it is useful to practise the techniques on yourself before you attempt to massage another person.



Wringing Beginning at the top of the foot near the toes, wrap your hands around the sides of the foot, with the thumbs on the sole and the fingers on the top of the foot. Gently twist your hands back and forth in a wringing action (below right) as you move down the foot towards the ankle. This is most beneficial for people who encase their feet in tight shoes, because the action of the hands stretches out the feet.

To massage the hands, use the same action, with your hands in a similar position as for the feet. It is impossible to practise this stroke on your own hands since you need to use both of them, but if you can reach your feet easily, it is helpful to practise on them.

Kneading Place one hand across the top of the foot and place the clenched fist of the other hand on the sole of the foot. Pressing both hands into the feet, make circular movements with both hands over the entire foot.

To massage the hands, place one hand across the back of your patient's hand, and place the clenched fist of your other hand on the palm. Make circular movements with both your hands while applying pressure over the entire surface of the hand.

Again, this is impossible to practise on your own hands, but try it out on your feet if you can.

Stretching The position of the hands on the foot is the same as for the wringing action. Starting near the ankle, pull your hands up towards the toes. Repeat several times. Do the same for the hands (below right). Starting near the wrists, pull the hands towards the fingers. Repeat several times. The effect of this massage is to stretch the foot or the hand.

During the course of a day, through the pull of gravity, the body has a tendency to shrink by a couple of centimetres (an inch or so). How many of you who drive adjust your rearview mirror in the morning, and then have to readjust it in the evening?

Since it is not possible to practise this technique on your own hands, practise on your feet if you can.

Finger circling When treating the feet, place the fingers of both your hands on top of your patient's foot, and your thumbs on the sole for support. Gently make tiny circular movements with your fingers over the top and side of the foot,and over the ankle bones.

For the hands, start at the base of the fingers on the back of the hand, and use a finger-circling action towards and around the wrist.

Stroking For the feet, start at the ankle and allow the fingers of both hands to gently stroke the top and sides of the foot in an upward movement towards the toes. This can be maintained for as long as you think it necessary.

For the hands, start at the wrists and gently stroke the back and sides in an upward movement towards the fingers. On the hands, too, maintain this for the time you feel is right.

Ideally, a reflexology treatment should be given in comfortable and pleasant surroundings: a place which promotes peace and relaxation.

Giving a REFLEXOLOGY TREATMENT

Ideally, a reflexology treatment should be given in comfortable and pleasant surroundings: a place which promotes peace and relaxation. This is important for both those giving and receiving treatment. Each treatment should last for about one hour – less on children because they have smaller feet. The minimum time lapse between treatments can be three days; for the majority of people, treatment is given at weekly intervals. This gives the body time to eliminate the toxins that reflexology has activated and to adjust to a new level of energy.

If it is your client's first treatment, they may not know what to expect and could be apprehensive. This is why it is advisable to explain what you are going to do before you do it. Tell your client that if pain is experienced on pressure you must be told, because this indicates a blockage of energy in that part of the body which relates to the reflex zone being worked. Give some warning of possible side effects, such as a feeling of tiredness, increased sweating and perhaps having to visit the lavatory more often; and that a condition can sometimes become worse before getting better. This can alarm clients if not properly explained.

Always enquire into your client's medical history. This can provide an insight into present problems. If the person you have chosen to treat is taking medication, on no account suggest that it be interrupted: certain drugs can produce severe withdrawal symptoms, and if you are not aware of this you could create problems for the person concerned. A client's medication should only be stopped by the doctor – or whoever prescribed it.

CAUTION

A few points are worth bearing in mind before starting the treatment.

1. It is preferable not to give any treatment in the presence of certain disorders unless you are a fully qualified reflexologist. This includes: osteoporosis, arthritis in the feet or hands, certain heart conditions such as thrombosis and phlebitis, diabetes, and pregnancy – especially during the first 16 weeks if there is a history of a miscarriage.
2. Treatment should not be given to cancer patients undergoing chemotherapy, radium or hormonal treatment unless you are a fully qualified reflexologist.
3. Complete treatment does not necessarily include both the hands and the feet. Treat the hands when the feet are not in good condition, and vice versa. For example, if the person you are about to treat suffers from athlete's foot or verrucas, make sure you treat the hands only, until the foot condition has cleared.
4. Lastly, if you are not a qualified reflexologist, or in any doubt about giving a treatment, always seek professional advice before you start.

If your client complains of pains, or describes any other symptoms to you, always ask if they have had these checked medically. If they have not, then suggest that they do so. As reflexologists, we are not allowed to make a medical diagnosis. We may suspect that a person is suffering from a certain ailment, but we are not allowed to say so. We are only allowed to describe it as an energy imbalance. After gleaning all the necessary information, seat your client so that the feet are at a comfortable height for you to treat. Have a box of tissues handy. If someone has travelled a long way or has come straight from work, you may feel that the feet need washing. Never be embarrassed to ask your clients to do this. In my experience, they are happy to oblige.

Prior to starting the actual treatment, it is important to make a visual observation of the feet and/or hands, because these can supply important information. Start with the skeletal structure. Changes in this could indicate a disturbance in the energy flow within the reflex zone, resulting in a disorder in the corresponding part of the body. One example is feet that have bunions. These affect the reflex zones to the cervical spine and thyroid gland.

Look at the colour and state of the skin. Swelling in the feet could relate to congestion in the corresponding part of the body. If the swelling is around the ankle, it could indicate a kidney, a heart or a circulatory disorder. Another sign of heart and circulatory disorders is the presence of tiny pads around the base of the toes on the front of the left foot. Notice also the condition of the skin.

Calluses and corns could point to problems in the body related to the zone that they cover. A corn on the outer side of the small toe, for example, could reflect an injury to the shoulder; a corn on the pad of one or more of the toes could mirror sinus problems. See whether the skin is excessively dry. This could either be a sign of poor circulation in the outer extremities of the body, or it could refer to a hormonal imbalance. If the feet have been neglected and are covered in rough, hard skin, it would be expedient to suggest a visit to a chiropodist to have this removed.

Finally, look at the nails on the feet and hands. As explained earlier in this section, these can reveal a great deal about a person's health. If, for example, you find that the nail bed appears to be rather pale and you suspect anaemia, suggest a visit to a doctor.

Once you have completed your visual observations, the moment is right to begin your reflexology treatment.

Once you have completed your visual observations, the moment is right to begin your reflexology treatment.

2

The step-by-step treatment

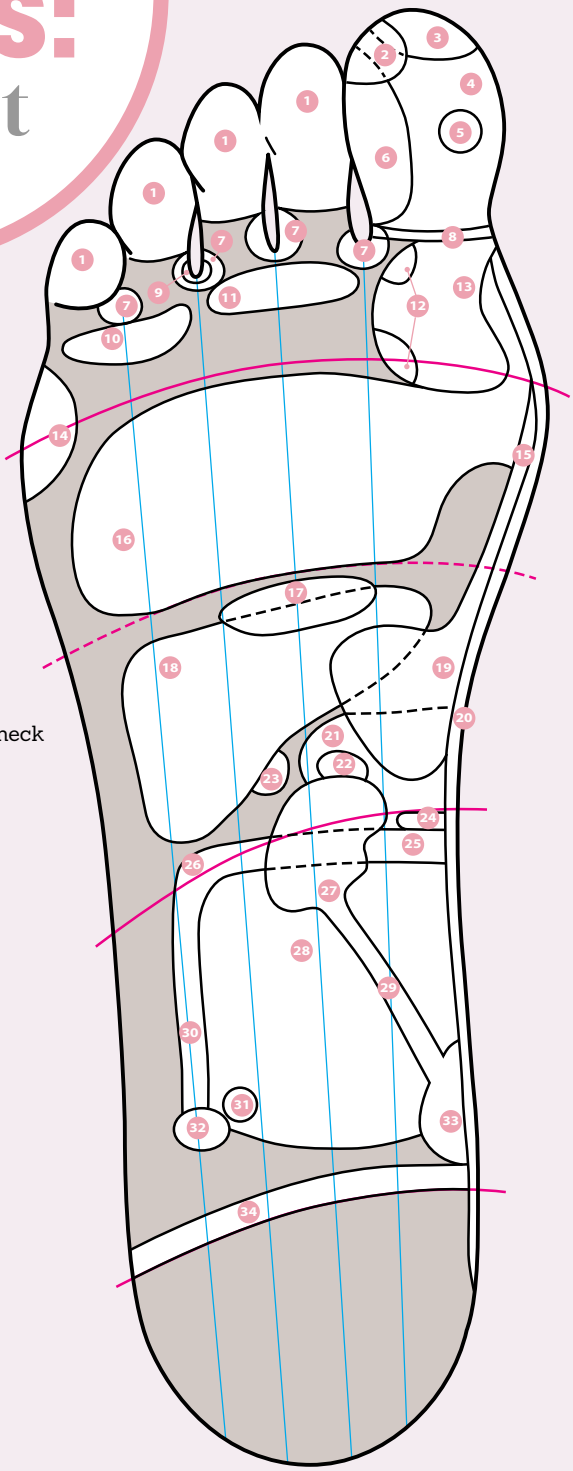
Using special pressure-point and massage techniques, reflexology is able to detect and dissipate energy blocks reflected on the feet and hands. In this way it helps the body to heal itself.

This part of the book guides you through a complete reflexology treatment. At the beginning you will find charts pertaining to all aspects of both feet and hands, while colour photographs with inset line drawings and detailed captions demonstrate clearly how to carry out the treatment. Study them before you start, familiarizing yourself with the positions of the longitudinal zones, the transverse zones and the diaphragm to help you locate the reflexes accurately. Anatomy, physiology and relating reflexes are also described. Since you are treating the whole body, you need to know about its different systems and the disorders associated with each one.

People seeking a reflexology treatment understandably expect the therapist to know about the organs of the body and their function. Before starting a treatment, discuss what you intend with your patient. Holistic therapies treat the cause of a disease, not the symptom; to discover its cause, you must encourage patients to talk. But remember the two golden rules: be a good listener and never repeat anything said to you by your patient in confidence.

REFLEX AREAS: the feet

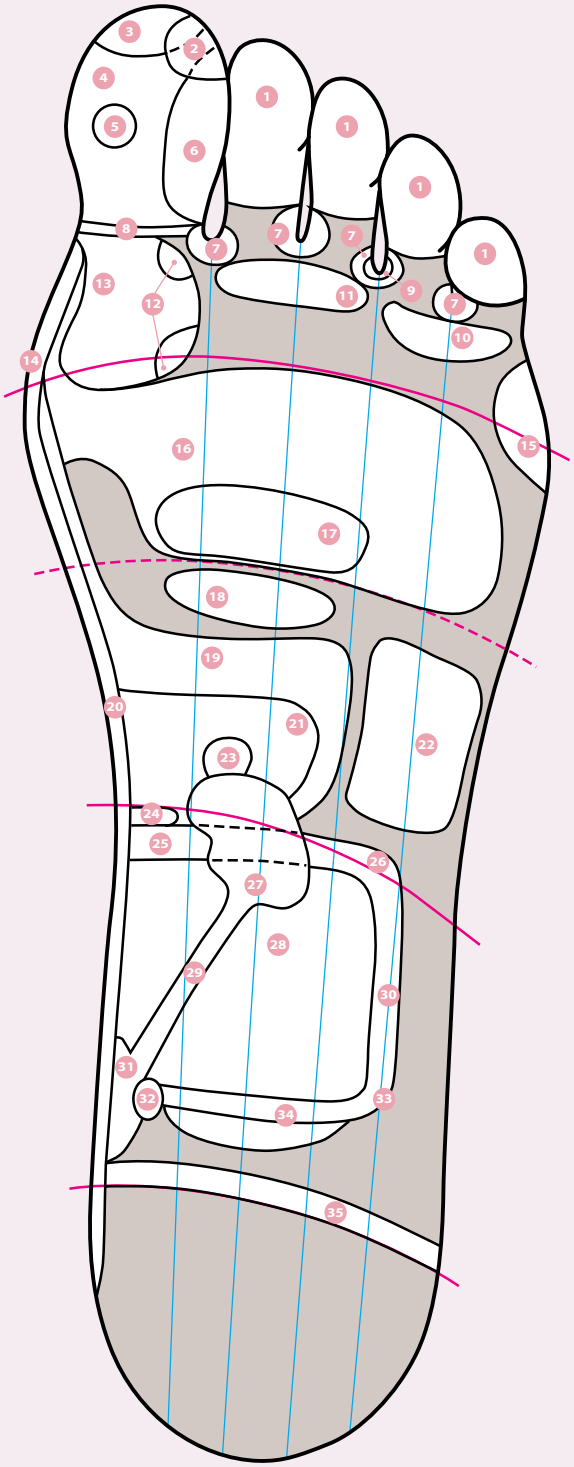
Sole of Right Foot



1. Sinuses
2. Pineal gland
3. Top of head and brain
4. Back of head
5. Pituitary gland
6. Side of head, brain and neck
7. Upper lymph nodes
8. Neck
9. Eustachian tube
10. Ear
11. Eye
12. Parathyroids
13. Thyroid gland
14. Shoulder
15. Oesophagus
16. Lung
17. Solar plexus
18. Liver
19. Stomach
20. Spine
21. Pancreas
22. Adrenal gland
23. Gall bladder
24. Duodenum
25. Transverse colon
26. Hepatic flexure
27. Kidney
28. Small intestine
29. Ureter tube
30. Ascending colon
31. Appendix
32. Ileocecal valve
33. Bladder
34. Sciatic nerve

Sole of Left Foot

1. Sinuses
2. Pineal gland
3. Top of head and brain
4. Back of head
5. Pituitary gland
6. Side of head, brain and neck
7. Upper lymph nodes
8. Neck
9. Eustachian tube
10. Ear
11. Eye
12. Parathyroids
13. Thyroid gland
14. Oesophagus
15. Shoulder
16. Lung
17. Heart
18. Solar plexus
19. Stomach
20. Spine
21. Pancreas
22. Spleen
23. Adrenal gland
24. Duodenum
25. Transverse colon
26. Splenic flexure

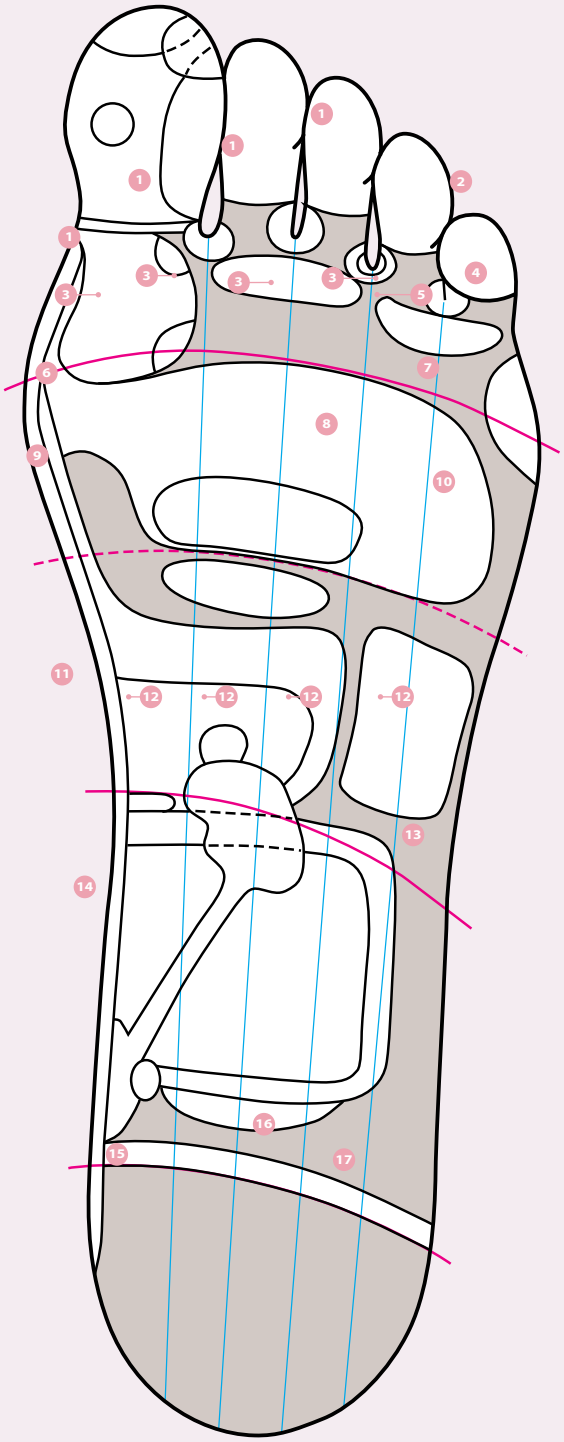


The charts here and on pages 40–43 indicate the position of every reflex on the feet, and the part of the body to which it relates. Reflex areas are located on the sole, the top, the medial (inner) and the lateral (outer) sides of both feet.
Reflexes to organs on the right side of the body are found on the right foot; those to organs on the left are found on the left foot. Some are located on one foot only, such as the liver reflex on the right foot, and the heart reflex on the left foot. Other organs are distributed across both feet. Study the charts to help you locate the reflexes accurately.
For further guidance, the longitudinal and transverse zones, and the diaphragm (dotted line) are indicated.

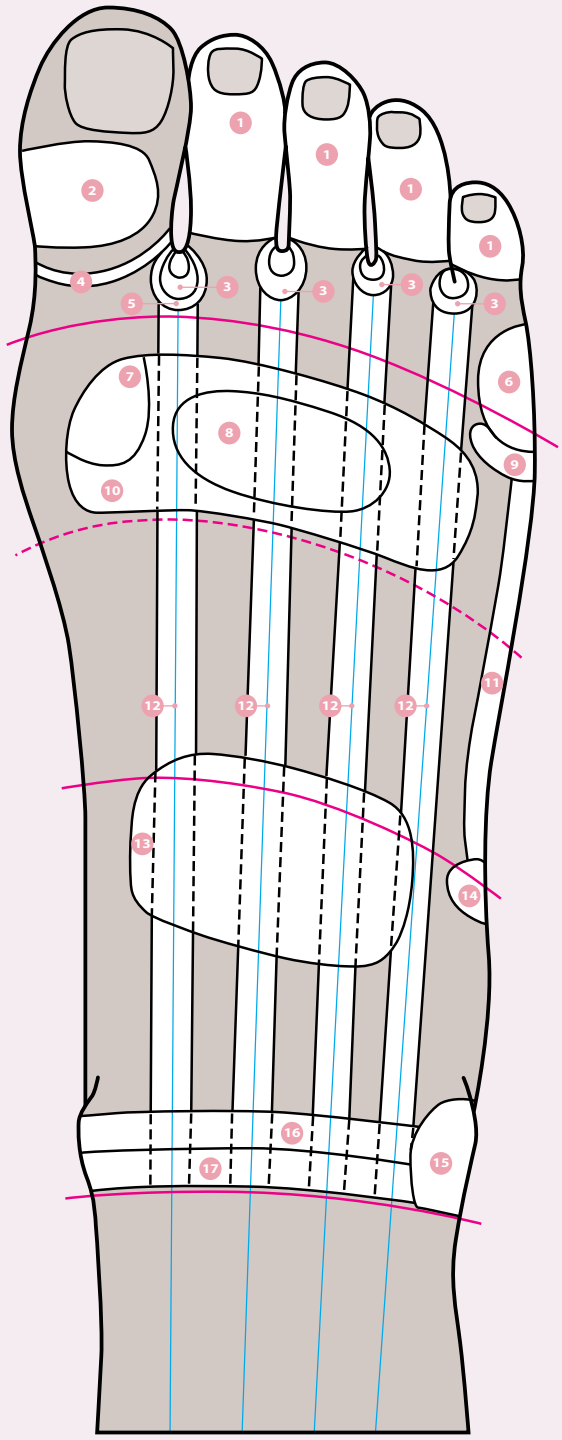
27. Kidney
28. Small intestine
29. Ureter tube
30. Descending colon
31. Bladder
32. Rectum / Anus
33. Sigmoid flexure
34. Sigmoid colon
35. Sciatic nerve

Top of Left Foot

1. Teeth
2. Face
3. Upper lymph nodes and lymph drainage
4. Neck
5. Vocal cords
6. Shoulder
7. Sternum
8. Breast
9. Lymph nodes of axilla
10. Rib cage
11. Arm
12. Lymphatic system
13. Mid-back
14. Elbow
15. Hip
16. Fallopian tube / Vas deferens
17. Lymph nodes of groin



