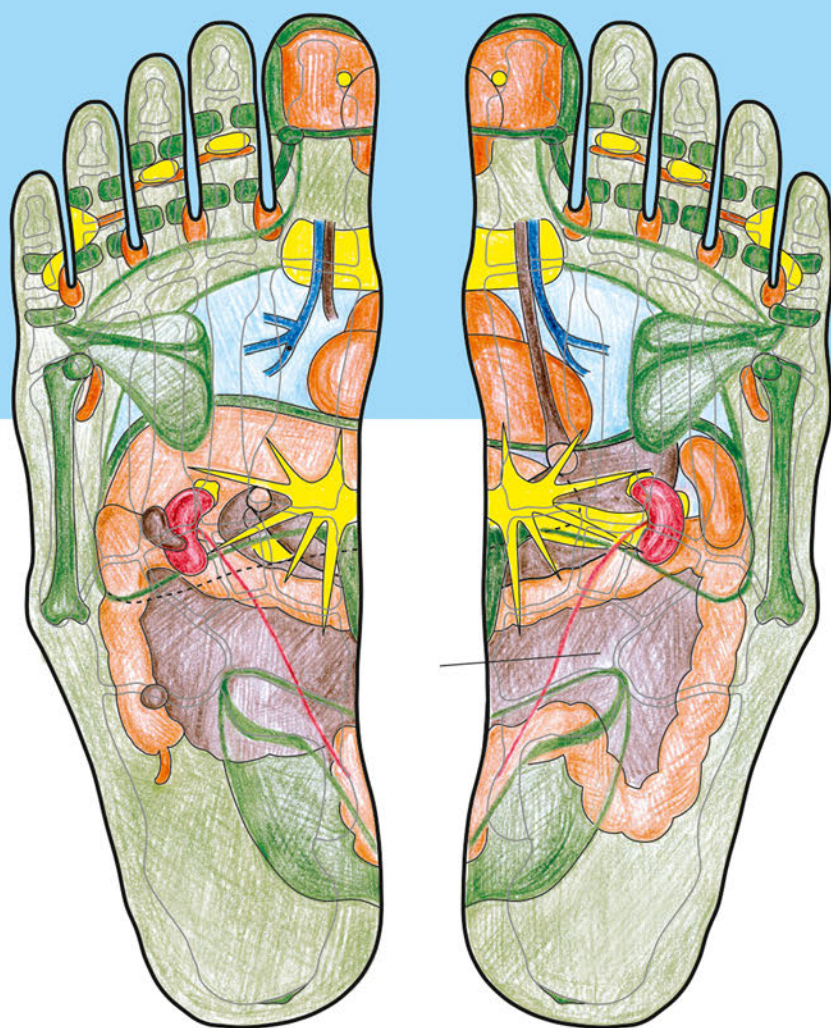


Reflexotherapy of the Feet

Hanne Marquardt

Second Edition



Dedicated to my children, grandchildren, and
great-grandchildren



Hanne Marquardt, registered nurse and naturopath, is a pioneer in teaching and practicing RTF. For almost 60 years she has trained around 80,000 therapists and set up 18 training centers around the globe. The founding school is situated in Königsfeld-Burgberg, Germany

Reflexotherapy of the Feet

Second Edition

Hanne Marquardt

International School of Reflexotherapy of the Feet
Königsfeld-Burgberg, Germany

88 illustrations

Thieme
Stuttgart · New York · Delhi · Rio de Janeiro

Library of Congress Cataloging-in-Publication Data
is available from the publisher.

This book is an authorized translation of the 7th German edition published and copyrighted 2012 by Karl F. Haug Verlag, Stuttgart. Title of the German edition: *Praktisches Lehrbuch der Reflexzonentherapie am Fuß*

Translator: Angela Trowell, Radstock, UK
Illustrator: Christiane Schott, Rottweil, Germany

2nd Czech edition 2016
1st Danish edition 2001
1st French edition 2004
1st Greek edition 2004
3rd Italian edition 2016
1st Japanese edition 2007
1st Korean edition 2010
1st Lithuanian edition 2006
1st Polish edition 2012
1st Portuguese (Brazil) edition 2005
2nd Russian edition 2016
3rd Spanish edition 2015
1st Swedish edition 2004

© 2000, 2017 Georg Thieme Verlag KG
Thieme Publishers Stuttgart
Rüdigerstrasse 14, 70469 Stuttgart, Germany
+49 [0]711 8931 421, customerservice@thieme.de

Thieme Publishers New York
333 Seventh Avenue, New York, NY 10001, USA
+1-800-782-3488, customerservice@thieme.com

Thieme Publishers Delhi
A-12, Second Floor, Sector-2, Noida-201301
Uttar Pradesh, India
+91 120 45 566 00, customerservice@thieme.in

