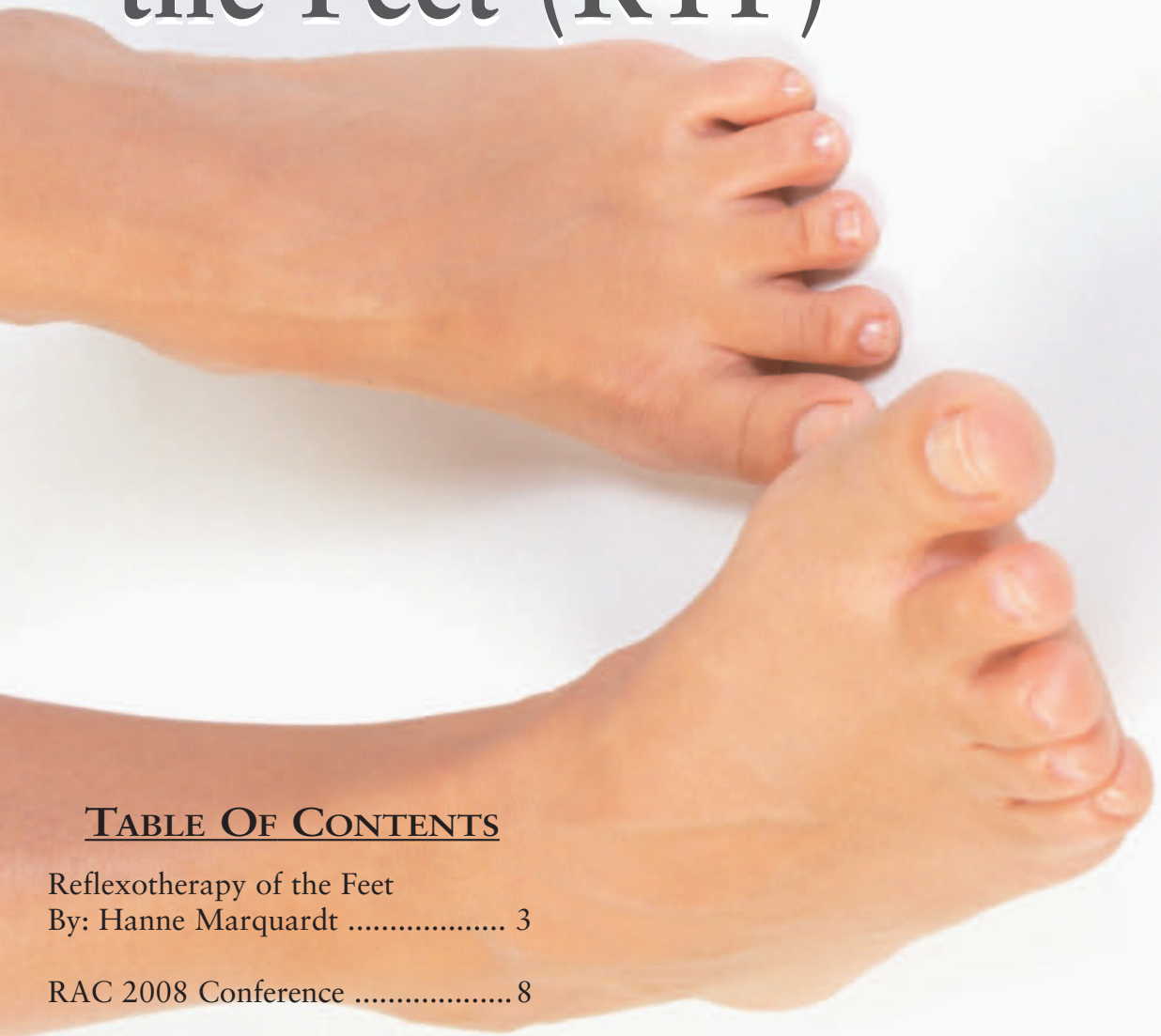


# Reflexotherapy of the Feet (RTF)



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By the time you are reading this, summer will be almost over, schools will be back and our thoughts will be turning to Thanksgiving and then to Christmas. It hardly seems possible that this is the fourth issue of the Journal and that the next issue will signal the end of another year for RAC.