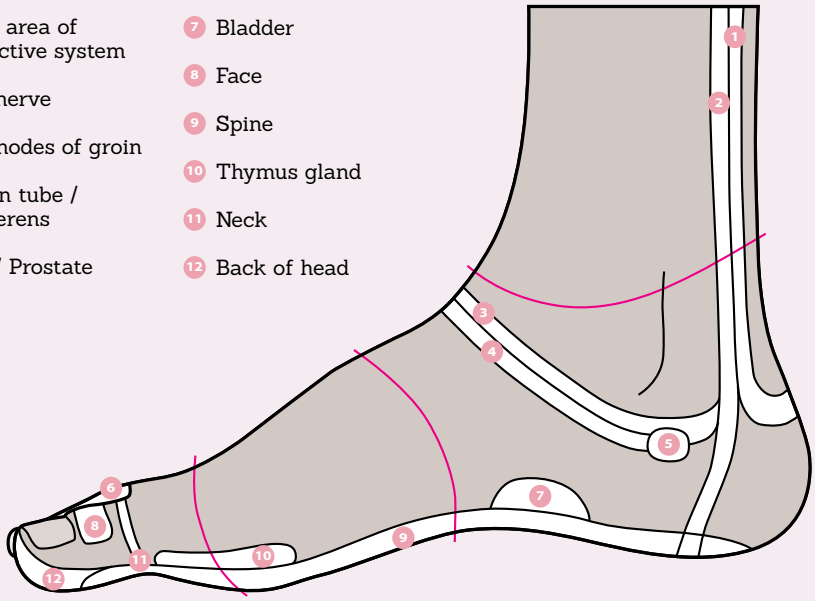
Top of Right Foot



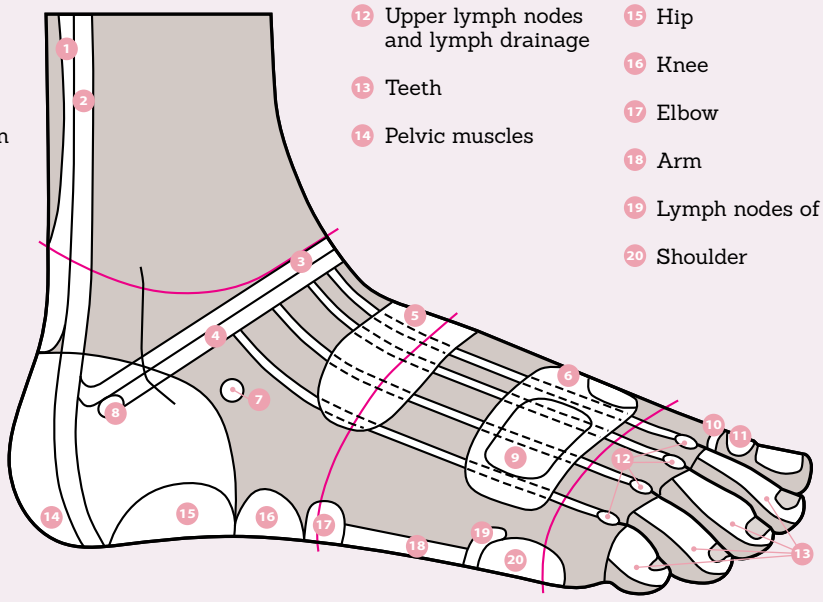
1. Teeth
2. Face
3. Upper lymph nodes and lymph drainage
4. Neck
5. Vocal cords
6. Shoulder
7. Sternum
8. Breast
9. Lymph nodes of axilla
10. Rib cage
11. Arm
12. Lymphatic system
13. Mid-back
14. Elbow
15. Hip
16. Fallopian tube / Vas deferens
17. Lymph nodes of groin

Medial & Lateral sides of Right foot

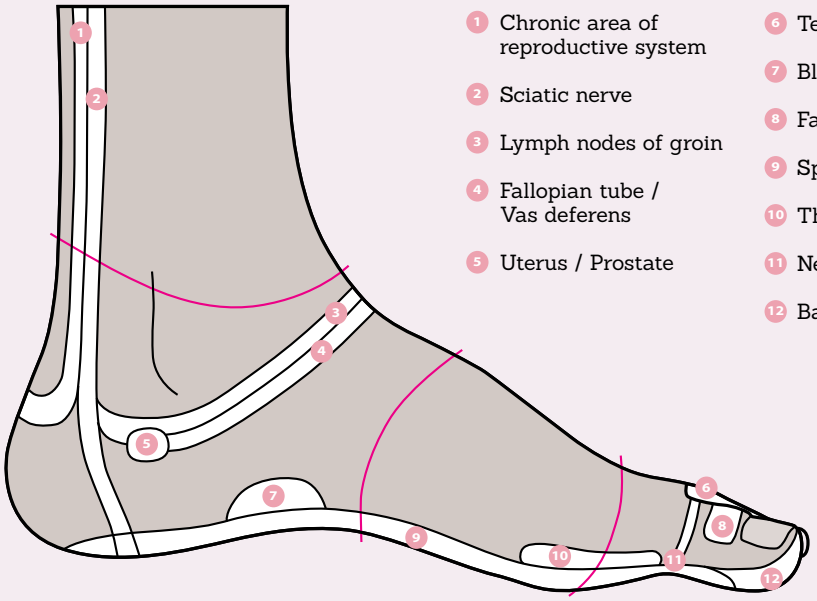
1. Chronic area of reproductive system
2. Sciatic nerve
3. Lymph nodes of groin
4. Fallopian tube / Vas deferens
5. Uterus / Prostate
6. Teeth
7. Bladder
8. Face
9. Spine
10. Thymus gland
11. Neck
12. Back of head



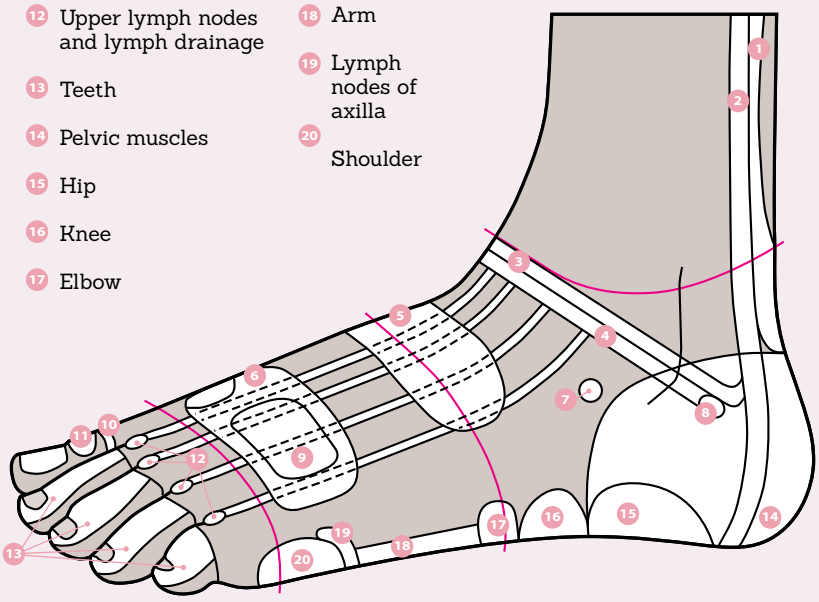
1. Chronic area of reproductive system
2. Sciatic nerve
3. Lymph nodes of groin
4. Fallopian tube / Vas deferens
5. Mid-back
6. Rib cage
7. Sacro-iliac joint
8. Ovary / Testis
9. Breast
10. Neck
11. Face
12. Upper lymph nodes and lymph drainage
13. Teeth
14. Pelvic muscles
15. Hip
16. Knee
17. Elbow
18. Arm
19. Lymph nodes of axilla
20. Shoulder



Medial & Lateral sides of Left foot



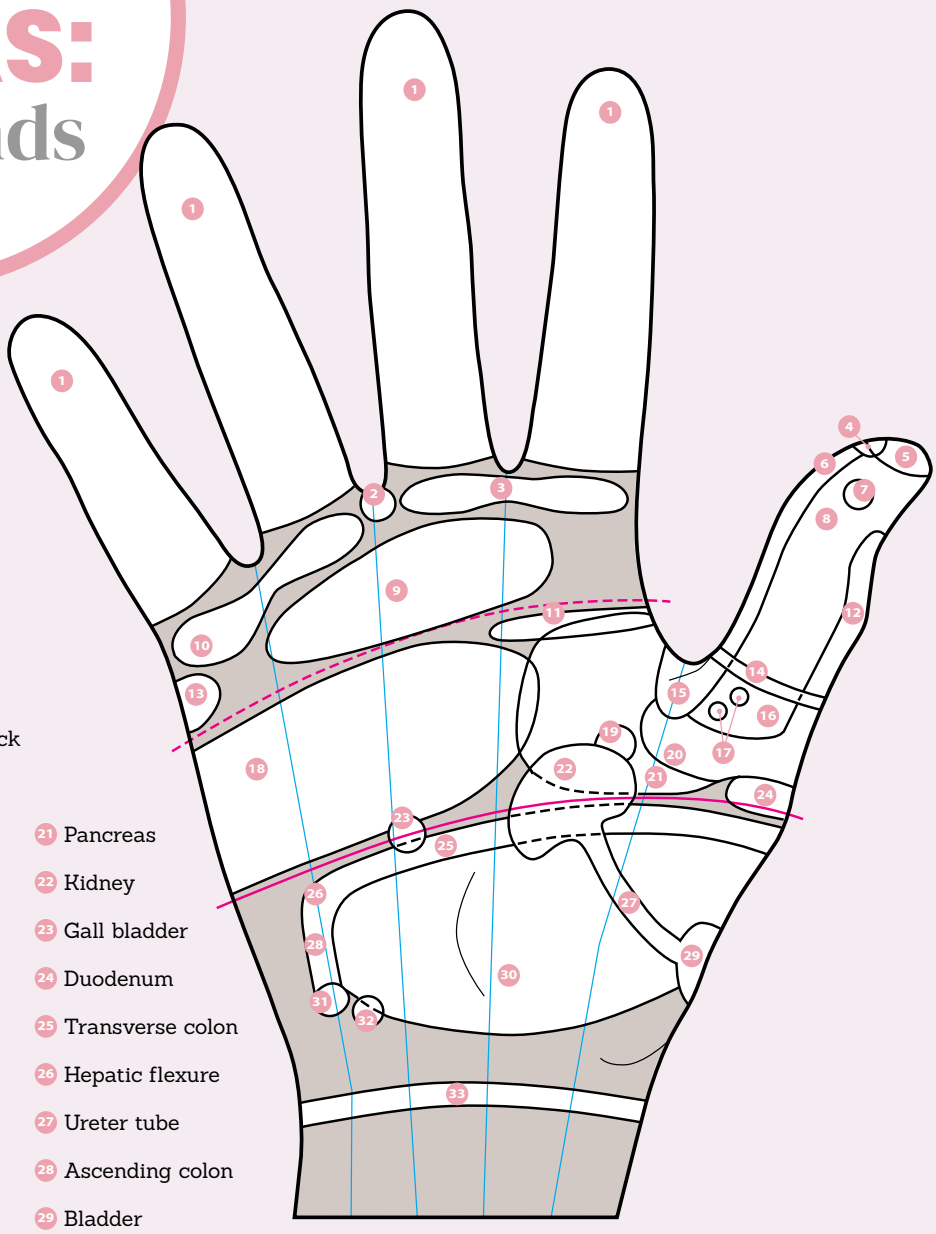
1. Chronic area of reproductive system
2. Sciatic nerve
3. Lymph nodes of groin
4. Fallopian tube / Vas deferens
5. Uterus / Prostate
6. Teeth
7. Bladder
8. Face
9. Spine
10. Thymus gland
11. Neck
12. Back of head



1. Chronic area of reproductive system
2. Sciatic nerve
3. Lymph nodes of groin
4. Fallopian tube / Vas deferens
5. Mid-back
6. Rib cage
7. Sacro-iliac joint
8. Ovary / Testis
9. Breast
10. Neck
11. Face
12. Upper lymph nodes and lymph drainage
13. Teeth
14. Pelvic muscles
15. Hip
16. Knee
17. Elbow
18. Arm
19. Lymph nodes of axilla
20. Shoulder

REFLEX AREAS: the hands

Palm of right hand

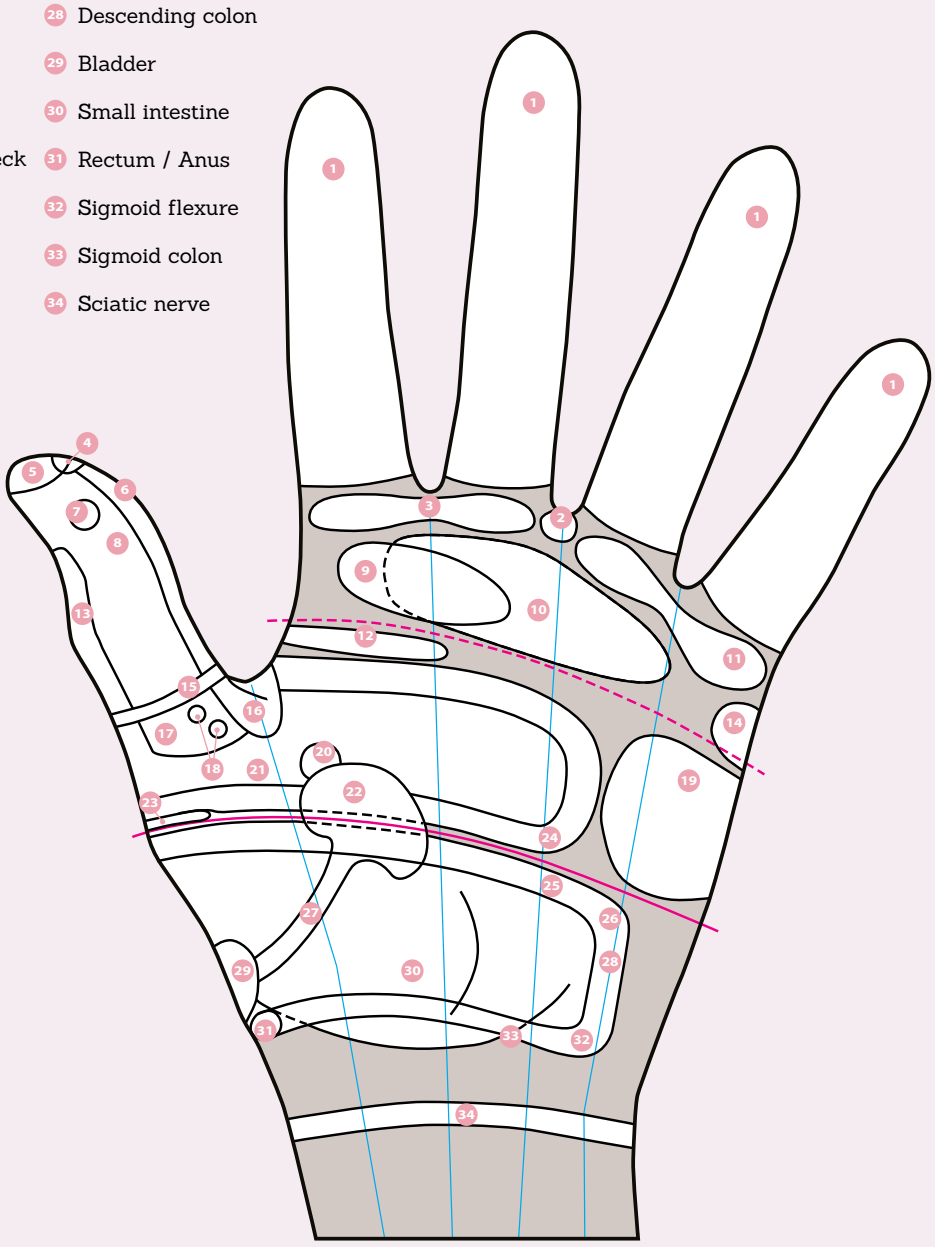


1. Sinuses
2. Eustachian tube
3. Eye
4. Pineal gland
5. Top of head and brain
6. Side of head, brain and neck
7. Pituitary gland
8. Face
9. Lung
10. Ear
11. Solar plexus
12. Oesophagus
13. Shoulder
14. Neck
15. Lymph drainage
16. Thyroid gland
17. Parathyroids
18. Liver
19. Adrenal gland
20. Stomach
21. Pancreas
22. Kidney
23. Gall bladder
24. Duodenum
25. Transverse colon
26. Hepatic flexure
27. Ureter tube
28. Ascending colon
29. Bladder
30. Small intestine
31. Ileocecal valve
32. Appendix
33. Sciatic nerve

Similar reflexes exist on the hands as on the feet, but the reflex areas are smaller because the hands present a smaller area to be treated. These reflex areas are found on the palm, the top, the medial (inner) and the lateral (outer) sides of both hands. As in the feet, organs of the body located in a particular zone will have corresponding reflexes in the same zone on the hands. The right hand relates to the organs on the right side of the body; the left hand relates to organs on the left side of the body. For example, the liver reflex is found only on the right hand; the heart reflex is found only on the left hand. Study these charts carefully before you start treatment. For further guidance, the transverse zones and the longitudinal zones are indicated. as well as the diaphragm (dotted line).

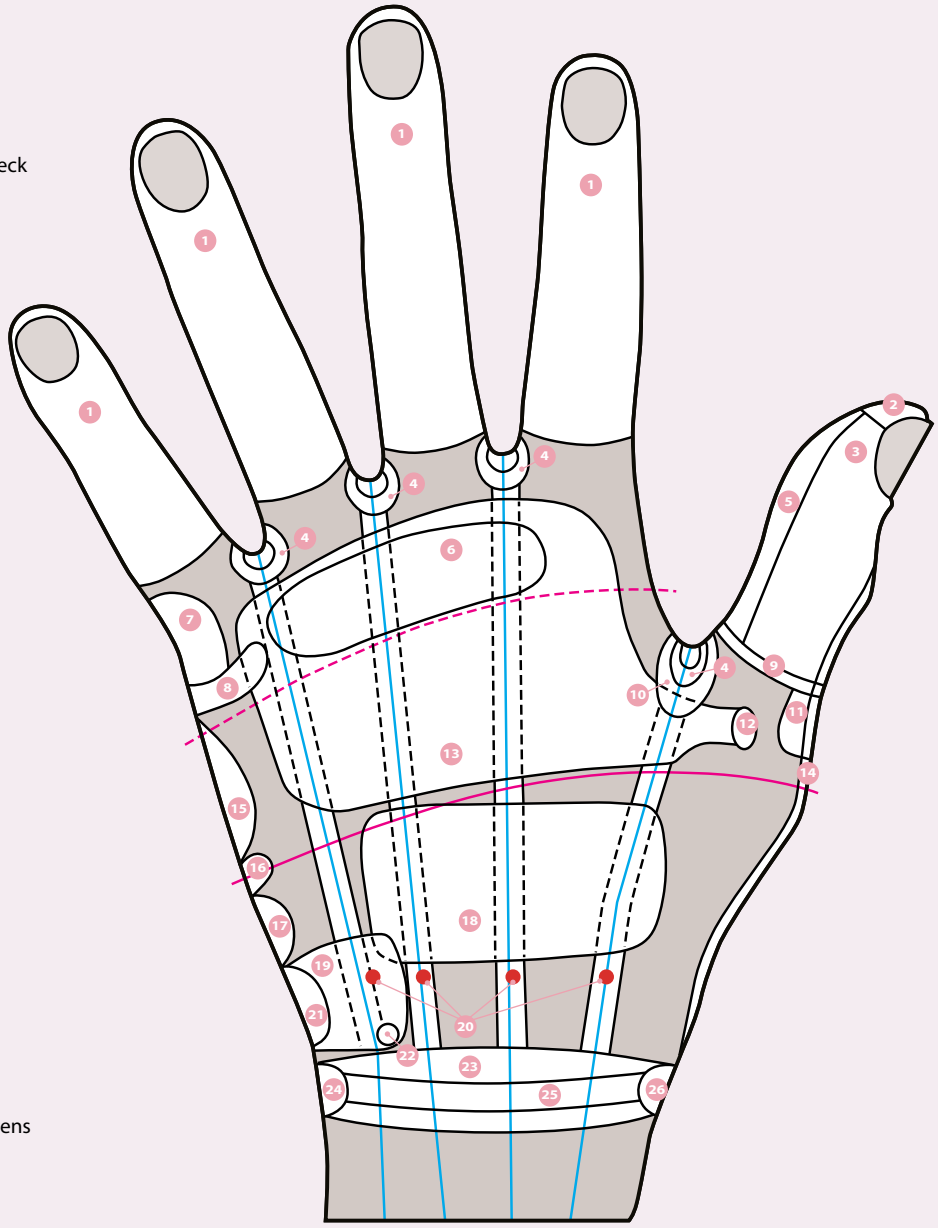
Palm of left hand

1. Sinuses
2. Eustachian tube
3. Eye
4. Pineal gland
5. Top of head and brain
6. Side of head, brain and neck
7. Pituitary gland
8. Face
9. Heart
10. Lung
11. Ear
12. Solar plexus
13. Oesophagus
14. Shoulder
15. Neck
16. Lymph drainage
17. Thyroid gland
18. Parathyroids
19. Spleen
20. Adrenal gland
21. Pancreas
22. Kidney
23. Duodenum
24. Stomach
25. Transverse colon
26. Splenic flexure
27. Ureter tube
28. Descending colon
29. Bladder
30. Small intestine
31. Rectum / Anus
32. Sigmoid flexure
33. Sigmoid colon
34. Sciatic nerve