Thieme Publishers Rio, Thieme Publicações Ltda.
Edifício Rodolpho de Paoli, 25º andar
Av. Nilo Peçanha, 50 – Sala 2508
Rio de Janeiro 20020-906 Brasil
+55 21 3172 2297 / +55 21 3172 1896

Cover design: Thieme Publishing Group
Typesetting by DiTech Process Solutions
Pvt. Ltd., India
Printed in Germany by
GCC Graphisches Centrum Cuno

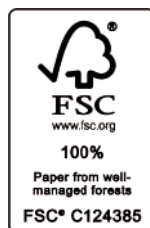
5 4 3 2 1

ISBN 978-3-13-125242-5
Also available as an e-book:
eISBN 978-3-13-203832-5

Important note: Medicine is an ever-changing science undergoing continual development. Research and clinical experience are continually expanding our knowledge, in particular our knowledge of proper treatment and drug therapy. Insofar as this book mentions any dosage or application, readers may rest assured that the authors, editors, and publishers have made every effort to ensure that such references are in accordance with **the state of knowledge at the time of production of the book.**

Nevertheless, this does not involve, imply, or express any guarantee or responsibility on the part of the publishers in respect to any dosage instructions and forms of applications stated in the book. **Every user is requested to examine carefully** the manufacturers' leaflets accompanying each drug and to check, if necessary in consultation with a physician or specialist, whether the dosage schedules mentioned therein or the contraindications stated by the manufacturers differ from the statements made in the present book. Such examination is particularly important with drugs that are either rarely used or have been newly released on the market. Every dosage schedule or every form of application used is entirely at the user's own risk and responsibility. The authors and publishers request every user to report to the publishers any discrepancies or inaccuracies noticed. If errors in this work are found after publication, errata will be posted at www.thieme.com on the product description page.

Some of the product names, patents, and registered designs referred to in this book are in fact registered trademarks or proprietary names even though specific reference to this fact is not always made in the text. Therefore, the appearance of a name without designation as proprietary is not to be construed as a representation by the publisher that it is in the public domain.



This book, including all parts thereof, is legally protected by copyright. Any use, exploitation, or commercialization outside the narrow limits set by copyright legislation, without the publisher's consent, is illegal and liable to prosecution. This applies in particular to photostat reproduction, copying, mimeographing, preparation of microfilms, and electronic data processing and storage.

Contents

Part I

General Principles	1
1 Historical Development of Foot Treatments	2
1.1 First Historical References	2
1.2 Developments in Modern Times	2
1.3 The Path from Reflexology to Reflexotherapy of the Feet	3
1.4 What are Reflex Zones of the Feet? An Examination Based on Current Understanding of Vital Processes	4
1.4.1 Known Relationships in Conventional Medicine	4
1.4.2 New Approaches in Research and Science—General	4
1.4.3 New Approaches in the Field of Medical Therapy	5
1.4.4 Reflex Zones as Microsystems and Information Carriers	5
1.4.5 Information about the Existence and Effect of the Reflex Zones of the Feet	5
1.4.6 Practical Working Models for Locating the Zones of the Feet	6
1.4.7 Summary	6
1.4.8 Abbreviated Form for Daily Practice	6
2 Two Working Models for a Practical Approach to Reflexotherapy of the Feet	7
2.1 The Grid Pattern according to William FitzGerald	7
2.1.1 Vertical Division into 10 Longitudinal Zones	7
2.1.2 Horizontal Division	7
2.2 Macrosystem of the Human Body as Recognized in Various Microsystems	7
2.2.1 Similarity in Shape between a Seated Person and the Foot	9
2.2.2 Anatomical Assignment of the Zones of the Foot	9
3 Basic Therapeutic Grips: Touching, Treating	13
3.1 Touch	13
3.2 Grip Technique	13
3.2.1 Basic Thumb Grip	13
3.2.2 Basic Index Finger Grip	15
3.2.3 Alternating Strokes	16
3.2.4 Stretching Grip	16
3.2.5 Sedating Grip	16
3.2.6 Rules of Grip Application	17
3.2.7 Learning Aids	18
3.3 Summary	19
4 Characteristics of Abnormal Zones; Limits of Dosage	20
4.1 Signs of Abnormal Zones	20
4.2 Signs of Dosage Limits	20
4.3 How to Deal with Overreactions during Treatment	21
5 Indications and Contraindications	23
5.1 Reliable Indications for Beginners	23
5.2 Contraindications	23
5.2.1 Absolute Contraindications	23
5.2.2 Relative Contraindications	23
6 Stabilization and Harmonization of the Autonomic Nervous System	25
6.1 Stabilizing Grips for Physical and Psychological Effects	25
6.1.1 General Information	25
6.1.2 Heel-stretching Grip	25
6.1.3 “Energy Cap”	26