The last quarter of 2007 will be an exciting one as we start to announce and to implement the plans we have for 2008 and beyond. We are all so excited about the things that will be happening that it is difficult not to tell everyone here and now. The first of the news, however, will have to wait until the AGM in Winnipeg on October 19<sup>th</sup> when there will be a presentation outlining the philosophy which will propel RAC into a glittering future. As a member, you should try to be at the AGM as it represents your chance to meet the Board, listen to what is being planned and express your views about the past, present and future. This year we have planned a dinner to follow the AGM which will be open to members and non-members and, on Saturday October 20<sup>th</sup>, we have a Study Day planned. Full details and a booking form can be found on the RAC web site [www.ReflexologyCanada.ca](http://www.ReflexologyCanada.ca).

We are also gearing ourselves up for this year's major membership renewal period and are working vigorously to bring back members who have allowed their membership to lapse. If you know anyone who matches that description then do your best to persuade them to rejoin. 2008 will be the year when RAC finally establishes itself as the natural leader for reflexology in Canada and every practicing Reflexologist in the country should be a member of the Association. Membership is the only way to take advantage of the immense number of new opportunities that the coming year will bring.

The whole of TEAM RAC is here for each and every member. This is your Association and only with your support can we make it bigger and better. Call us if you have problems, call us if you have ideas, call us if you simply want to give us your feedback on the job we are doing. The important thing is to know that you matter to us and we hope that your experience as a member of Canada's only truly national reflexology association only gets better and better. ❖

Par le temps que vous lire cela, l'été sera presque fini, l'école va retourner, et nos penser va tourner vers la journée de l'Action de Grâce, et Noël. Il semble presque impossible que ceci est la quatrième édition de le journal et que l'édition prochaine va signaler le fin d'une autre année pour ACR.

Le dernier quart de 2007 va être excité, comme nous commence à annoncer et exécuter nos plans pour 2008 et le futur. Nous sommes tous exciter au rapport à ce qui se passe que c'est difficile que nous attendrons de vous dites. La première des nouvelles, cependant, devrait attendre jusqu'à l'AGM à Winnipeg le 19 octobre quand il irait une présentation au sujet de la philosophie qui va pousser l'ACR à un future brillant. Comme un membre, vous devriez essayez d'être a l'AGM, car il représente votre chance de rencontrer les membres du conseil, écouter a ce qui est en train d'être planifier, et d'exprimer votre vues au sujet du passe, présent, et futur. Cette année nous avons planifié un souper de suivre l'AGM qui serait ouvert aux membres et non-membres et le samedi 20 octobre, on a une journée d'étude planifier. Tous les détails peuvent être trouvés sur le site web de l'ACR [www.ReflexologyCanada.ca](http://www.ReflexologyCanada.ca)

Nous sommes aussi en train de préparer pour le période de renouvellements des membres et nous travaillons vigoureusement de faire retourner les membres qui ont quitté nos services. Si vous savez quelqu'un qui semble à cette description, faire votre mieux pour les faires rejoindre. 2008 va être l'année quand l'ACR établisse finalement leur position comme le chef naturel de réflexologie au Canada et tous les reflexologues qui pratiquent à ce pays devraient être les membres de l'Association. tre un membre est la seul façon de prendre avantage de les occasions immense qui vient cette année.

Tous les membres d'équipe de l'ACR sont ici pour chacun des membres. Ceci est votre association et c'est seulement avec votre support que nous pouvons l'améliorer. Appel si vous avez des problèmes, nous appelons si vous avez des idées, nous appelons simplement si vous voulez commenter sur le travail que nous font. Le chose le plus important à nous c'est que vous savez que vous êtes importants a nous et on espère que votre expérience comme une membre du seul association nationale de réflexologie du Canada se améliore de plus en plus. ❖

# Reflexotherapy of the Feet (RTF)

## LA REFLEXOTHERAPIE DES PIEDS (RTP)

*Auteure: De grande renommée, Hanne Marquardt, est une pionnière dans le développement de la réflexothérapie des pieds (RTP). Elle offre des ateliers et des conférences mondialement. Elle a reçu sa formation en sciences infirmières de l'Angleterre et possède des diplômes en massothérapie, la respiro-thérapie et en naturopathie. Elle habite présentement l'Allemagne. Traduit en 10 langues, son premier livre, Reflexzonenbaeit am Fuss est parût en 1975 .*

Vous pouvez rejoindre madame Marquardt au courriel suivant : [hanne.marquardt@t-online.de](mailto:hanne.marquardt@t-online.de)

*Source: Présentation de l'auteure à la Conférence de l'ACR en 2006 et les ateliers découlants.*

## INTRODUCTION :

Nous devons le terme de la réflexothérapie des pieds (RTP) à madame Hanne Marquardt, auteur. Ce terme représente le développement de cette science comme un outil de traitement thérapeutique et préventif des malaises de la santé. Cette thérapie est surtout reconnue en Europe et est utilisée par les physiothérapeutes, les garde-malades et les naturopathes dans les cliniques ou les hôpitaux de ce continent.