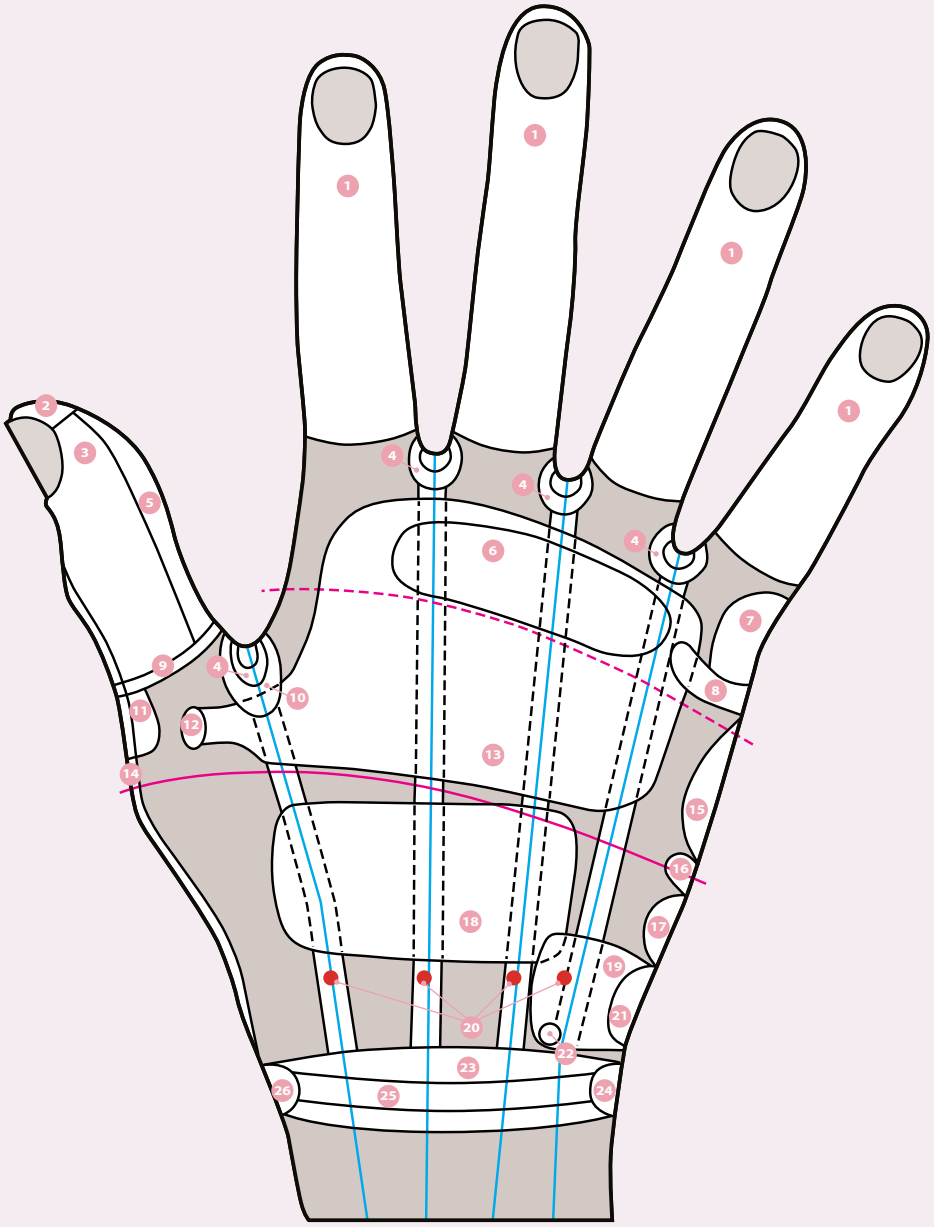


Back of Left hand

1. Teeth
2. Top of head and brain
3. Face
4. Upper lymph nodes and lymph drainage
5. Side of head, brain and neck
6. Breast
7. Shoulder
8. Lymph nodes of axilla
9. Neck
10. Vocal cords
11. Thymus gland
12. Sternum
13. Rib cage
14. Spine
15. Arm
16. Elbow
17. Knee
18. Mid-back
19. Pelvic muscles
20. Lymphatic system
21. Hip
22. Sacro-iliac joint
23. Lymph nodes of groin
24. Ovary / Testis
25. Fallopian tube / Vas deferens
26. Uterus / Prostate



Back of right hand



1. Teeth
2. Top of head and brain
3. Face
4. Upper lymph nodes and lymph drainage
5. Side of head, brain and neck
6. Breast
7. Shoulder
8. Lymph nodes of axilla
9. Neck
10. Vocal cords
11. Thymus gland
12. Sternum
13. Rib cage
14. Spine
15. Arm
16. Elbow
17. Knee
18. Mid-back
19. Pelvic muscles
20. Lymphatic system
21. Hip
22. Sacro-iliac joint
23. Lymph nodes of groin
24. Ovary / Testis
25. Fallopian tube / Vas deferens
26. Uterus / Prostate

Beginning the TREATMENT

A reflexology treatment works towards an unrestricted flow of energy throughout the physical body. An uncomfortable seat or posture can create tension that impedes this energy flow. When choosing a position, it is important to ensure that it affords complete relaxation. If you are treating the feet, the ideal one allows the feet to be raised to a suitable height for treatment, the knees slightly bent to alleviate tension in the calf and thigh muscles, and the trunk of the body positioned at such an angle that the patient's face is visible to the therapist: facial expressions impart important information.

Rotation of the ankles and wrists, and toes and fingers, helps to alleviate stiffness in the joints and aids the release of any energy blocks. Note that it is considered bad practice to allow the patient's feet – or hands – to be supported on the therapist's lap.

A reflexology or recliner chair is ideal for treatment. The body is positioned at the correct angle and achieves complete relaxation. It also provides a comfortable position for the therapist to work from. For further patient comfort, pillows can be placed under the head and beneath the legs and feet. A disposable towel should be used to cover the pillows, and renewed for each patient.

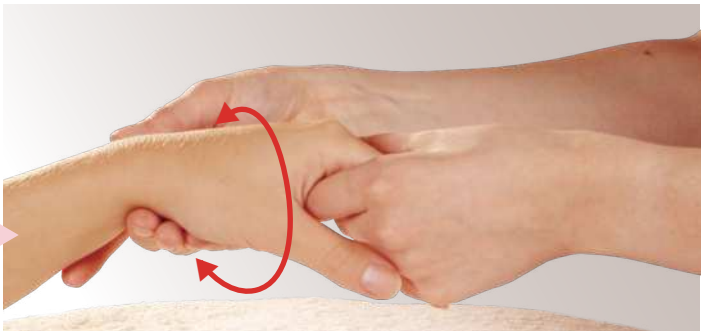
If you cannot buy a recliner chair, a reflexology stool can be used. Adjustable in height, it has a footrest that can be tilted at varying angles to allow the best position of the patient's legs and feet.

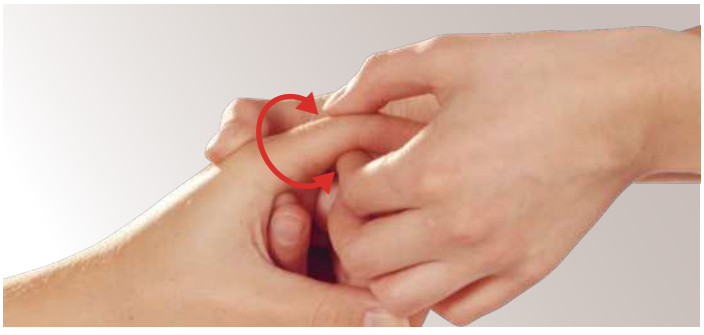
The reflexology stool is ideal when treating hands. The easiest position for this is to sit beside your patient with the stool between you. Cover the stool with a towel over which is placed a disposable towel. Make sure that the stool is the correct height to afford a comfortable treatment for both your patient and you, the therapist.

When using rotation, exercise caution, especially if you are treating someone who is frail or has an arthritic condition. Start with the right foot or hand, rotating first the ankle or wrist and then the toes or fingers. Support the foot by placing one hand at the back of the heel. Your thumb and first two fingers rest on either side of the ankle joint. Your working hand holds the foot

When you have treated the ankle, move your supporting hand to the top of the foot. With your working hand slowly rotate each toe, holding it by its middle joint. Work in both a clockwise and anticlockwise direction.

Support the patient's hand with your thumb and two fingers on either side of the wrist joint. With your working hand, slowly rotate your patient's wrist. Then support the patient's knuckles (below right) while your working hand slowly rotates fingers and thumb in turn, holding each at the middle joint.





HEAD & NECK REFLEXES

The reflexes relating to the head and the neck are located on the five toes and five fingers of both feet and both hands. Each big toe and thumb can be divided into five longitudinal zones corresponding to the head and brain area. All the reflexes pertaining to the head and neck are found in the first transverse zone which covers the phalanges, ending at the metatarsals on the feet and the metacarpals on the hands. Treatment should start with the pituitary gland and continue in the sequence given in the step-by-step guide. Working methodically in this way will ensure that none of the reflexes are overlooked.

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PITUITARY GLAND

This gland lies at the base of the brain, just above and behind the nasal cavity. It is only the size of a pea and is the master gland of the endocrine system. The pituitary gland consists of an anterior and a posterior lobe which have different functions. The anterior lobe produces hormones which stimulate the thyroid and adrenal glands, affect sexual life and govern the secretion of breast milk. The posterior lobe secretes hormones that stimulate the muscles of the uterus during and after childbirth, stimulate the breasts to produce milk, cause the contraction of involuntary

All the head and neck reflexes are located on the five toes and the five fingers of both feet and both hands. The big toe on both feet and the thumb on both hands can be divided into five longitudinal zones which correspond to the head and brain area.

1. Top of head and brain
2. Pineal gland
3. Back of head and brain
4. Pituitary gland
5. Side of head, brain and neck
6. Neck

muscles and act as an antidiuretic. This reflex area is important for hormonal imbalances.

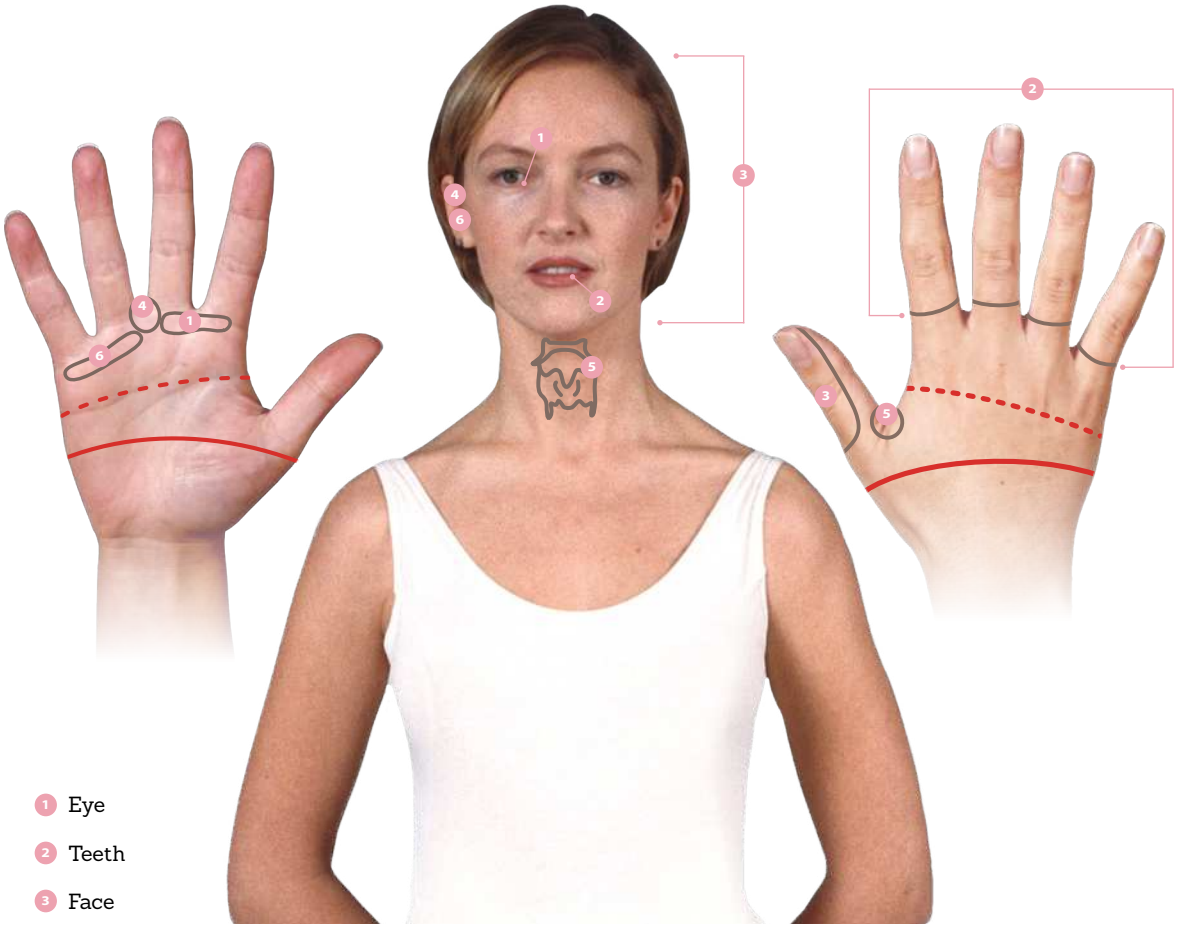
PINEAL GLAND

The pineal gland is approximately the same size as the pituitary gland and is situated just in front of the cerebellum which lies low down at the back of the skull. Its principal function is to secrete melatonin which affects the body's biological clock. If the level of this hormone in the blood is too high during daylight hours, it produces a condition known as seasonal affective disorder (or SAD). This gland also regulates the onset of puberty, induces sleep and influences our moods.

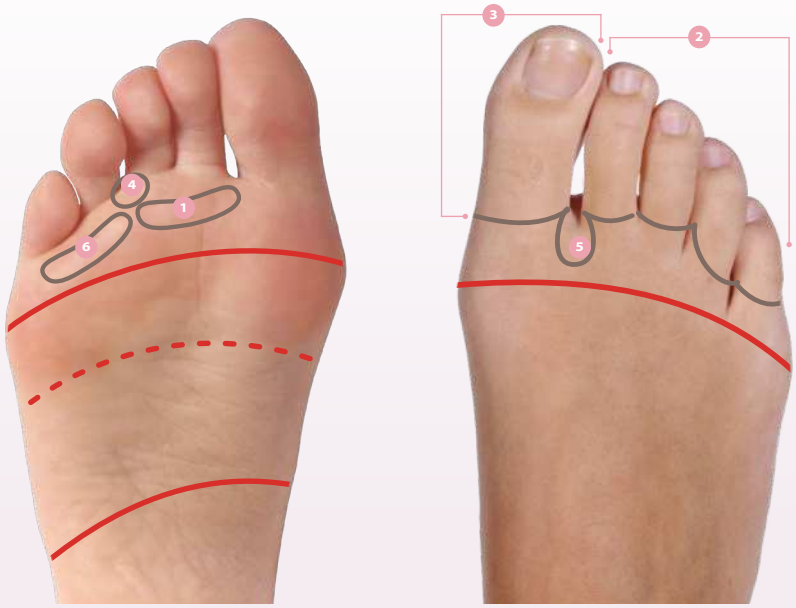
HEAD AND BRAIN

The head, containing the brain, controls and monitors all bodily functions. The brain is a soft jelly-like structure made up of about 1,000 billion neurons, and is one of the largest organs of the body. It is divided into four principal parts: the diencephalon, the cerebrum, the cerebellum, and the brain stem which is a continuation of the spinal cord. The cerebellum is responsible for coordinating reflex actions, controlling posture, balance and muscular activity. The cerebrum contains the nerve centres responsible for conscious thought and action. This reflex is important for conditions such as headaches,

The spinal reflex lies on the medial side of the foot and runs from the base of the big toe to the heel; and on the medial edge of the hand, from the base of the thumbnail to the wrist.



1. Eye
2. Teeth
3. Face
4. Eustachian tube
5. Vocal cords
6. Ear



migraine, Parkinson's disease, epilepsy, cerebral palsy, multiple sclerosis, trigeminal neuralgia (or tic douloureux) and dyslexia.

VERTEBRAL COLUMN (SPINE)

The vertebral column is made up of thirty-three vertebrae. These interlocking bones or segments are divided into seven cervical vertebrae (in the neck region), twelve thoracic vertebrae (posterior to the thoracic cavity), five lumbar vertebrae (in charge of supporting the lower back), five sacral vertebrae, which are fused into one bone to form the sacrum, and four vertebrae which are fused into either one or two bones to form the coccyx. The vertebral column encloses and protects the spinal cord, supports the head and serves as a point of attachment for the ribs and muscles of the back. Treatment to this reflex is advised for back pain, and for diseases associated with the spinal nerves.

NECK

The reflex to the neck is found around the base of the big toe and thumb, a third of the way along the lateral border. Gentle rotation of the big toes or thumbs can alleviate tension in the neck. If the thumb or toe joints are stiff, it may indicate rigidity in this area.

FACE

The reflex to the face, like the reflex to the back of the head, can be divided into five longitudinal zones. The right foot or hand represents the right side of the face and the left foot or hand, the left side. All parts of the face, such as the eyes, nose, sinuses, teeth, lips and muscles are included in this reflex. Problems that are related to the face such as sinusitis, toothache, eye strain and Bell's palsy (facial paralysis) can be helped through this reflex.

VOCAL CORDS

The larynx is a complicated cartilagenous structure lying between the pharynx and the trachea. Running inside the larynx are two membranes known as the vocal cords. Using these membranes for voice production is a highly complex operation of coordination between the breath, the lips, the tongue and the vocal cords. This is an important reflex in cases of laryngitis, pharyngitis and tracheitis.

SINUSES

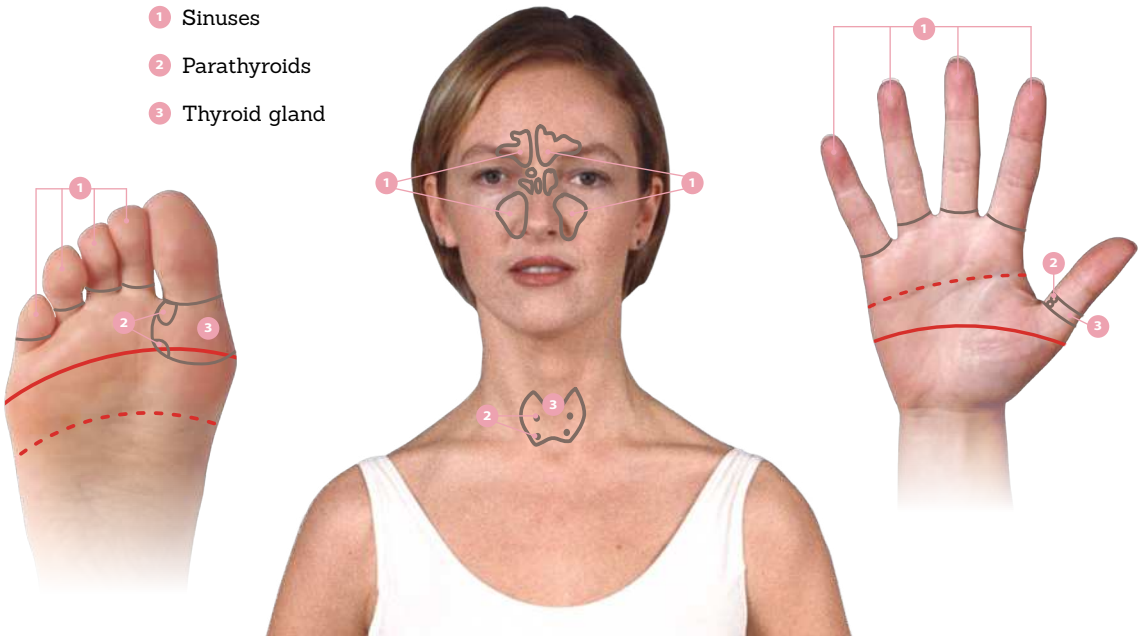
The sinuses are cavities in the bones of the face and skull which are linked by narrow channels to the nose. They are situated in the forehead just above the eyes, in the cheekbones, and between and behind the eyes. The sinuses lighten the skull bones and serve as resonant sound chambers when we speak or sing. They are lined with a membrane that secretes mucus which drains into the nose to be cleared. Inflammation of the sinuses can be caused by a viral infection, or a swelling of the mucous membranes associated with hay fever. These reflexes are important in the treatment of colds, catarrh and hay fever.