6.1.4	Respiration-regulating Grip	26
6.1.5	Palms-to-Soles Grip	27
6.1.6	Yin-Yang Grip	27
6.1.7	Solar Plexus Grip	28
6.1.8	“Small Energy Cycle”	28
6.1.9	The Lemniscate—the Symbol for Infinity	29
6.1.10	“Groin opener”	30
6.1.11	Practical Advice	30
6.2	Eutonic Grips for Harmonization	31
6.2.1	“Webbed Toe” Grip	31
6.2.2	Shoulder–Arm Grip	31
6.2.3	Pelvis–Leg Grip	32
6.2.4	Sacrum Grip	32
6.3	Sphincter Treatment for Harmonization of the Autonomic Nervous System	33
6.3.1	Practical Application	33
6.3.2	Additional Possibilities	33
6.3.3	Sedate or Tonify?	34
6.4	Summary	34
7	Preparation for Treatment	35
7.1	The Relationship between Patient and Therapist	35
7.2	Instructions for the Patient	35
7.3	Preparing for the First Treatment	35
7.4	Patient Positioning during Treatment	36
7.4.1	General Instructions	36
7.4.2	Variations	36
7.5	Rules for the Therapist	36
7.5.1	Correct Posture	37
7.5.2	Observing our Own Breathing	37
7.5.3	A Healthy Distance	37
7.5.4	Summary	38
8	Pain—Its Purpose and Significance	39
8.1	Health, Disease, and Pain	39
8.2	Perceptions of Pain in the Zones and Methods of Treatment	40
9	Limits of Determination of Zones in Writing	42
9.1	Deviations in Related Zones	42
9.1.1	Physiological Deviations in the Location of Zones	42
9.1.2	Pathological Deviations	42
9.1.3	Summary	42
9.2	Reciprocal Effects of Disorders of the Feet and Organism	42
9.2.1	Effects of Foot Disorders	42
9.2.2	Effects of Disorders in the Organism	43
9.2.3	Additional Interpretations of Findings in the Feet	43
9.2.4	Summary	44
10	The Individual Groups of Zones	49
10.1	Introduction	49
10.2	Zones of the Head and Neck	50
10.2.1	General Information	50
10.2.2	Illustration of the Zones	50
10.2.3	Anatomical Location of the Zones	50
10.2.4	Treatment Technique	53

10.3	Zones of the Spine, Thorax, and Shoulder Girdle	54
10.3.1	General Information	54
10.3.2	Illustration of the Zones	54
10.3.3	Anatomical Location of the Zones	54
10.3.4	Treatment Technique	58
10.4	Zones of the Urinary Tract, Bones and Tissue of the Pelvis to the Knee	58
10.4.1	General Information	58
10.4.2	Illustration of the Zones	59
10.4.3	Anatomical Location of the Zones	59
10.4.4	Treatment Technique	62
10.5	Zones of the Endocrine System	64
10.5.1	General Information	64
10.5.2	Illustration of the Zones	64
10.5.3	Topography	64
10.5.4	Treatment Technique	64
10.6	Zones of the Respiratory Organs and Heart	68
10.6.1	General Information	68
10.6.2	Illustration of the Zones	68
10.6.3	Topography	68
10.6.4	Treatment Technique	70
10.7	Zones of the Digestive Tract	71
10.7.1	General Information	71
10.7.2	Illustration of the Zones	71
10.7.3	Topography	71
10.7.4	Treatment Technique	71
10.8	Zones of the Lymphatic System and Solar Plexus	74
10.8.1	General Information	74
10.8.2	Illustration of the Zones	74
10.8.3	Topography	74
10.8.4	Treatment Technique	77

Part II

Practical Part		79
11	The First Treatment as an Assessment	80
11.1	The Initial Perception of the Feet	80
11.2	Visual Inspection	80
11.2.1	Structural Analysis of the Foot	80
11.2.2	Tissue of the Foot	81
11.2.3	Skin and Nails	82
11.2.4	Temperature of the Feet	83
11.3	Palpation	84
11.3.1	Establishment of a Reliable Measure	84
11.3.2	Practical Application of Palpation	84
11.3.3	Differentiation between Symptomatic and Background Zones	85
11.3.4	Examples of the Same Symptomatic Zones with Different Background Zones	86
11.3.5	Summary	86
11.4	How to Work with the Treatment Card	86
11.5	Exceptions with Regard to Performing the First Assessment	89
11.6	Finishing a Treatment	90
11.6.1	Rest after Treatment	90
11.6.2	Suggestions for Active Involvement of the Patient	90
11.7	Summary	91