C'est en 1958 que madame Marquardt commençât à perfectionner cette thérapie. La RTP est acceptée comme un moyen pour soigner les malades en Allemagne ainsi que dans



Courtesy H. Marquardt

Author  
Hanne Marquardt

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Tous les détails et le formes d'enregistrement  
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## Reflexotherapy of the Feet (RTF) (cont.)

plusieurs pays européens. Certains pays exigent l'ordonnance d'un médecin tandis que dans d'autres une personne peut tout simplement prendre un rendez-vous auprès d'un thérapeute attiré.

Les recherches de madame Marquardt l'ont emmenées à dire que cette thérapie est basée sur des micro-systèmes. Les micro-systèmes ne datent pas d'aujourd'hui. On n'a qu'à regarder aux Premières Nations et en Asie pour s'apercevoir que cette science était déjà en vogue chez eux depuis belle lurette.<sup>1</sup>

### Référence:

1. Ingham, Eunice D. (1966). *Stories the Feet Can Tell*, Rochester: Ingham Publishing.

## REFLEXOTHERAPY OF THE FEET (RTF)

*Author: Hanne Marquardt, is a renowned teacher, and a pioneer in the development of Reflexotherapy of the Feet (RTF), who gives lectures and workshops around the world. She has been trained as State Reg. Nurse (England), med. masseur, breathing therapist and Naturopath, and lives in Germany. Her first book, *Reflexzonenarbeit am Fuss*, was published in 1975 and has since been translated into 10 languages.*

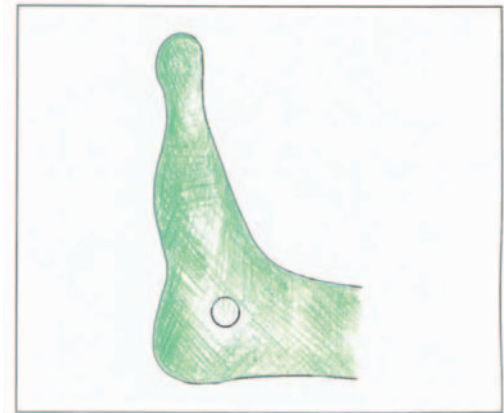
The author can be reached at [hanne.marquardt@t-online.de](mailto:hanne.marquardt@t-online.de) if readers have any questions related to this topic.

*This article is based on the author's presentation at the 2006 RAC Conference and her subsequent RAC Study Days.*

### INTRODUCTION:

Reflexotherapy of the Feet (RTF) is a term coined by the author, Hanne Marquardt, to represent the development from a preventative, or wellness, treatment of the feet (reflexology) to a mainly therapeutic tool. In a number of countries in Europe it is accepted as part of complementary medicine and is mostly applied

Figure 1



*Sitting person as revealed in the shape of the foot.*

*Courtesy H. Marquardt*

by physiotherapists, nurses and naturopaths in both their own clinics and in hospitals.

The author began using RTF on patients in 1958 and gradually developed it into the refined manual therapy that RTF is today. RTF is accepted in Germany, and in several other European countries, as a method to treat the sick. In some European countries it requires a doctor's prescription but in other countries individuals can seek treatment without a doctor's referral.

Ms. Marquardt's investigations have led to the decision that RTF is related to the group of so-called **microsystems**. Some of these Microsystems have been known about for centuries, long before the official name existed. The treatment of feet is considered to have been practised in a simple way by the First Nations of North America and thousands of years ago in Asia.<sup>1</sup>

### Differences between RTF and Reflexology:

Microsystems indicate a small part of the body that has numerous functional connections with the macrosystem (the larger scale full person). In that context it may be helpful to remember that every single human cell is a "microsystem".

Within the last century a number of microsystems have been discovered and begun to be used for treatment or diagnostic purposes. They include the face, teeth, eyes, tongue, nasopharynx, skull, navel, knees, hands and fingers.