EYES

The eyes are the complicated and extremely efficient organs of vision. Set in their bony sockets, they are protected from injury. Self-focusing, self-lubricating and self-cleansing, they adapt to bright or dim light and to distant or near vision. This reflex is important for eye strain, conjunctivitis, cataract and all other conditions related to the eyes.

EAR AND EUSTACHIAN TUBE

Our hearing is one of the most sensitive and discriminating of senses. Sound is perceived by the brain. When sound waves fall on the eardrum, they cause it to vibrate. The vibrations reach the inner ear, causing the fluid in its cavity to vibrate in turn, thereby exciting nerve endings which carry the impulses to the brain. The eustachian tube starts at the back of the middle ear and



opens into the throat. Its function is to equalize the pressure on either side of the eardrum. Both of these reflexes are important for conditions such as tinnitus, infections, deafness and vertigo.

THYROID GLAND

The thyroid gland has two lobes which are situated on either side of the windpipe, just below the level of the larynx. These lobes are joined by a narrow strip of thyroid tissue. The thyroid is unique among endocrine glands in that it requires iodine to make one of its two hormones, thyroxine. Its hormones affect the metabolism of practically all the tissues of the body. For example, they regulate the rate at which oxygen is consumed, are powerful growth promoters, and are necessary for the full development of the brain. Treatment of this reflex is important for cretinism, myxedema, goitre and also imbalances in the reproductive glands.

PARATHYROID GLANDS

These tiny glands, usually four in number, are superficially embedded in the back and side surfaces of each lobe of the thyroid. The hormone secreted by these glands is called parathormone, and is concerned with keeping a steady level of calcium and phosphorus in the blood. The parathyroid reflexes are helpful for cases of arthritis, osteoporosis, muscle twitching and spasms.

TEETH

Every human has two sets of teeth. The first set of twenty primary teeth will usually have emerged by the age of three. By the age of twenty-five, the permanent set of thirty-two teeth have erupted. The reflexes for the teeth are important for conditions relating to dental problems, including abscesses, toothache and gingivitis – inflammation of the gums.

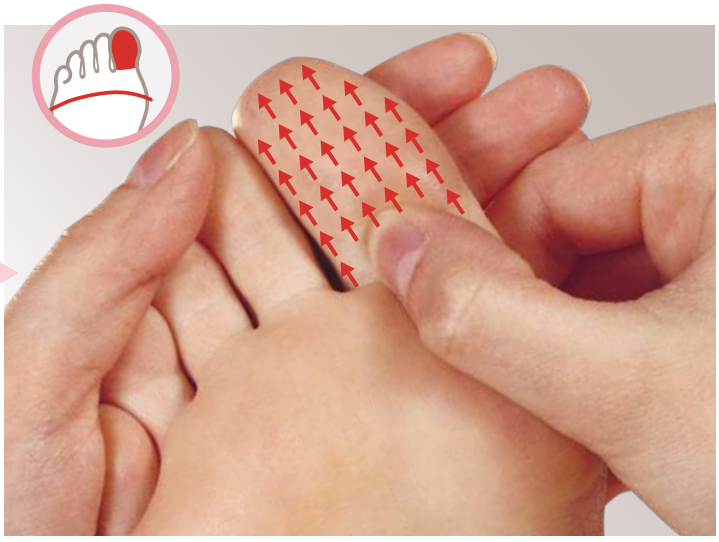
HEAD & NECK REFLEXES on the feet

These reflexes are all found in the first transverse zone and in all five longitudinal zones of the feet. When giving a reflexology treatment, always remember to work in a systematic order so as to avoid overlooking any of the reflex points. Start and complete treatment on the right foot before working with the left. As you work the reflexes, take note of any that are painful. Then return to these at the end of the session, so that you can give them extra treatment. If you feel that there may be something medically wrong with your patient, suggest that he or she visits a doctor for a check-up.

1 Starting with the patient's right foot, find the **pituitary gland reflex** in the centre of the fleshy pad of the big toe. If you have difficulty locating this point, try imagining a line crossing the big toe at the widest point, then imagine a vertical line down the centre of the toe. The pituitary reflex is found where the two lines cross. Support the foot with your left hand and support the front of the big toe with the fingers of your working hand. Press the reflex with the outer edge of your thumb, which should be slightly bent at the first joint. Make sure your nail is not digging into the toe. Gently rotate on this point for a few seconds. This reflex can be very sensitive, so if your patient complains of pain, apply less pressure.

2 Move the starting position of your thumb to the inner side of the big toe, approximately 1.2 cm (½ in) down from the top. This is where the **pineal gland reflex** is located. Still supporting the foot with your left hand, approach this reflex with your working hand from above the foot. Use the fingers of your working hand to support the toe joint while you press the reflex with the outer edge of your bent thumb, and gently rotate on this point for a few seconds.

3 After treating the pineal gland, move your working thumb to the lateral side of the foot, at the base of the big toe. The **reflex for the back of the head** begins here, covering the whole of the fleshy pad on the toe. Support the foot with your left hand, and the toe with the fingers of your working hand. Thumb-walk in six parallel lines from the base to the top of the toe.



4 To work the area relating to the **sides of the neck and head**, and the **top of the brain**, place your working thumb at the bottom of the lateral border of the big toe. Thumb-walk up the side of the toe to the top of the toe. Change hands, using your other thumb to walk across the top of the toe.

5 Keep you working thumb on the medial edge at the top of the big toe. Support the foot under the heel with your right hand, tilting it slightly to the left. Now thumb-walk down the **spinal reflex**, which lies on the medial border of the big toe and the medial side of the foot, just below the arch, to two-thirds of the way along the calcaneum.

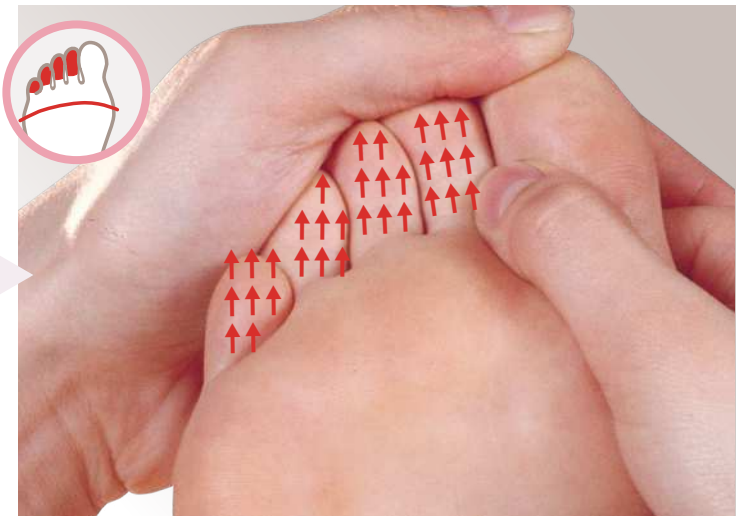
When you reach this point (far right), change hands and slide the outer edge of your right thumb back up the spinal reflex.

6 To treat the **neck reflex**, position your thumb on the outer edge of the big toe. Hold the front of the toes with your left hand and gently pull them back. Supporting the front of the big toe with your working-hand fingers, thumb-walk across the base of the toe.

7 Without changing position, use your working hand's first three fingers to walk across the **face reflex**, found on the front of the big toe. Your working thumb should support the back of the toe. This area includes reflexes for the eyes, nose, teeth, lips and facial muscles.

8 To treat the vocal cords, raise your working hand over the foot and place the index finger on the front of the foot between the big toe and the second toe. This is where you will find the **reflex to the vocal cords**. Place the thumb of your working hand on the sole of the foot, behind your index finger, for support. Using your finger, gently rotate over this area. This reflex is important for preventive treatment, as the larynx can become inflamed – through excessive smoking or simply from over-using the voice.

9 The back and sides of the four smaller toes contain the **sinus reflexes**. Support the front of the foot and gently extend the toes back. With your working fingers on the front of the toes, thumb-walk up the backs and sides of all the four toes in turn, starting with the second and third toe.



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WHAT IS AVAXHOME?

AVAXHOME-

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10 Keeping the toes extended back with your supporting hand, move your working thumb to the medial side at the base of the second toe. This is where the **reflex area to the eyes** is located. Thumb-walk across the base of the second and third toe.

11 Thumb-walk along the base of the toes until you reach the web between the third and fourth toe. This is the **eustachian tube reflex** area. Gently rotate on this point with the outer edge of your thumb.

12 To treat the **reflex area to the ears**, thumb-walk from the eustachian tube reflex across the base of the fourth and fifth toe.

13 The **thyroid gland reflex** is found over the top half of the ball of the big toe. Supporting the top of the foot with your left hand, thumb-walk over this area with your working hand, using semicircular movements.

14 Without changing the position of your hands, work the **first parathyroid area**, at the base of the big toe. Place your working thumb on the lateral edge of the thyroid reflex and gently rotate for a few seconds.

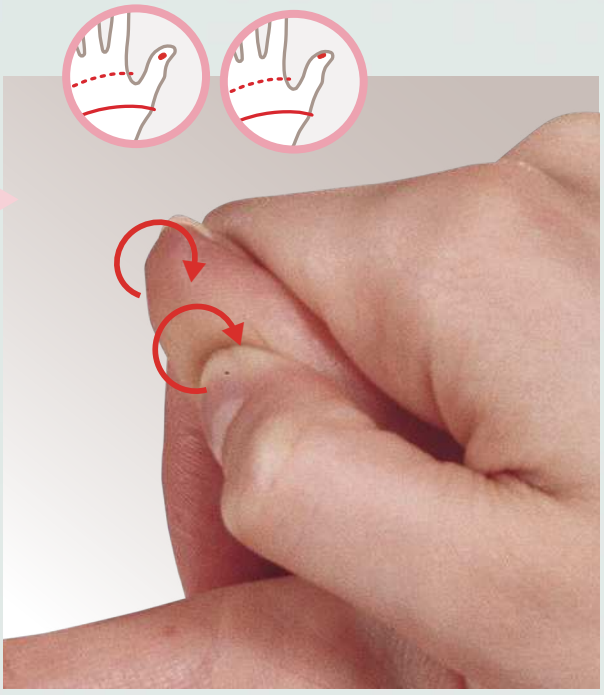
15 Still supporting the top of the foot, move your working thumb to the base of the lateral aspect of the thyroid gland and continue the rotary movement on the **second parathyroid area**.

16 Now work the **teeth reflexes** on the fronts of all four toes. Change the position of your hands by moving down the supporting left hand to the middle part of the foot. Finger-walk with the working right hand across the fronts of the second and third toes. Change hands once more to finger-walk across the fourth and fifth toes.

HEAD & NECK REFLEXES
on the hands

Unlike the feet, the hands, due to the positioning of the thumbs, can be divided into longitudinal but not transverse zones. In order to locate the reflexes more easily, it will help to establish the waist line. This starts half-way between the little finger and the wrist and ends just below the joint of the thumb's second phalange. The head, the neck and the shoulder reflexes are situated above this line and cover the phalanges in all five longitudinal zones. The hands should be worked in the same systematic order as the feet.

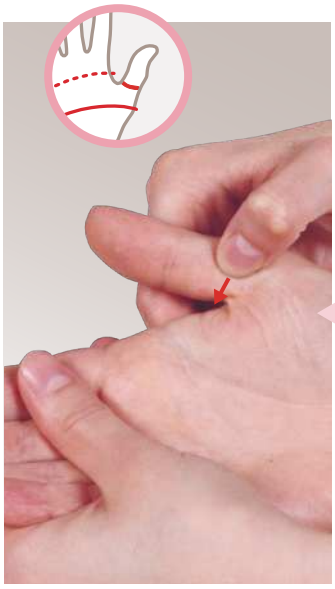
1 Start your treatment with the **pituitary gland reflex**, which is found approximately in the centre of the fleshy pad of the thumb. Support the thumb with the fingers of your working hand. With the outer edge of your working thumb press and gently rotate on the pituitary reflex. This can be sensitive, so if discomfort is felt, reduce the pressure while holding the back of your patient's hand with your left hand. To treat the **reflex for the pineal gland**, keep the fingers of your working hand in the same position and simply move your working thumb to the top of the inner side of your patient's thumb. With the outer edge of your working thumb, press and gently rotate on this area. Make sure that your thumb remains constantly bent at the first joint while you are working.



2 When you have treated the pineal gland, move your working thumb to the base of your patient's thumb on the inner edge. This is where the **reflex to the back of the head** starts. Continue to maintain support with your left hand and, still working with the outer edge of your bent right thumb, walk in parallel lines to cover the whole length of the patient's thumb.

3 Move to the r**eflexes for the side of the neck and head** and for the **top of the brain**. These are found along the inner border and across the top of the thumb. With your left hand, tilt the patient's palm towards you. Support the thumb with the fingers of your working hand. Then thumb-walk from the base of the inner side of the patient's thumb, up the thumb's side and across the top.

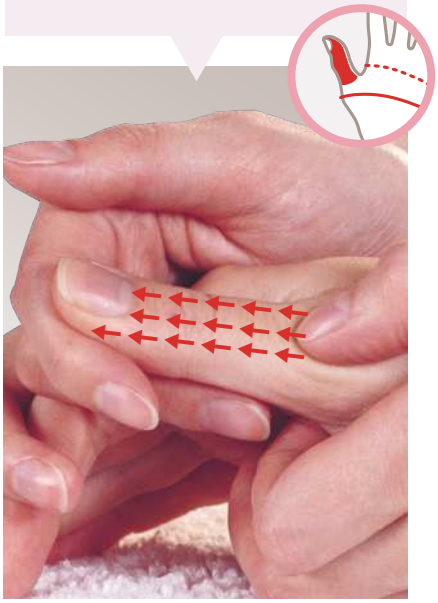
4 Now treat the **spinal reflex**. Move your patient's hand with your supporting hand so that the back faces you. Continue to thumb-walk down the medial border of the thumb to where the scaphoid bone joins the radius. Change over hands (far right) and, with the thumb of your left hand, slide back up the reflex.



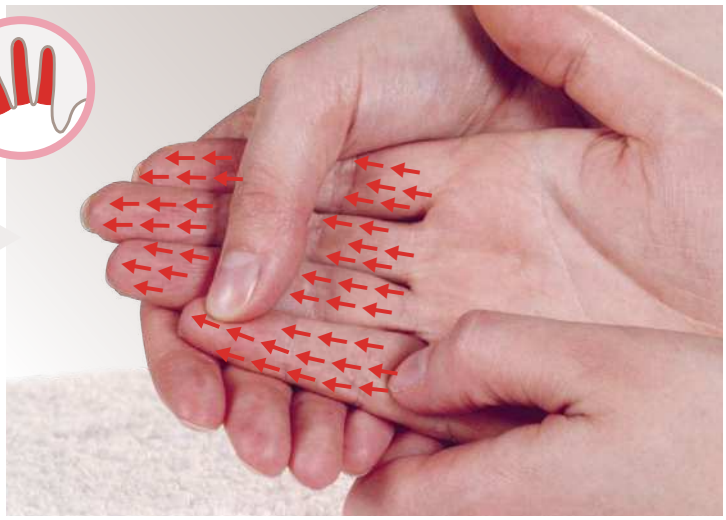
5 Support the back of your patient's hand with your left hand. Starting on the medial side of the base of your patient's thumb, where the **neck reflex** starts, take small, even steps and thumb-walk all round the base of the thumb.

6 Change over hands. Move to the **face reflex** located on the back of the thumb. Supporting your patient's hand with your right hand, thumb-walk in parallel lines over the back of the thumb, until all the area has been covered.

7 Continuing to use your right hand for support, place the thumb of your working hand on the web between your patient's thumb and index finger. This is the position for the **reflex to the vocal cords**. Supporting your patient's thumb with the fingers of your working hand, gently rotate on this point for a few seconds. This is a valuable reflex for those suffering from throat problems. If your patient is sensitive in that area, the reflex may be painful or feel gritty. In this case use a lighter pressure, or try to work with this reflex until the gritty feeling dissolves.



8 Having treated the vocal cords, turn your patient's hand so that the back is now supported by your right hand. Thumb-walk in parallel lines over the **sinus reflexes**. These are found on the front and sides of all four fingers.



9 Change the position of your hands. Starting at the base of the index finger along the medial edge, thumb-walk with your right hand across the base of this finger and the middle finger in order to treat the **eye reflex** area.

10 Change over hands. To find the r**eflex for the eustachian tube**, separate your patient's middle and ring fingers with your supporting hand. Place the outer edge of your working thumb on the web between these fingers and rotate on this point.

11 To work the **ear reflex**, extend your patient's fingers slightly back with your supporting hand, and thumb-walk from the base of your patient's little finger on the lateral border to the base of the middle finger.

12 The **thyroid gland reflex** lies over the proximal phalanx of the thumb. Use your right hand to extend the thumb back. With the fingers of your left hand under your patient's hand, thumb-walk across this reflex, starting at the medial edge

13 Still supporting the thumb with your right hand, slowly rotate on the **parathyroid reflexes** with your left thumb. The upper parathyroid lies in the inner upper part of the thyroid reflex; the lower parathyroid is found in the lower inner part.

14 Resting your patient's hand palm down on the stool, support it by placing your right hand underneath the fingers. Using your working hand, treat the **teeth reflexes** by thumb-walking in parallel lines over the back of all four fingers. Start with the index finger and proceed to the little finger. The reflexes to the incisors cover the backs of the thumb and index finger, but you will have treated the thumb when working the reflex to the face. The reflex area for the canines is found on the back of the index finger; the reflex area for the premolars is on the back of the middle finger; the reflex area for the first and second molars is situated on the back of the ring finger; and the reflex area for the third molars, or wisdom teeth, is found on the back of the little finger.

SHOULDER & CHEST REFLEXES

The shoulder and chest reflexes are located on both feet and hands. They are situated between the first transverse zone line and the diaphragm, an area which ranges from the base of the toes and fingers to the diaphragm. Start with the shoulder reflex, followed by the reflexes to the arm and elbow, the trachea, the bronchi into the lungs, the thymus gland, the heart, sternum and ribs, and complete this section with the diaphragm. Remember that the heart reflex is found on the left foot and hand only, and will therefore be worked when treating the left side of the body. Take note of any reflexes which feel abnormal, so as to return to them and give them additional treatment after both feet have been worked.

When you find a reflex to be painful, only apply light, continuous pressure in order not to inflict undue suffering on your client. Every human is surrounded by an electromagnetic field, or aura. If a reflex is very painful, it is often just as effective to work in the aura. This is done with your thumb barely touching the skin on your patient's foot. You can work over any part of the foot in this way.

SHOULDER

The shoulder is a ball-and-socket joint held in place largely by the muscles that move it. The joint is formed by the bone of the upper arm, or humerus, and the shoulder blade, or scapula. Pain in the shoulder can be caused by many conditions not originating in the joint itself. Some of the causes of pain are arthritis of the joint, tendinitis, bursitis, supraspinatus syndrome and frozen shoulder.

ARM AND ELBOW

The arm is made up of the humerus bone, which links the shoulder joint to the elbow joint; the radius and ulna bones, linking the elbow to the wrist; and the hand which is joined to the forearm by the wrist. Problems which are helped through this reflex are tennis elbow, arthritis and any aches or pains related to this part of the body.

TRACHEA

The trachea or windpipe is an air tube about 12 cm (about 5 in) long and 2.5 cm (1 in) in diameter. It lies in front of the oesophagus and ends opposite the fourth thoracic vertebra – approximately level with the top of the heart. Here it divides into two bronchi, one going to the right lung and the other to the left lung.

The trachea consists of a number of C-shaped rings of cartilage which prevent its walls from collapsing and so keep the windpipe permanently open. The upper four rings of the trachea are crossed by the isthmus of the thyroid gland. The isthmus is a thin strand of thyroid tissue which joins the two lobes of the thyroid gland. Each of the two bronchi divides and subdivides into smaller bronchial tubes to form what is sometimes called the bronchial tree.

LUNGS

The two lungs lie side by side in the chest cavity. They are cone-shaped and greyish in colour. The left lung is slightly smaller than the right and is divided into two lobes by a deep fissure. The right lung is divided into three lobes. Each lung is encased in a thin membrane, the pleura. The bronchial tube leading into each lung divides into bronchioles which terminate in tiny air sacs called alveoli, giving the lungs a spongy appearance.

When we breathe in, the cavity of the thorax is enlarged and the lungs, being elastic, expand

The shoulder and chest reflexes are located on both feet and hands.

Reflexes on the right foot and hand correspond to organs and muscles on the right side of the body. Those on the left foot and hand, to the left side. For example, the lung reflex shown here relates to the right lung, the arm reflex to the right arm, and so on.

1. Trachea
2. Shoulder
3. Lung
4. Arm
5. Elbow

to fill the increased space. When we breathe out, the thorax returns to its former size and the air is expelled from the lungs. It is important to take in air through the nose because the nose contains tiny fibres which act as air filters. This reflex is important for all conditions related to the lungs.

THYMUS GLAND

The thymus gland is situated in the thoracic cavity, posterior to the sternum and in front of the heart, between the lungs. It consists largely of lymphoid tissue and plays a part in the formation of lymphocytes – a type of white blood cell.

At birth this gland is relatively large and continues to increase in size until puberty, helping to develop the immune system. After puberty it gradually becomes smaller. The lymphocytes produced in infancy are coded to recognize and protect the body's tissues.

The thymus reflex is important when the immune system is not functioning correctly, especially if it is malfunctioning in children who have not yet reached puberty.

HEART

The heart is a cone-shaped organ made almost entirely of muscle, and is the centre of the circulatory system. It lies roughly in the centre of the chest, two-thirds of it to the left of the breastbone and the other third to the right.

The heart consists of two pumps side by side. Blood is pumped from the right side of the heart to the lungs, where waste gases are removed and oxygen added. Freshly oxygenated blood returns to the left side of the heart from which it is pumped to all organs and tissues. This requires considerable effort, which is why the left side of the heart is bigger and more powerful than the right. The heart reflex is especially important for all heart and circulatory problems.

RIBS

Twelve pairs of ribs make up the sides of the thoracic cavity. The upper seven pairs are joined to the sternum by a strip of cartilage and are known as true ribs. The next three pairs do not join the sternum directly and are called false ribs. The eleventh and twelfth pairs are not attached to the sternum and are known as floating ribs. All the ribs are attached to and articulate with the spine.

STERNUM

The sternum, or breastbone, is a flat, narrow bone measuring about 15 cm (6 in) in length. It is situated in the median line of the anterior thoracic wall. To the sternum are attached the ribs and the muscles. Both the ribs and the sternum reflexes are important where damage has occured in these areas.

DIAPHRAGM

The diaphragm is a large, dome-shaped partition separating the cavity of the thorax from that of the abdomen, and is involved in respiration. It consists partly of muscle and partly of membrane and is attached to the circumference of the thoracic cavity; in front of the lower end of the sternum; on either side, to the lower six ribs; and at the back, to the first two lumbar vertebrae.

The diaphragm is drawn downwards until it is flat during inhalation. During exhalation, the diaphragm and chest muscles relax. This reflex is important in cases of hiatus hernia, and for respiratory problems.

The reflex area to the thymus gland is found on both feet and hands. The reflex area to the heart is found on the sole of the left foot and the palm of the left hand only.

1. Thymus gland
2. Heart

The diaphragm reflex lies on the sole of the feet and the palm of the hands, on either side of the diaphragm line. The rib reflex lies on the back of the feet and hands.

SHOULDER & CHEST REFLEXES on the feet

Now that you have completed the reflexes to the head and neck, continue by working the reflexes for the shoulder and chest. These reflexes are all found above the diaphragm. To locate the diaphragm, visualize a line starting at the lower end of the ball of the big toe and extending across the sole of the foot. When you treat the lung area you may find that this feels gritty. One reason could be the level of pollution present in the air, or excessive smoking on the part of your patient. With regular treatment, this can be cleared.

1 Start this part of your treatment with the **shoulder reflex**. This is located in the base and lateral side of the little toe. Supporting the foot with your right hand, place the thumb of your working hand at the lateral edge of the base of the little toe. Thumb-walk several times in semicircles over this reflex, making sure that you cover the whole area.If your patient is experiencing pain, work a little longer over the reflex.

2 The **arm and elbow reflex** extends from the shoulder reflex along the lateral edge of the fifth metatarsal bone on the side and top of the foot. Change over hands, so that your supporting hand rests just above the ankle joint. Place the fingers of your right hand over the top of the foot. Starting at the lateral edge, thumb-walk down the reflex; then change hands to thumb-walk with your left hand back up the reflex.

3 Supporting the foot and toes with your left hand, work the **trachea reflex**. Thumb-walk from the medial side of the big toe base, along the medial edge of the ball.

4 The **reflex area for the right lung** is found in all five zones of the right foot. The left lung reflex is on the left foot. Thumb-walk in horizontal lines across this reflex.

5 To treat the **thymus gland**, change hands and wrap your supporting hand around the heel of the foot, with the thumb on the medial side. With your left hand gently flex the foot towards you. Place the outer edge of your left thumb onto the front of the foot in zone one. Starting from the medial side at the base of the big toe, thumb-walk down the front of the foot from this point to the end of the third phalanges. This reflex is part of the immune system, playing its biggest role before puberty.

6 The **heart reflex** area is found on the left foot only. Support the foot with your right hand. Thumb-walk from the metatarsal bone, covering zones two and three.

7 Move your working fingers to the **rib reflex** on the top of the foot, a supporting thumb on the sole. From the fifth metatarsal bone, finger-walk across the foot.

8 Support the foot with your left hand, and place your right thumb below the base on the front of the big toe, in zone one. Gently thumb-walk around this area to treat the **sternum reflex**.

9 To complete this section of the foot, use your right thumb to walk across the **diaphragm reflex**. This area lies either side of a line drawn across the foot, starting beneath the ball of the big toe.

SHOULDER & CHEST REFLEXES
on the hands

On the hands, the reflexes for the shoulders and chest are found in the area between the base of the fingers and a line running a quarter of the way down across the palm of the hand. This line represents the diaphragm. Due to the position of the thumb, which can vary in individuals, the diaphragm is not normally shown; but because the area afforded to some hand reflexes is much smaller than on the feet, greater precision is required when locating them. When you treat the reflex to the heart, remember that it is only found on the left foot or hand, and care should be taken with people suffering from heart disease.

1 Start by working the **shoulder reflex**. This extends around the base of the little finger, on the lateral side of the finger and on the back of the hand. Support the back of the hand with your right hand. Place the fingers of your working hand beneath your patient's hand for extra support. Then, using the outer edge of your working thumb, walk several times around the base of the little finger.

2 When you have completed work on the **shoulder reflex**, change over hands and using your left hand to support the patient's hand, tilt it towards you. Place the outer edge of your right thumb onto the lateral side of the shoulder reflex where the **reflex to the arm and elbow** begins Thumb-walk until you reach the waist line. Change the position of your hands again (right) and with the outer edge of your left thumb, slide back up the reflex.

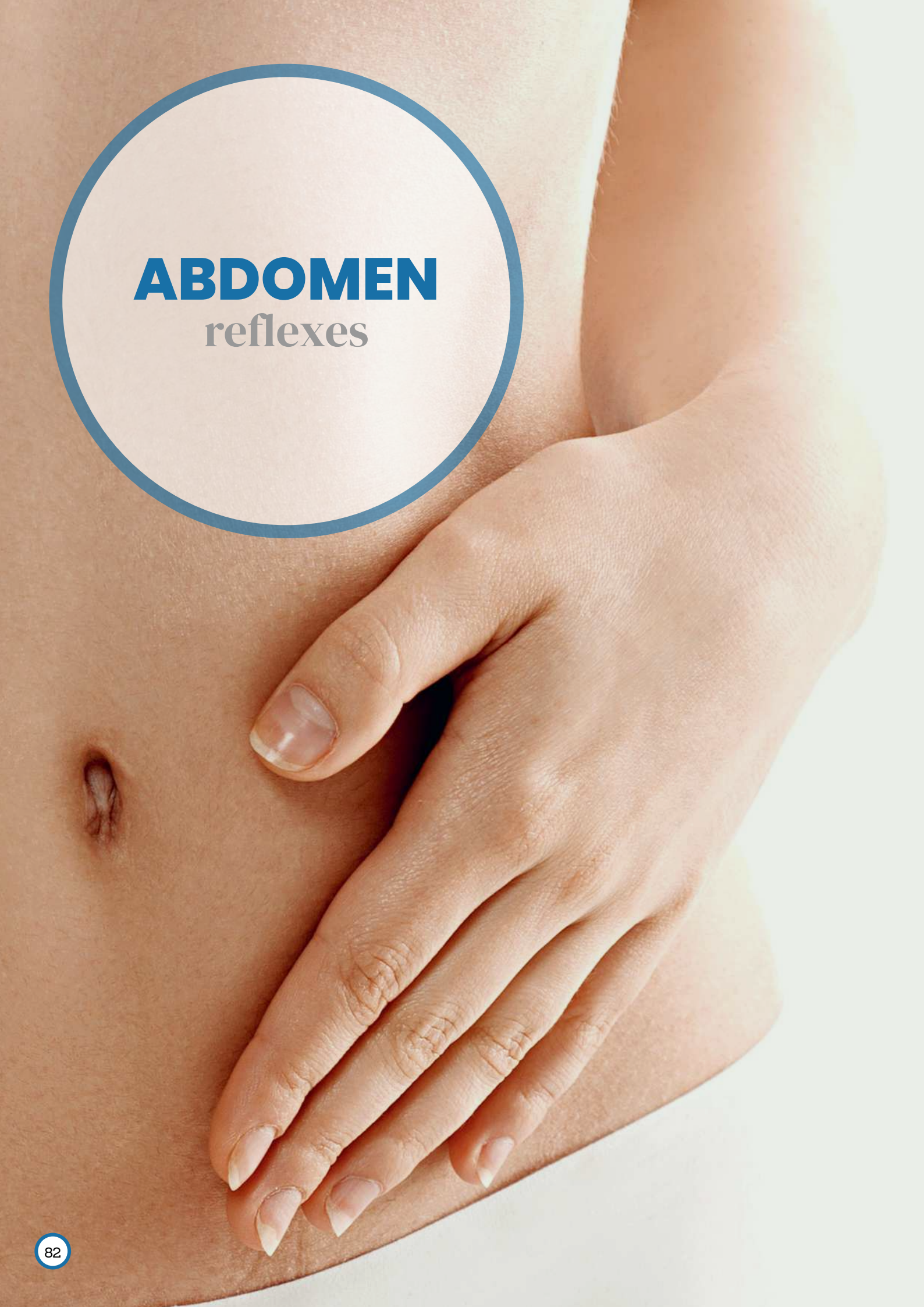
3 Change over hands once more so that you can support the back of your patient's hand with your left hand, and the fingers with your working hand. Place your working thumb on the lateral side at the base of the index finger. This is where you will find the beginning of the **lung reflex**. Thumb-walk across zones two to five, in the area between the base of the fingers and the diaphragm line.

4 To treat the **thymus gland** located over the medial half of the ball of the thumb, turn over your patient's hand. Support the palm of the hand with your right hand and thumb-walk across this reflex.

5 From the thymus gland, work the **reflex to the heart**. This is positioned on the palm of the left hand, in zones two and three, just above the diaphragm line. Supporting the back of your patient's hand with your right hand, thumb-walk across this area with your working hand. Remember that this reflex is found only on the left hand.

6 Now work the **rib reflex**. This is found in all five zones on the back of the hand, and covers the area from the base of the fingers to the diaphragm. Supporting the patient's hand with your left hand, walk across this reflex with the index and middle fingers of your right hand.

7 Finally, treat the **reflex to the sternum**. This is in zone one, on the medial edge of the head of the metacarpal. With your supporting hand in the same position, gently rotate on this point with the thumb of your right hand.



ABDOMEN
reflexes

The reflexes to the abdomen are found beneath the diaphragm in the second and third transverse zones. These zones cover the lower half of the metatarsals to the upper part of the calcaneum on the feet, and the lower half of the metacarpals to the wrists on the hands. They include all the organs which constitute the digestive system. Their functions are described below. Other organs found in the abdomen have been included under lower body reflexes (see page 100) since they are located mainly on the medial and lateral borders of the feet and hands. These reflexes would therefore be treated only after completing treatment on the soles of the feet or the palms of the hands.

SOLAR PLEXUS

The anterior branches of the spinal nerves (except for two of them) do not go directly to the structures of the body they supply. Instead, they form networks on either side of the body by joining with adjacent nerves. Such a network is called a plexus. The solar plexus – resembling sunrays – is situated behind the stomach. It is an important reflex wherever tension or stress are present.

LIVER

The liver is the largest solid organ of the body. It is situated in the upper part of the abdomen, beneath the diaphragm and mainly on the right side of the body. It is divided into a large right lobe and a smaller tapering left lobe. The liver undertakes many chemical activities. It neutralizes toxic substances from the small intestine, produces bile which assists digestion, and stores vitamins and glycogen; it manufactures enzymes, cholesterol, complex proteins, vitamin A and blood coagulation factors; it is also involved in carbohydrate, fat and protein metabolism. This is an important reflex where the body is overly toxic, and for diseases such as hepatitis and jaundice.

GALL BLADDER

The gall bladder is a sac approximately 7.5 cm (3 in) in length that is found on the undersurface of the right lobe of the liver. Its function is to store and concentrate the bile, secreted by the liver, that helps break down fatty foods. In order to participate in the digestive process, bile is ejected, by muscle contraction, through the bile duct and into the small intestine. This is an important reflex for gall stones and in conditions where the digestion of fat is difficult.

SPLEEN

The spleen is a very large lymph gland lying on the upper left side of the abdomen. In addition to producing lymphocytes – a type of white blood cell – the spleen also removes old and malformed red cells from the bloodstream and breaks them down. This is an important reflex when building up defence against infection.

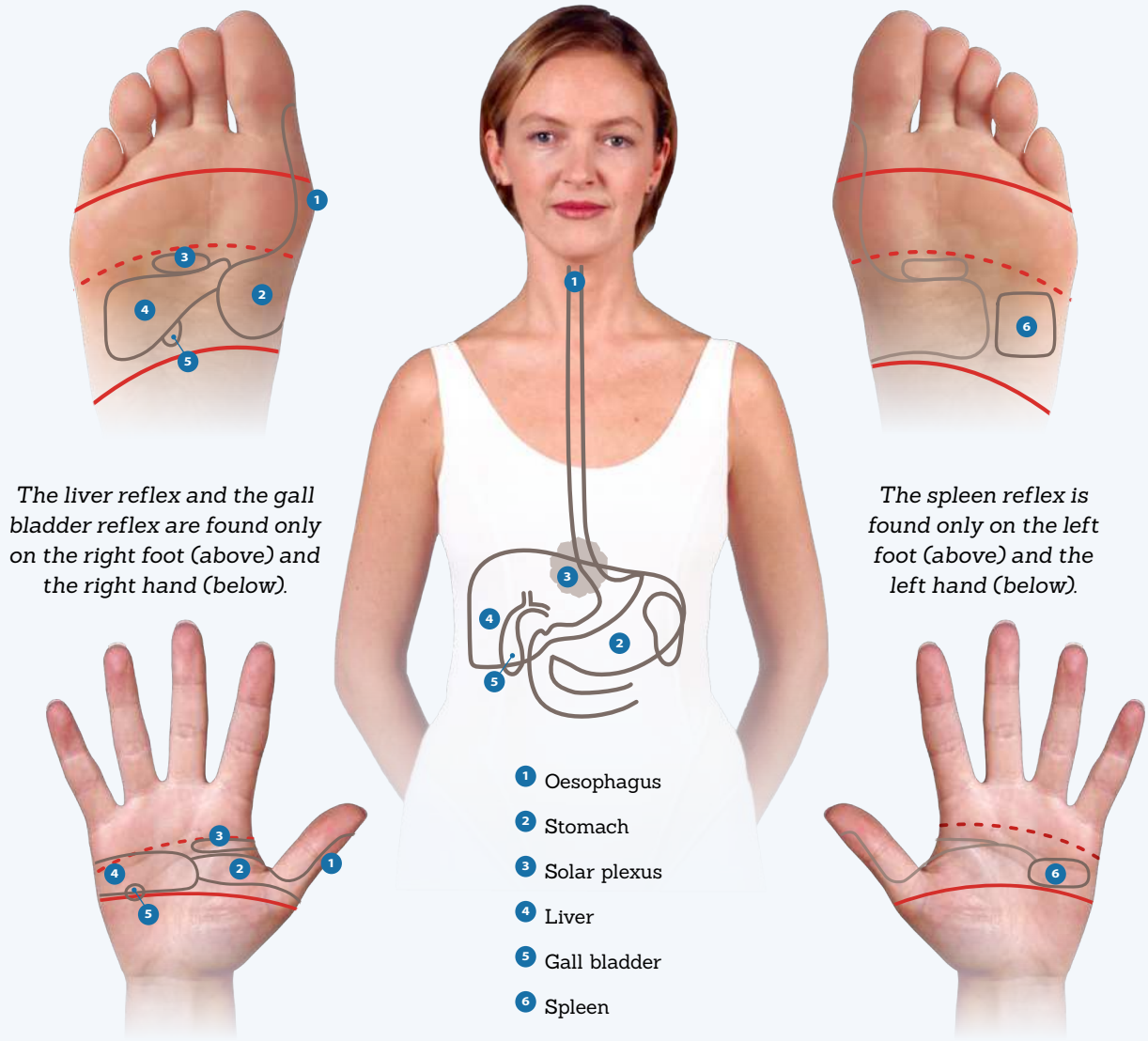
OESOPHAGUS

The oesophagus is a muscular tube that runs from the back of the throat, through the neck and chest, to the stomach. After swallowing, food passes along this tube to the stomach by rhythmic contractions of the oesophageal muscles. Situated at the base of the oesophagus is a muscular valve which relaxes and opens to allow food into the stomach, but also prevents the acid contents of the stomach from flowing back into the oesophagus where they can cause irritation. This is an important reflex where there is difficulty in swallowing.

STOMACH

The stomach is located behind the lower ribs, mainly to the left side of the body, and is shaped like a letter J. The lower end represents the pylorus; the top end of the J is where the oesophagus reaches the stomach. When food enters the stomach, powerful

The solar plexus is an important reflex wherever tension or stress are present.



The liver reflex and the gall bladder reflex are found only on the right foot (above) and the right hand (below).

The spleen reflex is found only on the left foot (above) and the left hand (below).

muscles in the stomach wall start to crush and mix it with the hydrochloric acid and digestive enzymes manufactured there. The main digestive enzyme is pepsin, which breaks down protein foods such as meat. This enzyme is only active when there is acid present. The semi-digested food then passes through the pyloric sphincter into the duodenum. This reflex is important for problems relating to the stomach such as ulcers, cancer, indigestion and heartburn and for general digestive problems.

PANCREAS

The pancreas lies behind the stomach. Part of the endocrine system, it is a double-purpose gland with many branched ducts. Its small clusters of islet cells secrete insulin, a hormone which is essential for utilizing sugars, and without which diabetes may develop. Many of the foods we eat contain glucose, the main source of energy for all the cells in our body. Insulin stimulates those cells to absorb enough glucose from the blood for the energy they

The pancreas reflex is important for certain digestive disorders.

need. It then activates the liver to absorb and store the surplus. The mass of pancreatic cells produce pancreatic juices which pass along the pancreatic duct into the duodenum where they help break down carbohydrates, proteins and fats. The pancreas reflex is important for certain digestive disorders, for hyper- and hypoglycaemia, and for diabetes.

SMALL INTESTINE

The small intestine, a tube about 5 m to 6 m (roughly 17 ft) long, is divided into the duodenum, the jejunum and the ileum. It is the main site for the absorption of nutrients into the bloodstream. The semi-digested food from the stomach passes into the duodenum, where the digestive process is furthered by the secretion of enzymes, bile from the gall bladder and pancreatic juice from the pancreas. Food is pushed along the small intestine by peristaltic waves of contractions of the muscles in its walls. Once the food molecules are small enough, they pass through the thin lining of the intestine into the bloodstream and then on to the liver for storage and distribution. The small intestine reflex is important for all diseases affecting the digestive tract. Disorders of this type include Crohn's disease, coeliac disease and digestive problems.

APPENDIX

The appendix is a thin worm-shaped pouch, about 7.5 cm (3 in) long, that projects from the first part of the large intestine. In herbivorous animals the appendix is relatively large compared with humans, and plays an important role in the digestive process. In human beings the appendix is considered to be an evolutionary relic. It is an important reflex where there is suspected appendicitis.