## Reflexotherapy of the Feet (RTF) (cont.)

The treatment of feet has been in practical use for a longer time than the other methods.<sup>2</sup>

Empirical observations and experience over the years showed a similarity of shape between the reflex zones in a foot and the organs in a sitting person.<sup>2</sup> This similarity of shape can be used as a reliable guideline for treatment (see Figure 1).

Drawings from earlier times indicate that there was early recognition, in a more simple way, of the resemblance between the body's organs and tissues and the reflex zones in the "smaller scale" in the feet.<sup>1</sup> For example, joints located in the full body of a person are often found in small joints in the feet. This includes the shoulder and hip joints and also, with great precision, the mandibular, sternoclavicular, elbow and iliosacral joints as well as the transitions within the spine.

In the 1980s there began to be a gradual recognition of a more detailed and precise

location of the reflex zones according to the Similarity of Shape. Some in the reflexology profession treated the new developments as a source of irritation and questioned the theories. Others began to make use of the technique and to see the results in their patients/clients.

This does not mean the findings of other practitioners, prior to or in addition to the development of RTF, are wrong. The basic reflexology techniques of Fitzgerald and Ingham were used by Ms. Marquardt even during the development of RTF. But methods continue to grow and develop in response to new developments and the new needs of today's clients.

### Practical Differences:

Reflexologists often treat all areas of the client's feet, in order to create a high level of overall wellness and relaxation, while RTF practitioners focus on those areas related to a specific illness or complaint of the patient.

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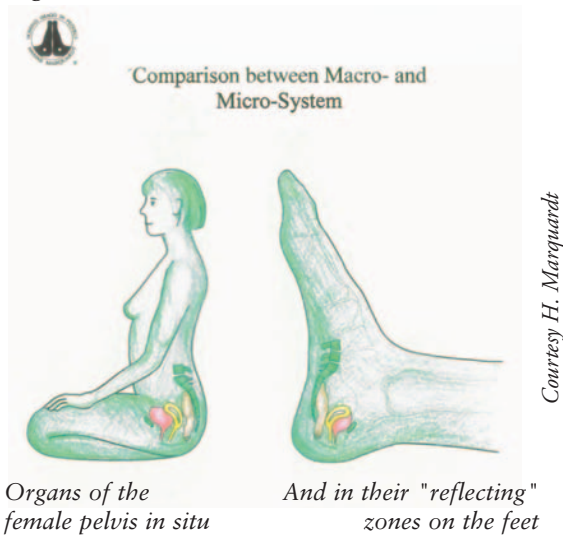
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## Reflexotherapy of the Feet (RTF) (cont.)

Figure 2



In order to be able to locate the reflex zones more precisely, RTF practitioners are taught to orientate themselves around the skeletal structure of the feet rather than on the soft tissue (see Figure 2 for the exact orientation).

During the first visit of a patient, the RTF therapist conducts a thorough assessment in order to determine which reflex areas require attention. During this assessment all reflex zones in the patient's feet are checked with a palpating grip to find the abnormal areas.

The foot of a healthy patient is warm, has normal mobility and a good blood supply. Abnormal areas can be recognized not only by pain, but, also by signals from the Autonomic Nervous System (ANS) such as moist hands, dry mouth, or significant changes in heart beat and breathing rhythm.

Thus the practitioner is lead to watch not only for the symptomatic reflex areas – only the tip of the iceberg – but also for those that are related to the background on which the current disease was able to develop. For example: In a woman with menstrual pain, the symptomatic zones show up in the pelvic organs (See Figure 3). Possible background zones may be found in the lower spine including the sacroiliac joint, the intestinal tract, the endocrine glands, solarplexus,

nasopharynx, kidneys, inguinal lymphatic glands, or even in a dead tooth.

RTF allows for the differentiation between sedating the appropriate reflex zones (in acute conditions) or tonifying them (in the case of sluggish conditions). RTF therapists are also trained to recognize signals from the ANS that will help determine the appropriate dosage required in the application of the therapeutic impulse.

More than 30 different RTF grips have been developed including those designed to harmonize the ANS. The wide range of grips allows the therapist to adjust to the condition of the tissue of the feet as well as to the specific needs of the patient. In contrast to earlier techniques, an abnormal reflex zone is treated in several short intervals, in succession, of only a few seconds at a time.