ILEOCECAL VALVE

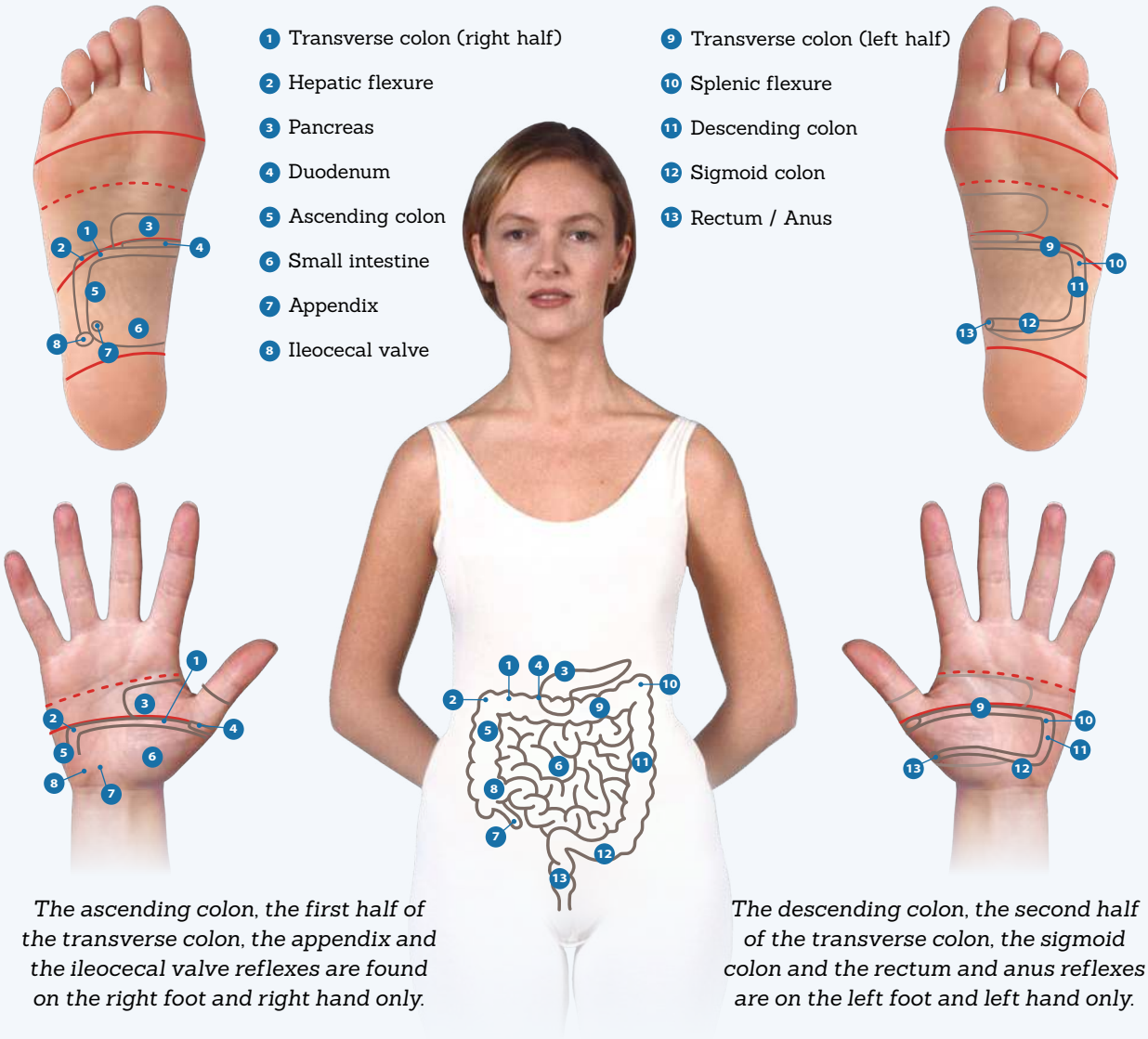
The ileocecal valve is a fold of mucous membrane which guards the opening from the ileum to the large intestine. It allows materials from the small intestine to pass into the large intestine and prevents a backflow from the large to small intestine. This is an important reflex in cases of constipation.

LARGE INTESTINE (COLON)

The large intestine is about 1.5 m (5 ft) long and consists of two main organs: the colon and the rectum. The colon is divided into several sections. The ascending colon ascends on the right side of the abdomen to the undersurface of the liver. Here it bends to the left (hepatic flexure) and continues as the transverse colon, across the abdomen to the lower end of the spleen. At this point it curves (splenic flexure) and passes down the left side of the body as the descending colon. The last section is the sigmoid colon. It projects inwards to the midline and terminates as the rectum. The rectum is a short tube about 12.5 cm (5 in) in length leading to the anus. Fluid and various mineral salts from the intestinal contents are absorbed into the bloodstream through the membranous wall of the colon. Semisolid faeces that remain move down into the rectum and are eventually excreted as stools. This reflex is important in cases of constipation, irritable bowel syndrome, diverticulosis, ulcerative colitis and diarrhoea.

BLADDER

The urinary bladder is a hollow muscular organ situated in the pelvic cavity. Its function is to store urine which trickles down the ureter tubes from the kidneys. In a male the bladder is directly anterior to the rectum. In a female it is anterior to the vagina and inferior to the uterus. The bladder has elastic flexible walls allowing it to expand as it fills and then contract through the relaxed sphincter muscle when urinating. When it contracts, urine is prevented from



The ascending colon, the first half of the transverse colon, the appendix and the ileocecal valve reflexes are found on the right foot and right hand only.

The descending colon, the second half of the transverse colon, the sigmoid colon and the rectum and anus reflexes are on the left foot and left hand only.

flowing back up the ureter tubes by valves that link the ureters to the bladder. The urine is expelled from the bladder through the urethra. The male urethra, which is longer than the female's, also provides an outlet for semen. The bladder reflex is important for all urinary tract conditions, for example cystitis.

URETER TUBES

The body has two ureter tubes which are approximately 25 to 30 cm (about 12 in) long. The purpose of the ureters is to carry urine from the kidneys to the bladder. The reflexes to the ureter tubes are important when kidney stones are present, and for all infections to the urinary system.

KIDNEYS

The kidneys are bean-shaped, deep maroon in colour and weigh about 150 g (5 oz) They are approximately 10 cm (4 in) long and 5 cm (2 in) wide, and are situated above the waist on either side of the spinal column, below the lowest ribs. The right kidney, which lies just below the liver, is usually

lower than the left. Both kidneys are surrounded by fat which cushions and supports them. The kidneys receive their blood supply from the renal artery. This artery divides into progressively smaller branches which infiltrate the kidney tissue and filtering units. The blood is collected by an intricate system of small veins, which join to form larger vessels that empty into the renal vein, returning blood to the general circulation. Kidney cells also manufacture substances which help to control blood pressure. When the blood supply to the kidneys is diminished, these substances are manufactured in larger amounts, and cause raised blood pressure in an attempt to increase the blood flow through the kidneys. Each kidney contains over one million tiny filtering units, called glomeruli, which remove waste chemicals and excess water from the blood travelling through them. The filtered liquid passes from the glomeruli to the central section of the kidney along a long thin tubule, which is surrounded by blood vessels. These blood vessels reabsorb the nutrients from the liquid. The remaining urine continues along the tubule into the ureter and into the bladder. This is a very important reflex for infections and for all problems relating to the urinary system.

ADRENAL GLANDS

The adrenal glands are two small triangular bodies lying just above the kidneys. They consist of the medulla that forms the inner portion of the gland, and the cortex that forms the outer part, which is composed of layered glandular cells. The medulla secretes the hormones adrenaline and noradrenaline, both of which are vital in energizing the body to meet sudden dangers and alarms (known as the 'fight-or-flight' response), and which also play an important part in controlling heart rate and blood pressure. The cortex secretes steroid hormones, which are closely linked in structure but differing in activity. The adrenal reflexes are important in cases of hormonal imbalance, stress, arthritis, asthma and allergies.

Shown here, included in the abdomen reflexes, are the organs which constitute the urinary system. The adrenal glands also figure here, but only because of their location – on top of the kidneys.

The reflexes for the abdomen cover an area on either side of the waist line on the sole of the foot. Look at the chart of reflexes to familiarize yourself with the position of the abdominal organs. Then work the reflexes step by step, following the order of treatment given here. Make sure that you treat both feet. First complete the treatment on the right foot, and then on the left foot. Remember that some reflexes are found on one foot only. For example, the liver reflex is found on the right foot only, the spleen reflex on the left foot only, and so on. Whenever you find some spots to be tender, reduce the pressure.

ABDOMEN REFLEXES
on the feet

1 Holding and supporting the toes with your left hand, press the **solar plexus reflex** with the thumb of your working hand. It lies just below the diaphragm line, between the second and third zones. Gently rotate on this point in a clockwise direction.

2 The **liver reflex** is found only on the right foot and looks similar to an unequal-sided triangle. Its longest side sits just below the diaphragm and covers all five zones. Its shortest side lies between the diaphragm and the waist line. Holding the foot with your right hand, bend the toes back slightly to open up the reflex areas. With the outer edge of your left thumb, walk horizontally across the reflex, following the shape of the triangle.

3 Without moving your supporting hand, locate the **gall bladder reflex**. This is found on the right foot only and lies in zone three, just below the liver reflex, and approximately one finger's width above the waist line. Although this is an important reflex, it is also very small and sometimes difficult to find, so you will find the chart of reflexes helpful. Then, with your working thumb, rotate in an anticlockwise direction.

4 The **splenic reflex** is found only on the left foot. It lies in zones four and five, below the diaphragm and just above the waist line. Change the position of your hands so that your right hand becomes the working one. Holding the foot with your left hand, bend the toes back slightly. Thumb-walk with your working hand across this area in horizontal lines.

5 Prior to treating the stomach reflex, the **reflex for the oesophagus** is worked. This is found on the medial side of the foot in zone one, leading down from the big toe to just below the diaphragm. Supporting the heel of the foot with your right hand, thumb-walk down this reflex.

6 From the oesophagus, continue the treatment by working on the **reflex to the stomach**. This is found in both feet, between the diaphragm and the waist line. On the right foot, the reflex area covers zone one. On the left foot it covers zones one, two and three. Bending back the toes with your supporting hand, thumb-walk horizontally across this area with your working hand.

7 Still supporting the foot with your left hand, move your working hand one thumb's width below the ball of the big toe so that you can thumb-walk across the **pancreas reflex**. This extends to the waist line and covers zones one, two and three on the left foot and zones one and two on the right foot.

8 With your supporting hand, bend the toes back to help you locate the tendon on the sole of the foot. Then move your working thumb down in zone one to the medial side of this tendon, where it crosses the waist line. This is the **duodenum reflex**. Rotate gently on this point in a clockwise direction.

9 The **reflex area for the small intestine** lies on the medial side of the foot, below the waist line, at the start of the tarsal bones and covers zones one to four on both feet. With your right thumb, walk across the top of this reflex. Then change hands and thumb-walk back with your left hand. Cover the whole area.

10 Now find the **appendix reflex**. This is located over the tarsal bones, just above the pelvic floor in zone four, on the right foot only. With the thumb of your right hand, slowly rotate on this reflex in a clockwise direction.

11 Just above the appendix reflex, in zones four and five, you will find the **reflex for the ileocecal valve**. Without changing the position of your hands, gently rotate on this point with your working thumb. When you have completed this, continue to thumb-walk up the foot in zones four and five to waist level to treat the **ascending colon reflex**. Note that this reflex and those for the ileocecal valve and appendix are found only on the right foot. When you have reached waist level, press three or four times on that point to treat the **hepatic flexure**. This is where the large intestine bends before passing across the abdomen.

12 Change hands, and thumb-walk at waist level across all five zones. To treat the transverse colon, start with the first half which lies on the right side of the body. The first part of the **transverse colon reflex area** is found on the right foot.

13 The remainder of the **transverse colon** is found on the left foot. Treat it when you work that foot. Thumb-walk across to the medial border of zone five, where the **splenic flexure** is found. Gently press two or three times on this point.

14 To work the **reflex area for the descending colon**, support the foot with your left hand. Thumb-walk in zones four and five to the base of the calcaneum, and press on the sigmoid flexure a few times.

15 Without changing hands, thumb-walk across the foot to the **sigmoid colon reflex** on the medial side of zone one. If your patient suffers from constipation, this reflex may feel lumpy and tender.

16 When your thumb has reached the medial side of zone one, slowly rotate on this point, in an anticlockwise direction, for a few seconds. This is the **reflex for the rectum and anus**. The rectum is linked to the anus by the anal canal. The anus is the opening at the end of the rectum through which undigested residues are voided. This reflex is found on the left foot only.

17 Supporting the heel of the foot with your working hand, use your working thumb to walk over the **bladder reflex**, the slightly puffy area found on the medial side of the foot

18 From the bladder reflex, thumb-walk up the **ureter tube reflex**, across zones two and three to waist level. To find it easily, gently bend the toes back and follow the path of the tendon.

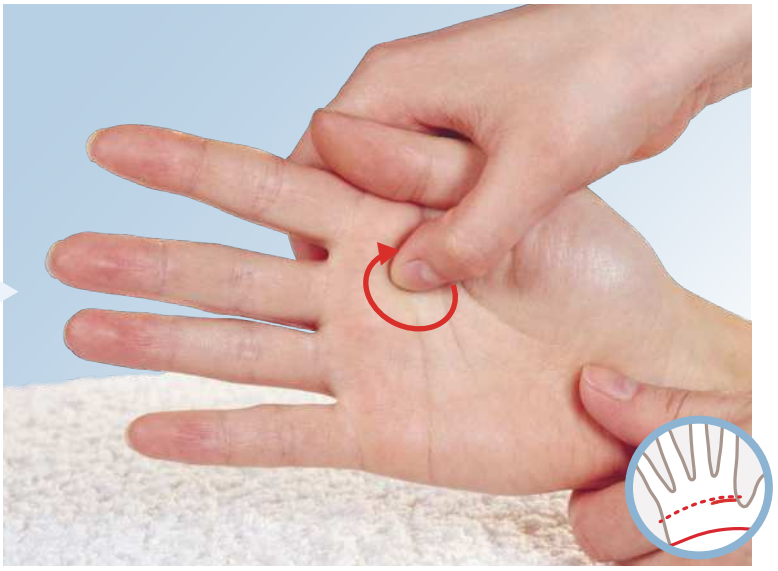
19 You will find the **reflex to the right kidney** at the end of the ureter tube, in zones two and three, at waist level. With your working thumb, slowly rotate on this point in a clockwise direction.

20 Close to the kidney reflex in zone two, just above the waist level, is the **reflex to the right adrenal gland**. Move your working thumb to this position and work this point with a rotating movement.

ABDOMEN REFLEXES
on the hands

Before starting your treatment, locate the diaphragm and waist line on the hands to help you find the reflex areas. To position the waist line, find a point midway between the base of the little finger and the wrist. Imagine a line extending across the hand to zone two, descending and crossing the thumb. For the diaphragm, take a straight line across the palm of the hand, starting a quarter way from the base of the little finger to the wrist.

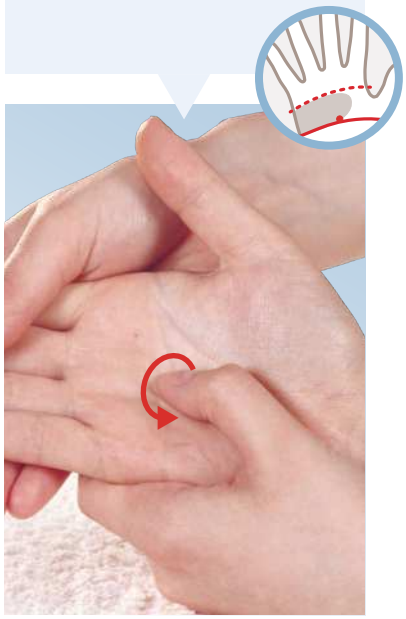
1 Start your treatment with the **solar plexus reflex**. This is found at the level of the diaphragm line in zones two and three. Use your left hand as the supporting hand. Place the fingers of your right hand at the back of your patient's hand. With the outer edge of your working thumb, press and rotate in a clockwise direction over the reflex.



2 The **liver reflex** is found only on the right hand or foot. It lies between the diaphragm and waist line in zones three, four and five and covers the lower half of the metacarpals. Use your left thumb to walk in horizontal lines across this reflex area. Start just below the diaphragm line in zone five.

3 Continue by rotating your working thumb on the **reflex of the gall bladder**, located in the palm of the hand, just above waist level in zone three. This reflex is found only on the right hand or foot.

4 Supporting the back of your patient's hand with your left hand, use your right thumb to walk in horizontal lines across the **reflex area for the spleen**. It is positioned between the diaphragm line and the waist line in zones four and five, and is found only on the left hand, and the left foot. Begin thumb-walking at the lateral edge of zone five, just below the diaphragm line.



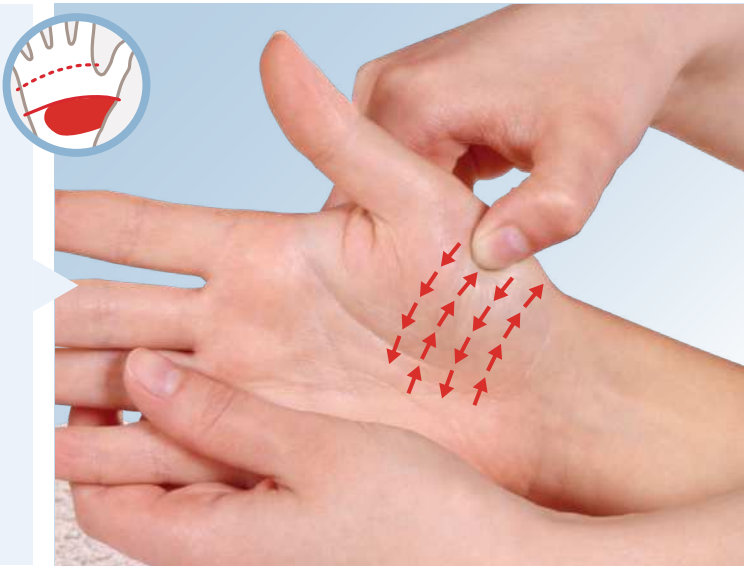
5 The **reflex for the oesophagus** is found on the medial aspect of both thumbs. It starts at the joint of the first and second phalanges and follows a straight line down the thumb to the head of the metacarpal bone. Using your left hand for support, thumb-walk down this reflex with your working hand.

6 Continue to thumb-walk with your working hand over the **reflex area for the stomach**, which joins the end of the oesophagus reflex area. It is found below the diaphram and above the waist line in zone one on the palm of the right hand, but in zones one, two and three on the palm of the left hand.

7 The **pancreas reflex** covers only zones one and two on the right hand, but it covers zones one, two and three on the left hand. Supporting the patient's hand with your left hand, place your working thumb on the medial edge of your patient's thumb, one finger's width above the waist line. Now thumb-walk horizontally across this reflex until you reach the waist line.

8 The **reflex for the duodenum** is situated on the waist line in zone one, on the medial aspect of the thumb. The duodenum forms the first part of the small intestine. Supporting your patient's hand with your left hand, gently rotate on this reflex with the outer edge of your right thumb.

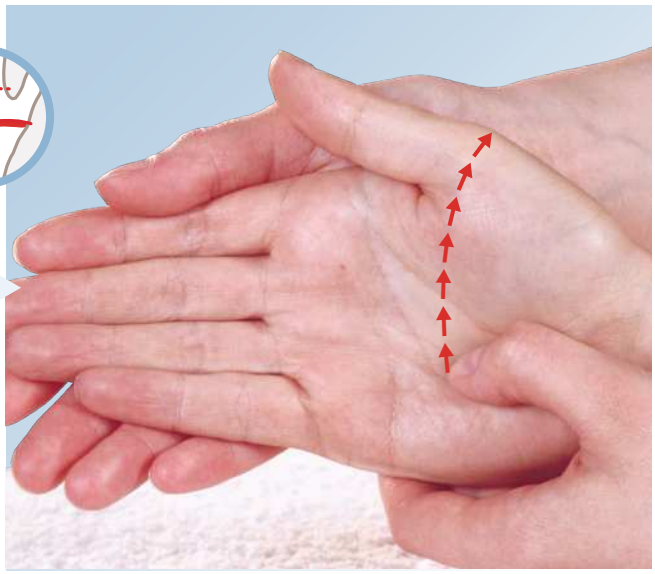
9 The **small intestine reflex** extends over zones one, two, three and four and covers the area of the metacarpal bones lying below the waist line. From the medial side of your patient's thumb, thumb-walk across the palm to the end of zone four. Change hands and thumb-walk back to cover the area.



10 The **appendix reflex** is found on the right hand and foot only. Remember to omit this step when you treat the left hand. Supporting the patient's hand with your right hand, place your left thumb on the lateral side of zone four, over the carpal bones. Your working-hand fingers rest on the back of your patient's hand. With your working thumb, gently rotate this point.

11 Move your working thumb up slightly to the **ileocecal valve reflex**. Gently rotate on this point before thumb-walking in a straight line up the **reflex to the ascending colon**. This lies in zones four and five and leads to the **hepatic flexure**. Press three to four times on this flexure before moving on.

12 Alter the position of your working thumb so that it points towards your patient's right thumb. Thumb-walk from the hepatic flexure, following the waist line, across the palm of the hand to the medial side of the thumb in zone one. You have now treated the **first part of the transverse colon**.



13 The **remainder of the transverse colon** is found on the left hand. Supporting the patient's hand with your right hand, place your working thumb just below the waist line in zone one. Following the waist line, thumb-walk across the palm of the patient's hand to the splenic flexure in zone five.

14 Change over hands and gently press over the splenic flexure with your right thumb. Then thumb-walk down the **descending colo**n in zones four and five to the **sigmoid flexure**. Apply light pressure on that point. Continue across the **sigmoid colon reflex area**.

15 Follow a straight line across all five zones on the palm of the hand until you reach the **reflex to the rectum and anus**, in zone one. Then change hands and, supporting your patient's hand with your right hand, with your left thumb gently rotate on that point.

16 To locate the **reflex for the bladder**, find the point on the medial aspect of your patient's right thumb, midway between the head of the metacarpal and the wrist joint. Approximately the size of your thumbnail, it extends from the palm of the hand round to the back of the hand. Use the outer edge of your right thumb to walk around this area.

17 Keep your working thumb positioned on the medial part of the bladder reflex in readiness to treat the **reflex to the ureter tube**. This reflex extends upwards from zone one, across zone two, terminating just below the waist line in zone three where it joins the reflex to the right kidney. Thumb-walk up and across the hand to that point.

18 The **kidney reflex** areas are kidney-shaped and are found in zones two and three on both hands. Starting from the end of the ureter tube reflex, thumb-walk to the waist line. Rotate around this area in a clockwise direction.

19 The **reflex to the right adrenal gland** is found just above the waist line in zone two, close to the kidney reflex. Rotate on this point with your thumb in a clockwise direction. The left adrenal gland reflex is found on the left hand.

LOWER BODY
reflexes

The reflexes to the lower body are often included in the description of abdominal reflexes, since they relate to organs found in the abdomen. However, none of them has any digestive function. Furthermore, with the exception of the sciatic nerve they are all found on the lateral and medial side of the feet and hands. Therefore treatment of these reflexes follows treatment of the reflexes located on the soles of the feet or the palms of the hands. The lower body reflexes consist of the sciatic nerve, sacro-iliac joint, pelvic muscles, knee, hip and reproductive organs of both the male and the female. They are important for chronic ailments associated with these areas. The reproductive reflexes can be tender and therefore should always be treated gently. Great care should also be exercised with the reproductive organs during the first sixteen weeks of pregnancy. These should not be treated if there is a history of miscarriage.

SCIATIC NERVE

The sciatic nerve is the largest nerve in the body and supplies all the muscles of the legs and feet. It arises from the sacral plexus, runs from the spine across the buttocks, and down the back of each leg. Just above the knee, it divides into two branches which supply the lower leg. Pressure exerted on the sciatic nerve – often caused by a 'slipped disk' – produces sciatica, a burning pain radiating through the buttocks and down the back of the thigh. Working with the sciatic reflex can help relieve lower back pain.

SACRO-ILIAC JOINT

This is an important joint transmitting the weight of the body, through the vertebral column, via the pelvis to the lower limbs. It is formed by the sacrum and the ilium and has very little movement. The reflex for this joint is important in cases of sciatica and for lower back or hip problems.

PELVIC MUSCLES

The pelvis is continuous with the abdominal cavity. It is a big funnel-shaped ring of bone formed by the sacrum and coccyx, the pubic bones and the ischium. In all humans, the pelvis joins the legs to the spine in such a way as to maintain the body's upright position.

In women, the pelvis also serves to hold and protect the reproductive organs: in the cavity of the pelvis lie the two ovaries. When a baby is born, it has to pass through the hole in the pelvis. In men this is small and flat, but in women it is round and the size of a baby's head The muscles related to this part of the body form the pelvic floor, and support the bone structure. The most important of these is the levator ani. The pelvic muscles reflex is important for lower back pain and problems related to the hips and pelvis.

HIP

The hip is a major weight-bearing joint and is located where the pelvis meets the femur (thigh bone). It is a ball-and-socket joint, with a strong capsule surrounding it for strength. This reflex is important for back pain and for hip disorders such as arthritis.

KNEE

The knee is the largest joint in the body and is susceptible to most of the common joint disorders. Stability of the joint depends on the strength and tone of the quadriceps muscles on the front of the thigh, which hold the joint in position. The knee reflex is important for various forms of arthritis, including bursitis, rheumatoid arthritis and osteoarthritis of the knee, and any other problems that may be connected to this part of the body.

OVARIES, UTERUS AND FALLOPIAN TUBES

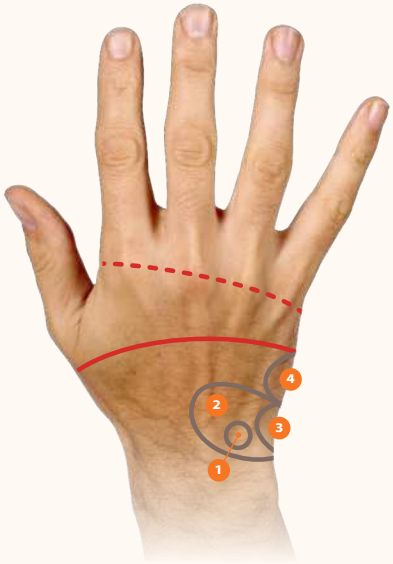
The two ovaries and the uterus which lie in the lower part of the abdomen are the main female organs of reproduction. The ovaries, part of the endocrine system, are located on either side of the uterus, and each is connected to it by a small tube called

text continues on page 105

The sciatic nerve reflex runs across the sole of the foot and up the back of the leg. On the hand, it runs across the wrist.

1 Sciatic nerve

With the exception of the sciatic nerve, all the lower body reflexes are located on the lateral and medial sides of both feet and both hands.



1. Sacro-iliac joint
2. Pelvic muscles
3. Hip
4. Knee

The reflexes to the male and female reproductive organs are found across the top of the foot, and across the wrist on the hands. The uterus or prostate reflex is located on the medial side of the foot and hand. The ovaries or testes reflex is located on the lateral side of the foot and hand.

1. Vas deferens / Fallopian tube. Lymph nodes of groin
2. Prostate / Uterus
3. Testis / Ovary
4. Chronic area of reproductive system

The reflex areas to the reproductive organs in both the male and female are important.

the fallopian tube. Like the testes, the ovaries have two functions: to produce ova, or female egg cells, and to produce hormones that change a girl's body into that of a woman and prepare the uterus for pregnancy. The ovaries waken to activity at puberty through stimulation by the gonadotropins – the hormones secreted by the pituitary gland. In turn, the developing ovarian follicle secretes oestrogen responsible for enlarging the breasts, and for the uterus, the vagina and the rest of the genital tract, at puberty. Halfway through the menstrual cycle another hormone, prompted by the rising levels of oestrogen, is secreted by the pituitary gland. Under its influence, the developing ovum is released from the ovary, causing the vacated follicle to secrete progesterone. This hormone changes the lining of the uterus in preparation for the eventual reception of a fertilized egg.

The uterus, into which the fertilized ovum becomes embedded, is a hollow, pear-shaped organ about 10 cm (4 in) long, lying between the urinary bladder and the rectum. At the lower end of the uterus is the cervix, the narrow, thick-walled neck which leads into the top of the vagina. After a forty-week gestation period, the fully developed baby enters the world by passing through the dilated cervix and out through the vagina. If pregnancy does not occur, the lining of the uterus breaks down and is discarded through the menstrual flow.

The reflex areas to the reproductive organs in both the male and female are important in cases of infertility, and for all problems associated with those parts of the body.

TESTES AND VAS DEFERENS

The male sex glands or testes lie in the scrotal sac, just below the abdomen. This vulnerable position is necessary because the formation of spermatozoa requires a temperature slightly lower than that found in the abdomen. Each gland is attached to the body by a single spermatic cord composed of the vas deferens, or sperm duct, and a number of nerves and blood vessels.

The endocrine part of the testes are composed of clumps of cells that secrete the male hormone, testosterone. They also produce small amounts of the female hormone called oestrogen. The testes are under the control of the hypothalamus and the anterior pituitary gland, and do not develop until puberty.

The sperm that each testicle produces remains in a coiled tube, the epididymis, for approximately three months. After this time the sperm, now mature, passes into the vas deferens and seminal vesicles for storage. There, it swims in the seminal fluid, the volume of which depends on adequate testosterone. If the sperm is not ejaculated with the seminal fluid, it will disintegrate and be reabsorbed into the body.

PROSTATE

The prostate gland comprises three major lobes, which surround the urethra at the point where it leaves the bladder. It is intimately associated with the lower urinary tract.

If it becomes enlarged in later life, it can press on the urethra, eventually closing it and making it impossible to pass urine. When this occurs, surgical intervention is needed. The lobes of the prostate are tubular, with muscles that squeeze their secretions into the urethra, particularly during sexual intercourse.

The principal disorders which may affect the prostate are enlargement, infections and growths. These problems can be helped by working the reflex to this gland.

LOWER BODY REFLEXES
on the feet

The remaining abdominal or lower body reflexes are not found on the soles but on the lateral and medial sides of both the left and the right foot. The exception is the sciatic nerve reflex, which crosses the sole of the foot and continues up the back of the leg, on either side of the Achilles tendon. The reflexes to the male and female reproductive organs – the uterus and the prostate gland – are also found along this tendon. These reflexes are important when working with chronic conditions related to these glands.

1 To treat the **sciatic reflex**, wrap the fingers of your right hand around the foot. For added support, hold the front of the foot with your working-hand fingers. Start about one-third down the lateral edge of the heel pad and thumb-walk two parallel lines across it.

2 Holding the side of the foot and tilting it slightly with your left hand, place your right thumb on the **medial aspect of the sciatic reflex** and thumb-walk back up the medial side of the Achilles tendon. Your working-hand fingers will support first the heel, then the leg.

3 Reverse hands and wrap your right hand around the foot. From the outer edge of the sciatic reflex, thumb-walk up the lateral side of the Achilles tendon. When you reach the top of the tendon (below), place your fingers on the medial side of the sciatic reflex and work back down to the heel, gently squeezing the back of the leg.

4 Maintaining the supporting position of your right hand, use the left thumb of your working hand to gently rotate around the **reflex area to the sacro-iliac joint**. You will find this in the dip which lies just in front of the ankle bone, in line with the fourth toe.

5 The **reflex area to the pelvic muscles** lies on the lateral side of the foot, below the ankle bone. Hold the top of the foot with your right hand and the heel with your left. Starting at the base of the ankle bone, walk your left thumb in vertical lines over the reflex area.

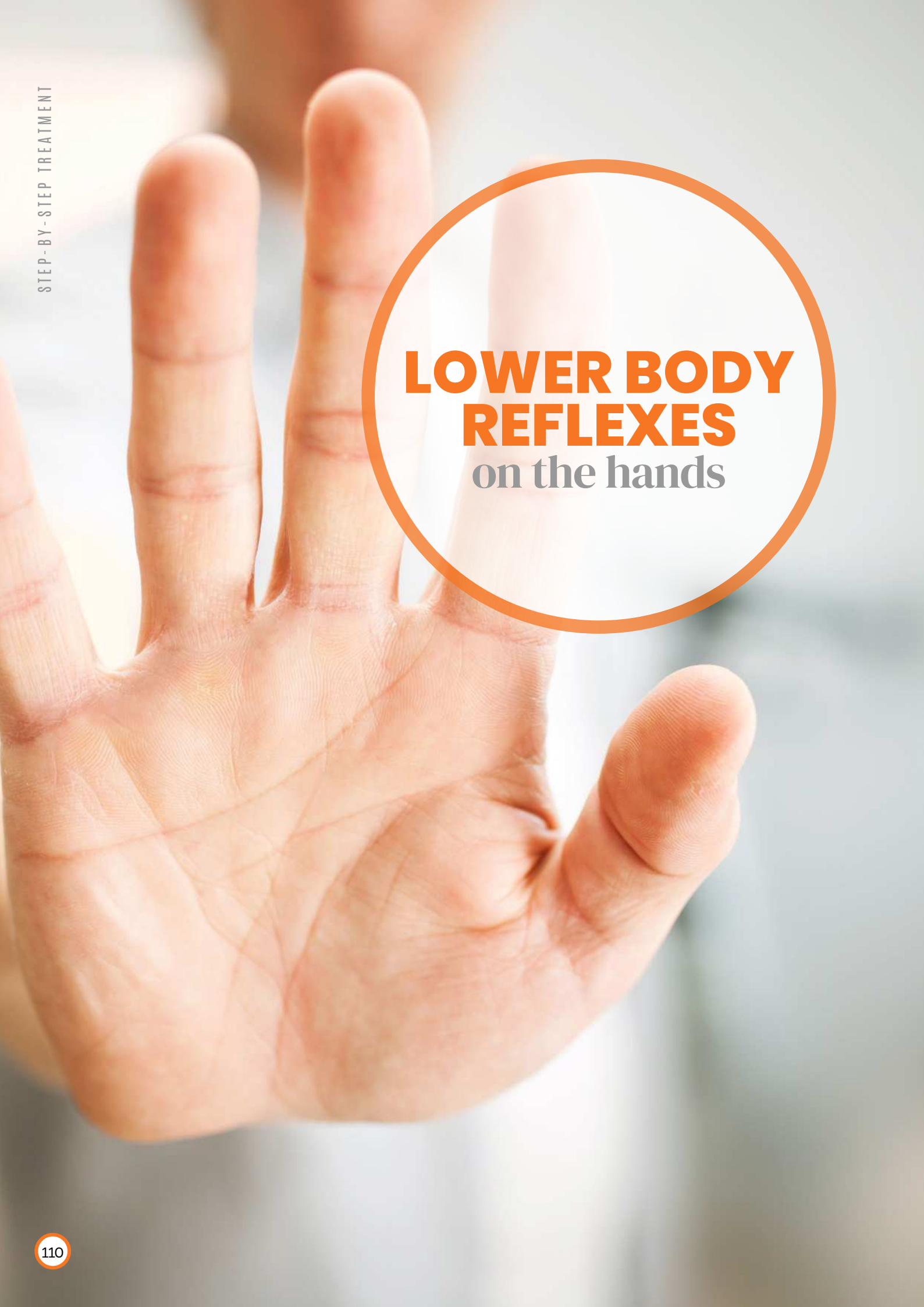
6 Without changing the position of your hands, proceed to the reflex area for the hip and knee. These resemble two half moons and lie on the outer side of the foot, from the end of the metatarsal to a third of the way along the calcaneum. The half moon near the calcaneum is the **hip reflex**. With the outer edge of your left thumb placed on the calcaneum, thumb-walk over this reflex.

7 The half moon next to the hip reflex is the **reflex area to the knee**. Continue your thumb-walking until you have covered the whole reflex area.

8 Maintaining the same hand positions, tilt your patient's foot slightly to the right with your right hand. The **reflex for the right ovary**, or **right testis**, lies midway between the outer ankle bone and the back of the heel. Rotate gently with your thumb.

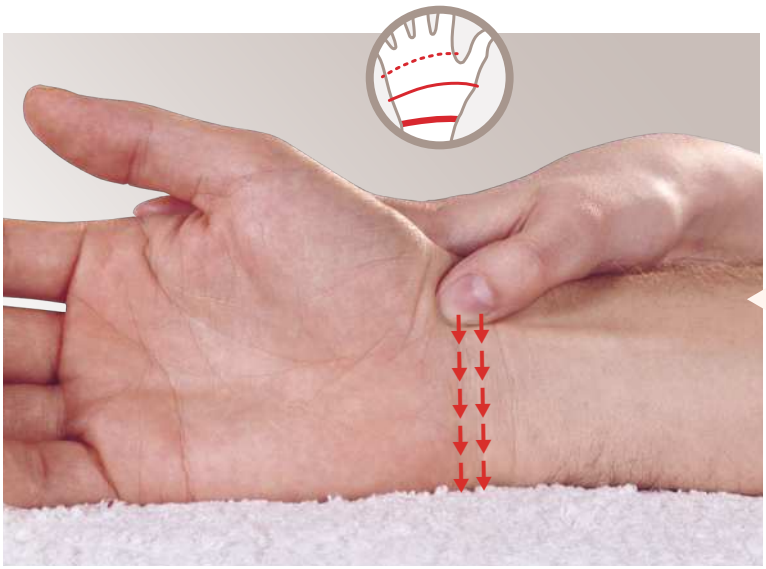
9 Thumb-walk across the top of the foot to midway between the ankle bone and the back of the heel, on the inner side of the foot. This is the area that covers the **reflex to the right fallopian tube** or **the right vas deferens**. The corresponding left reflexes are found on the left foot.

10 To treat the **uterus** or **prostate reflex**, you need to change the positions of your working and supporting hands. Putting your right thumb over the reflex, slowly rotate your thumb around the area. This can be a tender area, so care is needed.



LOWER BODY REFLEXES
on the hands

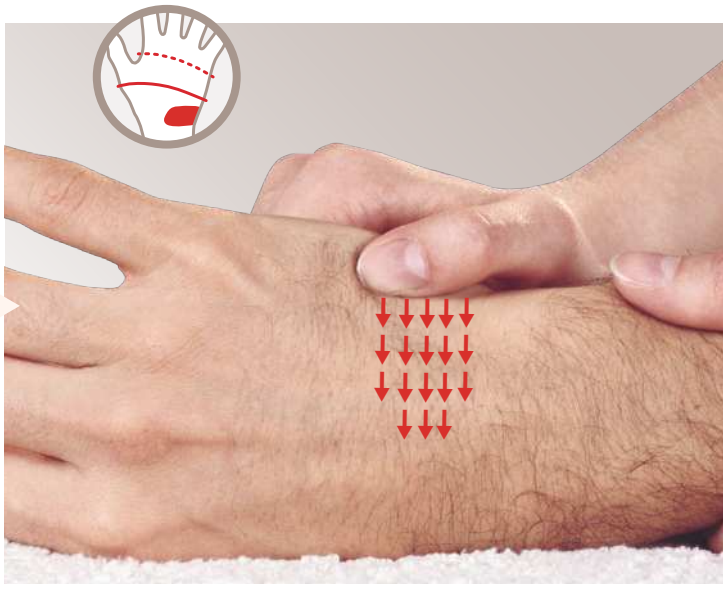
On the hands, the lower body reflexes are positioned across the back and front of the wrists, on both the medial and lateral sides of the hands. When you work with the reflex to the ovaries or testes, or the reflex to the uterus or prostate, always remember to apply only light pressure. If your patient experiences discomfort, apply gentle pressure only. On the hands, the reflex area for the sciatic nerve covers only the area across the wrist.



1 The **reflex area to the sciatic nerve** is found across the wrist on the front of the hand. Wrap your right hand around the hand of your patient and, with the outer edge of your right thumb, walk across the wrist from the medial side to the lateral edge. This reflex may be sensitive In some cases you may find it easier to support the patient's hand with your other hand.

2 Turn over your patient's hand and rest the palm on the stool. Wrap both your right and left hands around the patient's hand. Position the outer edge of your right thumb just above the wrist, in zones four and five. To treat the **reflex area to the sacro-iliac joint**, gently rotate on this point with your working thumb.

3 Without altering the position of your left hand, place the outer edge of your right thumb over the fifth metacarpal bone, on the top lateral side of your patient's hand. This is the point where the **pelvic muscles reflex** is located. The area corresponds to the muscles of the pelvic region on the right side of the body. Thumb-walk over the reflex area several times.



4 Continue your treatment with the right hip and knee reflexes. These are both half moon-shaped and are found on the outer border of the back of the right hand, between the wrist and the waist line. The **hip reflex** extends midway along from the wrist to the waist line. Use your left hand for support. Starting just above the wrist on the outer border of the hand, thumb-walk over one half-moon shape.

5 The **knee reflex** continues from the hip reflex to the waist line. Thumb-walk over the other half moon-shaped reflex which ends just below the waist line.

6 From the knee reflex, move your working thumb to the wrist, just below the point where you started your treatment to the hip reflex. This will bring you to the **right ovary reflex**, or the **right testis**. Gently rotate on this point for a few seconds. Apply only light pressure.

7 From the right ovary or right testis reflex, thumb-walk across the wrist to the medial side of the hand. This covers the area to the **right fallopian tube reflex** in a female or the **right vas deferens reflex** in a male.

8 On reaching the medial side of the hand you will find a small hollow, slightly above the back of the wrist and in line with the web between the thumb and index finger. This hollow contains the **reflex area to the uterus** or **prostate**. Changing hands, wrap your right hand around your patient's hand and gently rotate your working thumb on this reflex.

REFLEXES ON THE TOPS OF THE FEET & HANDS

To complete a reflexology treatment, the remaining reflexes found on the top of the foot or the back of the hand are worked. These comprise the breasts, mid-back, and lymphatic system including lymph drainage. In the course of working with the breast reflex, it is possible to detect any cysts or lumps that may be present. When treating the lymph reflexes, puffiness in these areas may indicate swollen lymph nodes, which means that infection is present in the body.

After completing treatment on these reflexes, finish it off by working with the simple relaxation techniques for the feet and hands that are described in Part One.