Depending on the patient's reactions to the previous sessions (e.g. improvement of the

### CONFERENCE LAYAWAY PLAN

In recognition of the financial pressures that can sometimes make Conference attendance more difficult, RAC is introducing a *Conference Layaway Plan*.

RAC members can make monthly deposits, in amounts of \$10 or more, in to a layaway account from now until 2008 registration closes. The total amount saved will then be applied to the registration fee with any balance being returned to the member in order to help cover hotel and travel costs.

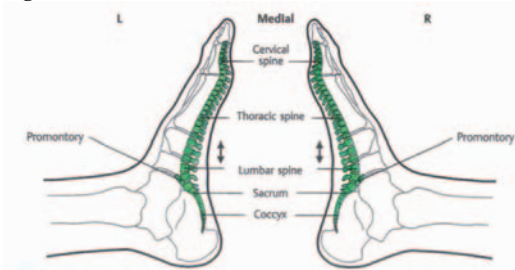
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See you in Montreal,  
November 7 to 11, 2008!

## Reflexotherapy of the Feet (RTF) (cont.)

Figure 3



Courtesy H. Marquardt

### *The spine in the reflex zones*

disturbing symptom, cleansing of the organs of excretion, stabilization of the ANS) the treatment of the reflex zones will vary from one session to the next. Thus the therapist and the patient are in a continuous process that develops over time. This method prevents the automatic repetition of the same grips and sequences and increases the interaction between therapist and patient.

Pain plays an important part in RTF — both physical pain in the reflex zones and emotional pain as it may surface. Pain is more than the enemy that one has to fight. RTF therapists are taught to deal with a person's pain by developing sensitivity and empathy, and then to work with it, not against it. RTF students learn that pain, no matter on what level, can also offer the opportunity for change. Whenever there is a strong reaction, we use special grips that harmonize and stabilize the whole condition of the patient/client via the ANS.

### Specialities within RTF

In the recent decades a number of specialities have been developed.

- The non-invasive RTF treatment of scars allows for an improvement of the after-effects from surgery or an accident. It can also help to dissolve emotional blockages that are directly connected with these incidents.
- Useful therapeutic connections between meridians and reflex zones have been utilized. There have also been connections made between teeth and their connections to organs, tissues and joints.

- One of the most important developments has been the gentle treatment of the reflex zones of the lymphatic system. It has not only proven helpful for special lymphatic indications (general congestions, PMS, after effects of mastectomy, etc.), but also in the treatment of allergic symptoms and the harmonizing of the patient's ANS

For literature, in English, about Reflexotherapy of the Feet visit [www.verlaghannemarquardt.de](http://www.verlaghannemarquardt.de).

### References:

1. Ingham, Eunice D. (1966). *Stories the Feet Can Tell*, Rochester: Ingham Publishing.
2. Marquardt, Hanne (2000). *Reflexotherapy of the Feet*, New York: Thieme Medical Publishers. (Translation of the 4th German edition, *Praktisches Lehrbuch der Reflexzonentherapie am Fuss*, c1999.) ❖

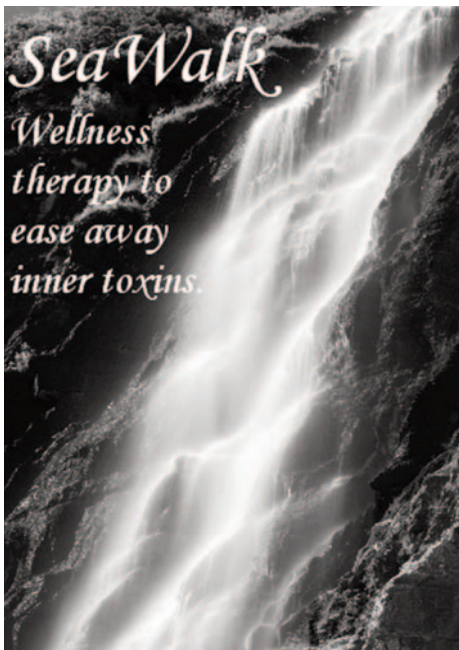
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Un guide au sujet des soumissions est disponible.  
Contactez 902.442.3882 ou [editor@CanadianJournalOfReflexology.com](mailto:editor@CanadianJournalOfReflexology.com).