BREASTS

The essential function of the breasts is milk secretion and ejection. The milk secretion is due largely to the hormone called prolactin, with contributions from the progesterone and oestrogen hormones. Each breast consists of approximately fifteen to twenty groups of milk-producing glands, embedded in fatty tissue which gives the breast its characteristic shape. From each group of glands, a milk duct runs to the nipple. Around the nipple is a dark area, the areola, which contains small lubricating glands keeping the nipple supple. The breasts may enlarge as a result of the change in hormone levels, prior to menstruation and also during pregnancy. This reflex is important for disorders of the breast, such as benign or malignant lumps, and mastitis.

MID-BACK

The mid-back consists of the area between the tenth thoracic vertebra and the third lumbar vertebra. This reflex is beneficial for all back-related conditions. These include disc problems, muscular aches and strains, and various types of arthritis. When working with any of these disorders, it is advisable to give extra treatment to the spinal reflex as well as the mid-back reflex.

LYMPHATIC SYSTEM

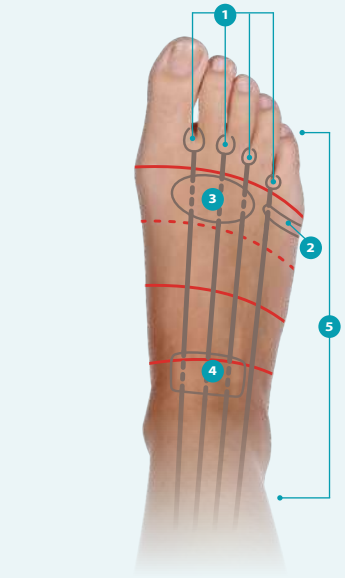
The lymphatic system is widely distributed within the body. It consists of the lymph glands, or nodes, that are found principally in the neck, armpits and groin, and the small vessels that link them, the lymphatics. These contain a watery fluid, called lymph. The lymph nodes secrete very large numbers of lymphocytes, a type of white blood cell, which produce antibodies against recurrent infections. These nodes act as barriers to the spread of infection through the lymphatic vessels. The lymph carries nutrients and oxygen from the blood to every cell in the body, and drains back into the bloodstream through the lymphatic system. If there is a blockage in the flow of lymph, swelling (oedema) results. The reflex points for all of the lymph nodes are found on the top of the feet and the back of the hands. These include the upper lymph nodes and the lymph nodes to the axilla or armpit, the breast, the abdomen, the pelvis and the groin. These reflexes are important in cases of infection. They also help maintain a healthy lymphatic system to protect the body from disease.

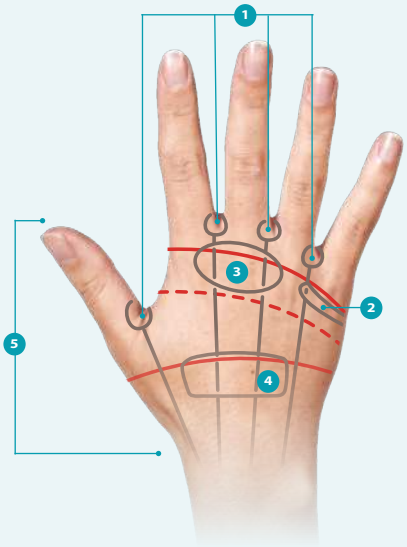
LYMPH DRAINAGE

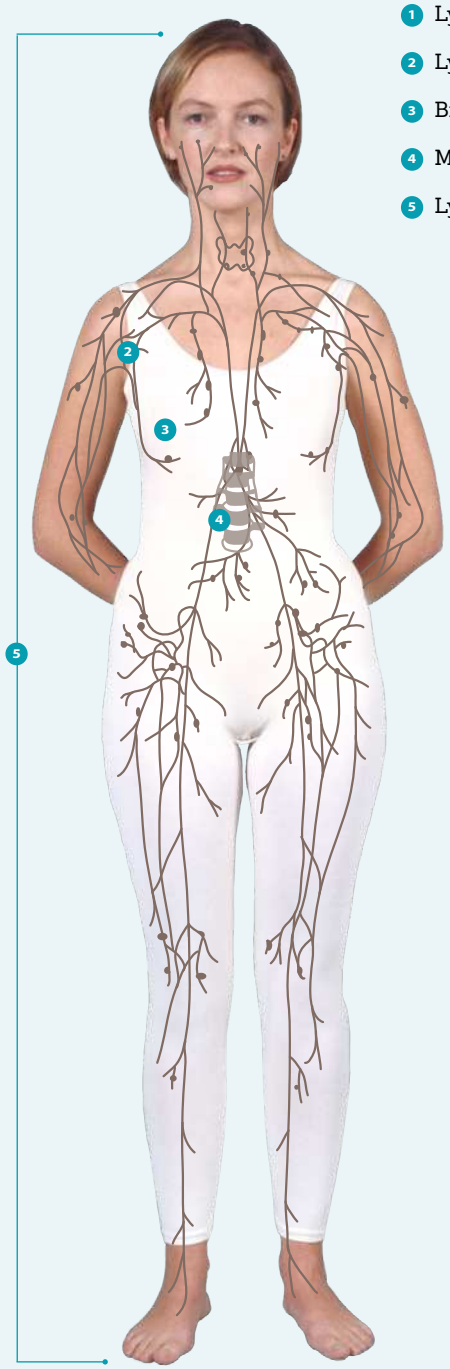
After you have finished treating the lymphatic system, don't forget to complete this section by working on the lymph drainage reflex. This is found between the big toe and the second toe on the foot, and between the thumb and index finger on the hand.

The reflex points for all of the lymph nodes are found on the top of the feet and the back of the hands.

The reflex to the lymphatic system runs down all five zones, from the base of the toes to the ankle on the foot, and from the base of the fingers to the wrist on the hand.







1. Lymph drainage
2. Lymph nodes of axilla
3. Breast
4. Mid-back
5. Lymphatic system

The remaining reflexes found on the top of the foot are for the breasts, the mid-back and the lymphatic system. These reflexes are positioned between the base of the toes and the top of the ankle. In elderly people, the veins around the sides and over the top of the foot are sometimes prominent. If you encounter this, take the utmost care and work very gently over these areas to avoid bruising. When you work on the breast reflexes, feel for any abnormalities, since lumps or cysts in the breasts can be detected in the course of treatment. If that is the case, suggest that your patient seek medical advice.

REFLEXES ON THE top of the foot

1 The **breast reflex** is found in all five zones on the top of the foot and covers the area between the base of the toes and the diaphragm. Support the foot with your right hand. Place your left thumb on the sole, and with your next three fingers on the top of the foot, walk horizontally across this reflex.

2 Slide your working hand down the foot to the **mid-back reflex**, which is found just below the waist line. Finger-walk horizontally across all five zones to just above the ankle. The thumb of your working hand should remain resting on the sole of the foot, behind your working fingers.

3 Begin treating the lymphatic system with the **reflex to the lymph nodes** of the right armpit, positioned just below the shoulder reflex. With the index finger of your left hand over this reflex, and your thumb on the sole of the foot, slowly rotate for a few seconds.

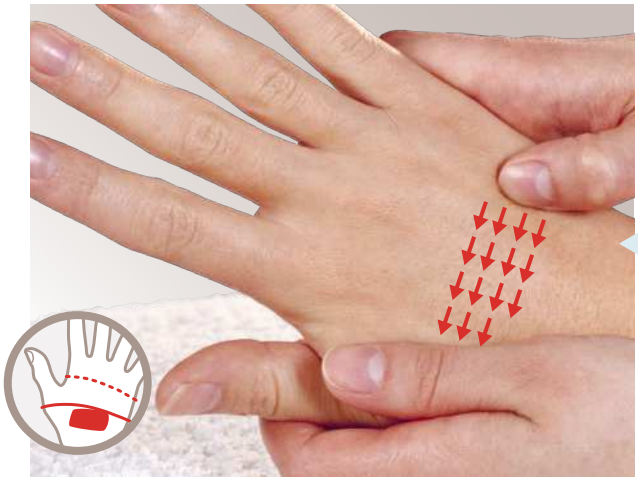
4 The **reflex areas to the rest of the lymphatic system** are on the top of the foot, from the webs of the toes to the ankle bone. Support the sole of the foot with your left hand. From the web between the first and second toe, thumb-walk down zone one. Repeat for all the other zones.

5 The **reflex areas for lymph drainage** are found on the webs between the toes. The most important of these is the web between the first and second toe. Support the foot with your left hand, and with the thumb and finger of your right hand, pinch and slide off each toe web.

On the back of the hand are found reflexes to the breast, and the mid-back as well as the lymphatic system. The reflex areas to the upper lymph nodes are just below the webs between the fingers. Those to the abdomen are found below the diaphragm line in all five zones; for the pelvis and groin they are across the back of the wrist. When you work on the back of the hand, be careful over areas where there are prominent veins. Because the back of the hand works with the lymphatic system, it is important in building defence to infection.

REFLEXES ON THE back of the hand

1 The **breast reflex area** is found above the diaphragm line and covers all five zones. Support the patient's hand with your left hand and then place your working thumb on the knuckle of the little finger. Thumb-walk in horizontal lines across the right breast reflex to the diaphragm line.



2 Retaining the position of your left hand and using it as the supporting hand, move your working thumb down to just above the waist line. Then thumb-walk horizontally across all five zones to the wrist. This covers the **reflex area to the mid-back**. If some discomfort is felt by your patient, apply only very light pressure.

3 Start your treatment of the lymphatic system with the **lymph nodes to the right armpit**. The reflex for these lymph nodes is found over the knuckle of the little finger. Still using your left hand to support the patient's hand, thumb-walk around this area with your right hand.

4 The **remainder of the lymphatic system reflex area** covers all five zones, from the webs of the fingers down towards the wrist bones. With either the right thumb or fingers, walk down the back of your patient's hand, between the metacarpal bones and over the wrist bones.

5 The **lymph drainage reflex** is treated last. Using the thumb and finger of your right hand, gently press and slide off the webs between the fingers. Start on the lateral side of the hand and finish between the thumb and index finger, on the main drainage point.

Finishing the treatment on the feet

When you have worked all the reflexes on both feet, complete your treatment with foot massage. This relaxes the patient and stimulates energy flow. Massage techniques can be used on both feet prior to treatment, for people who are tense or under stress. There are five basic strokes: kneading, wringing, stretching, finger circling and stroking. These techniques are most effective when they are performed in this order. Follow your own judgement as to how much time you spend on these massage techniques.

1 Position one hand across the top of the foot and place the clenched fist of the other on the sole of the foot. Kneading with both hands, make circular movements over the entire foot. This is wonderful both for stimulating energy and relaxing a person.

2 Wrap your hands around the sides of the foot near the toes (far left and left), with your thumbs on the sole. Then gently twisting your hands back and forth in a wringing action, work you way slowly down the foot until you reach the ankle.

3 Maintain both your hands in the same position. Starting near the ankle, stretch the hands up towards the toes. Repeat several times. This action makes the whole body, especially the spine, feel as though it is being stretched upwards. It is good for people who work sitting at a desk all day.

4 Place the fingers of both hands near the toes and your thumbs on the sole of the foot. Work over the top and sides of the foot and around the ankle bones using tiny circular movements. This will stimulate the lymphatic system and is the most relaxing of the techniques.

5 Complete your massage by stroking the foot. This stimulates the nerve endings and is a very soothing movement. Starting at the ankle, stroke the top and sides of the feet in a gentle upward movement with the fingers of both hands. Continue for as long as you think necessary.

6 When you have massaged both feet, press the palms of your hands against the soles of the feet. Visualize a shaft of energizing golden light coming through the top of your head into your hands, and being transferred to your patient through his or her feet.

Finishing the treatment on the hands

Make sure that you have worked every single reflex, on both hands. To finish the treatment, use the same massage techniques as for the feet, in the same sequence. They can also be used on both hands at the beginning of a treatment if the patient is stressed and tense. These techniques stimulate energy and also have a relaxing effect. When you are working on arthritic hands, take great care with the kneading, wringing and stretching movements. They could cause discomfort or damage to swollen or disfigured joints.

1 Begin your massage with kneading. Place one of your hands across the back of your patient's hand and the clenched fist of the other on the palm. Pressing both your hands into the patient's hand, make circular movements. This is an excellent technique for stimulating energy in the body and for strengthening and improving the hand's general structure.

2 Wrap your hands around your patient's hand, at the base of the fingers. Gently twist the patient's hand back and forth in a wringing action as you move slowly down towards the wrist. This action is beneficial for spreading out the bones in the hand, and it works similarly on the organs of the body.

3 Starting near the wrist, pull your hands up towards your patient's fingers. Repeat this several times. This action works by making the body, especially the spine, feel as though it is being stretched upwards. It is extremely effective in helping to release any tension in the spine, muscles and organs.

4 Position your fingers on the palm, and your thumbs on the back, of the patient's hand. Using tiny, circular movements, massage the back of the hand, starting from the base of the fingers and working your way down and around the wrist bones. This technique can be extremely relaxing.

5 Using very gentle stroking movements over your patient's hands, massage both the palm and the back. Start at the wrist on the patient's palm and stroke lightly upwards with the fingers of both hands. Turn your patient's hand over and repeat the light upward strokes on the back.

6 When you have finished treating both hands, lay the palms of your hands against those of your patient. Visualize a shaft of energizing golden light from the universe entering the top of your head and flowing into your hands. Imagine it being transferred from your hands to your patient's hands, and eventually circulating throughout his or her body, to invigorate the whole being. Remain in this position for as long as you feel is necessary.

Self-help

When enlisting the help of reflexology with a health problem, it is always advisable to seek treatment by a qualified practitioner. However, if this proves difficult for you, then self-help can be attempted.

If you decide to treat yourself, first read through the cautions given in Part One. Use reflexology on your hands, because they are more accessible than your feet and therefore easier to treat.

Always give yourself a complete treatment, rather than treating only the reflexes related to any particular disorders. When you come to the end of the treatment, return to any reflexes that you have found to be painful.

Be careful not to overstimulate the body. Remember that reflexology activates it to heal itself, and that part of this process is the elimination of toxins. For this reason, treatment carried out too frequently, or a prolonged treatment, could make you feel quite ill in the days that follow. I recommend that you give yourself no more than two treatments in any one week. If you work carefully and methodically, you should experience a general improvement in your health.

Patient advice

If you have decided to seek reflexology treatment from a practitioner, make sure that the person you choose holds a certificate of qualification from a recognized reflexology school. When making an appointment, ask the reflexologist where they studied. Then contact the school directly to make sure that the person's name appears on their register of practitioners.

In the UK, a further check can be made through the British Register of Complementary Practitioners (see page 129), who promote and support best practice in complementary medicine. In order to be entered in this register, practitioners and therapists must meet the organisation's rigorous quality standards.

The recommended number of treatments is normally a minimum of six. Follow the advice given, even if this initially proves to be difficult. Remember that, ultimately, you are responsible for your own health and therefore responsible for what you do to your body. If you are able to work with the reflexologist, I am confident that, in time, you will experience an improvement in health, a greater sense of well-being and an increase in energy.

If you are able to work with the reflexologist, I am confident that, in time, you will experience an improvement in health, a greater sense of well-being and an increase in energy.

GLOSSARY

Anaemia a deficiency in the number of red blood cells in the blood, or in haemoglobin, leading to tiredness, pallor and shortness of breath.

Angina the name given to pain arising when the muscular wall of the heart becomes temporarily short of oxygen by failure of the coronary arteries.

Autonomic nervous system part of the nervous system, consisting of visceral nerve cells that transmit impulses from the central nervous system to smooth muscles, cardiac muscles and glands.

Axilla the technical name for armpit.

Bilirubin orange-yellow bile pigment produced from the breakdown of haemoglobin. It gives the faeces their brown colour.

Bursa a sac interposed between opposing surfaces that slide past each other. The bursa contains lubricating fluid which permits free motion.

Bursitis inflammation of the bursa which causes pain in the joints.

Candida albicans a fungus that commonly affects the mouth, intestinal tract or vagina. It tends to grow in moist areas of the body, but it can cause painful inflammation round the nails of people whose hands are often in water. In certain circumstances, the fungus can grow rapidly, causing the illness known as thrush.

Cerebellum a division of the brain concerned with the balance of the body and the orderly performance of muscular activity.

Chronic area of reproductive system the reflex area related to any chronic or long-lasting disease of the reproductive system.

Clavicle the technical name for the collarbone which links the shoulder blade to the breastbone.

Coronary artery either of the two arteries which supply blood to the muscles of the heart.

Endocrine system this is composed of the endocrine glands, specialized organs in the body which secrete chemical substances, called hormones, directly into the blood stream. They play an important part in general chemical changes in the body and particular activities of other organs.

Endometriosis the presence of endometrium in areas other than the lining of the uterus, which produces pain.

Endometrium the inner mucous membrane which lines the uterus.

Haemoglobin a substance which carries oxygen in the red blood cells and gives blood its red colour.

Hepatitis a viral infection which affects the liver cells, often leading to severe liver damage.

Ileum the terminal portion of the small intestine which leads into the large intestine.

Immune system the various defence mechanisms produced by the body in response to most types of infection. The thymus gland plays an important part in stimulating some of these mechanisms.

Infrared rays electromagnetic radiation occupying part of the electromagnetic spectrum. Infrared radiation has a lower frequency than visible red light. It is normally produced by heat.

Jaundice a yellow colour of the skin, whites of the eyes and other tissues. Jaundice is not a disease. It occurs whenever the concentration of bile pigment in the blood is increased – whatever the reason.

Lateral in reflexology, the side of the foot, hand, fingers or toes which faces away from the body; also called the external side.

Libido a psychoanalytical term to describe a form of psychic energy emanating from the unconscious; principally, a sexual urge.

Medial in reflexology, the side of the foot, hand, fingers or toes which faces towards the body; also called the inner side.

Melatonin the hormone secreted by the pineal gland, believed to be involved in the reproductive function.

Ridges any elongated, raised borders on a bone, tooth, nail and so on.

Thrush see Candida albicans.

Varicose veins swollen, distended veins which can be seen through the skin and may lead to congestion of the circulation, or even burst and bleed.

FURTHER READING

Artley, Malvin N., Jr. *Bodies of Fire*. Vol. 1. Jersey City Heights, NJ, USA: University of the Seven Rays Publishing House, 1992.

Brennan, Barbara Ann. *Hands of Light*. New York, USA:Bantam Books, 1988. *Light Emerging*. New York, USA: Bantam Books, 1993.

Carper, Jean. *Food Your Miracle Medicine*. London: Simon & Schuster Ltd, 1993.

Dethlefsen, Thorwald, and Dahlke Rüdiger. *The Healing Power of Illness*, translated by Peter Lemesurier. Shaftesbury: Element Books Ltd, 1990.

Dougans, Inge, with Suzanne Ellis. *The Art of Reflexology*. Shaftesbury: Element Books Ltd, 1992.

Gimbel, Theo. *The Book of Colour Healing*. London: Gaia Books Ltd, 1994.

Grinberg, Avi. *Holistic Reflexology*. Wellingborough, Northants: Thorsons Publishers Ltd, 1989. *Foot Analysis – The Footpath to Self Discovery*. York Beach, ME, USA: Samuel Weiser Inc., 1993.

Hall, Nicola M. *Reflexology – A Way to Better Health*. Bath: Gateway Books, 1991. *Reflexology for Women*. London: Thorsons Publishers Ltd, 1994.

Ingham, Eunice. *Stories the Feet Can Tell*. St Petersburgh, Florida: Ingham Publishing Inc., 1938. *Stories the Feet Have Told*. New York, USA: Bantam Books, 1951.

Norman, Laura. *The Reflexology Handbook*. London: Judy Piatkus, 1989.

Shapiro, Debbie. *The Bodymind Workbook*. Shaftesbury: Element Books Ltd, 1990.

Wills, Pauline. *The Reflexology and Colour Therapy Workbook*. Shaftesbury: Element Books Ltd, 1992. *Colour Therapy*. Shaftesbury: Element Books Ltd, 1993. *Visualisation*. London: Hodder & Stoughton, 1994.

USEFUL CONTACTS

UNITED KINGDOM

The British Reflexology Association
www.britreflex.co.uk
This incorporates the Bayly School of Reflexology, which is the official teaching body of the BRA.

British Register of Complementary Practitioners
brcp.uk

Sheila Nugent School of Reflexology
www.sheilanugentschoolofreflexology.co.uk

The Oracle School of Colour
www.oracleschoolofcolour.com

The Complementary Medical Association (CMA)
www.the-cma.org.uk

NORTH AMERICA

Reflexology Association of America
www.reflexology-usa.org

Reflexology Association of Canada
www.reflexologycanada.org

AUSTRALIA

Reflexology Association of Australia
www.reflexology.org.au

SOUTH AFRICA

Reflexology Association of Australia
www.sareflexology.org.za

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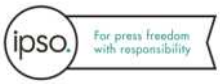

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