# Ask A Teacher

## Not sure on how to proceed with a new client? Looking for answers relating to a client's circumstances?

Send your questions to RAC's Education Coordinator ([education@reflexolog.org](mailto:education@reflexolog.org)) and the question will be posted in the Question and Answer section of the *Members Only Area* of RAC's website [www.ReflexologyCanada.ca](http://www.ReflexologyCanada.ca) and may also appear in this Journal.

The following Question and Answer relating to reflexology and pregnancy appeared recently on the website:

---

### Question from RAC Member.

A woman phoned to schedule regular reflexology treatments. She is near the end of her second trimester of pregnancy. She also mentioned she started having problems with high blood pressure early on in her pregnancy. Is reflexology contraindicated during pregnancy? Should I treat this woman? If I can, should the regular treatment be altered? If so, how should it be altered?

RAC's Education Development Manager and Teacher/Trainer Linda Hughan replied with:

*The RAC Student Manual says this about pregnant clients:*

“Reflexology administered to pregnant clients during their first trimester should be done with caution. Use very gentle pressure over the points connected with the reproductive organs, the ankles, the lower legs, and the Achilles' tendon area. Shorten the treatment. Information exists within

Chinese medicine that stimulation of the acupuncture point SP6 on the lower leg may induce premature labour.”

RAC does not contraindicate reflexology treatments during pregnancy. It just issues a cautionary note about it. In a Toronto hospital they have a program where reflexologists work on pregnant women throughout the entire term. They are having wonderful success.

When speaking of ‘contraindications’, it is important to note that there are two types to be aware of.

The first is an Absolute Contraindication, which refers to a condition where therapy is not recommended while the condition is present. A doctor's referral would be necessary to treat a client in this circumstance.

The second is a Relative Contraindication. This refers to a condition that can be treated by another therapy or where another body part can be selected for the therapy (i.e. if the person has a fractured foot then you would work their hand; if the person has athlete's foot, you would cover that portion of the foot and work around it; etc).

Pregnancy would be a Relative Contraindication – caution is used and you should avoid certain areas of the foot and lower leg when treating. The spleen, liver and kidney meridians should be avoided. Another factor that should be considered is the presence of enlarged veins that usually appear during the pregnancy. Direct pressure should be avoided. If there are any complications associated with the pregnancy then a doctor's referral should be obtained to ensure that the client's health is not at risk (i.e. by increasing blood pressure through stimulation of the cardiovascular reflex points).

Linda Baril, a RAC Teacher/Trainer and a Doula Trainer with Doulas of North America (DONA – [www.dona.org](http://www.dona.org)) added:



## As A Teacher (cont.)

The discussion around working with pregnant women can be lengthy. The contraindications are few but very important. RAC recommends not working on a pregnant woman during the first trimester. If a woman is fated to have a miscarriage it will generally happen during this time. I, personally, do not believe that an intact, viable pregnancy will be affected by reflexology but we would not want to be PERCEIVED as having contributed to a miscarriage. On the other hand, a contraindication is any woman who has a history of habitual or concurrent miscarriage. This is not someone who should be worked on at any time during the pregnancy.

As well, if a woman is receiving in vitro fertilization (IVF) it is counter-productive to work on her. A client in this situation would have received extensive hormone therapy to alter her natural hormonal state – reflexology could interfere with this program of therapy.

Since this patient will be investing tremendous amounts of energy and money in to create a receptive environment for this pregnancy it is important to not interfere.

As for working on pregnant women during the second and third trimester, go for it! Unless there are medical reasons to avoid treatment, reflexology provides a wonderful aid to women during pregnancy. But I believe that a guideline to follow whenever we are working on anyone is “*When in doubt, don’t!*”

Several local midwives send their clients to me late in pregnancy – especially if they are past their due date and induction is being considered. At that time, I have their full permission to work all of the reproductive reflexes and then some! We have had some success in initiating labour when the woman’s body is ready. ❖

### DISCLAIMER

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## UPCOMING EVENTS

### ICR

*Cairns, Australia*

September 14 - 16, 2007

### NSARP 3<sup>rd</sup> Annual Conference

*Bridgewater, NS*

September 29, 2007

### RAC AGM and Study Day

*Winnipeg, MB*

October 19 - 20, 2007

### RAC Conference and AGM

*Montreal, QC*

November 7 - 11, 2008

September 23 to 29 is World Reflexology Week!

For information, and to find out how you can support this important initiative, visit: [www.icr-reflexology.org](http://www.icr-reflexology.org).



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