12	Performing the Follow-up and Final Treatments	92
12.1	Overview	92
12.1.1	Summary	92
12.2	Approach in the Follow-up Treatments	93
12.2.1	Treatment of Abnormal Zones	93
12.2.2	Points of Emphasis	93
12.3	Final Treatment	93
12.3.1	Performing the Final Treatment	93
12.3.2	Summary	94
13	Duration of and Intervals between Treatments	95
13.1	Duration of the First Assessment and Follow-up Treatments	95
13.2	Treatment Intervals	95
13.3	Duration of a Treatment Series	95
14	Reactions during Treatment Intervals	96
14.1	General Information	96
14.2	The Most Common Reactions	96
14.3	Dealing with Strong Reactions	99
14.3.1	General Information	99
14.3.2	Care during Strong Reactions	99
14.3.3	Examples of Severe Reactions	100
14.4	Negative Reactions, New Diseases	100
14.5	Summary	100
15	Right–Left Interchangeability of Zones of the Feet	102
15.1	General Information	102
15.2	Practical Aids for Differentiation	102
15.3	Summary	104
16	Management and Treatment of Pain in Acute Situations	105
16.1	General Information	105
16.2	Performance	105
16.2.1	Treatment of the Symptomatic Zone with the Sedating Grip	105
16.2.2	Simultaneous Treatment of Functionally Related Background Zones	105
16.2.3	Summary	107
16.3	Careful Treatment of Symptomatic Zones in Special Diseases	108
16.3.1	Examples	108
16.3.2	Summary	109
17	Therapeutic Support for Intensely Emotional Reactions	110
17.1	General Information	110
17.2	Practical Information	110
17.3	Additional Experiences	111
17.4	Summary	112
18	Treatment Combinations	113
18.1	General Information	113
18.2	Approved Combinations	113
18.2.1	In Physical Therapy	113
18.2.2	In Clinics, Rehabilitation Centers, and Sanatoriums	113
18.2.3	In Medical Practices	113
18.3	RTF and Medication	114
18.4	Treatment of the Extremities	114
18.4.1	Nonspecific Treatment of Zones of the Extremities	114

18.4.2	Collateral and Contralateral Treatments of the Extremities	114
18.4.3	Transferring Consensual Treatment to the Zones of the Feet	115
18.5	Accompanying Measures	115
18.6	Reflexotherapy of the Hand	117
18.6.1	Hands and Feet: a Comparison	117
18.6.2	Therapy of the Hand Zones	117
18.6.3	Performance of Therapy on the Hands	117
18.6.4	Special Indications	117
19	Self-treatment and Orthotic Foot Devices	119
19.1	Self-treatment	119
19.1.1	Possibilities	119
19.1.2	Limits	119
19.1.3	Good Indications for Self-Treatment	119
19.1.4	Summary	119
19.2	Mechanical Aids	119
20	Diagnostic Possibilities and Limitations	121
20.1	General Information	121
20.2	Differential Diagnostics	121
20.3	Additional Information	122
21	Treatment Suggestions	123
21.1	General Information	123
21.1.1	Tonifying and Sedating	123
21.2	Zones of the Head and Neck	124
21.2.1	General Information	124
21.2.2	Treatment Suggestions	124
21.3	Zones of the Spine, Shoulder, and Pelvic Girdle	129
21.3.1	General Information	129
21.3.2	Treatment Suggestions for the Spine	130
21.3.3	General Information about the Shoulder Girdle and Thorax	132
21.3.4	Treatment Suggestions for the Shoulder Girdle and Thorax	132
21.3.5	General Information about the Pelvic Girdle to the Knee	133
21.3.6	Treatment Suggestions	134
21.4	Zones of the Urinary Tract	135
21.4.1	General Information	135
21.4.2	Treatment Suggestions	136
21.5	Zones of the Endocrine System	139
21.5.1	General Information	139
21.5.2	Treatment Suggestions	139
21.5.3	The Thymus	143
21.6	Zones of the Respiratory Organs and Heart	144
21.6.1	General Information—Respiration	144
21.6.2	Treatment Suggestions for Respiratory Organs	145
21.6.3	General Information—The Heart	145
21.6.4	Treatment Suggestions for the Heart and Circulation	147
21.7	Zones of the Digestive Organs	149
21.7.1	General Information	149
21.7.2	Treatment Suggestions	149
21.8	Zones of the Lymphatic System	152
21.8.1	General Information	152
21.8.2	Treatment Suggestions	152
22	Pregnancy and Birth	156
22.1	General Information	156

22.2	Treatment during Pregnancy	156
22.2.1	Basic Treatment	156
22.2.2	Common Complaints	157
22.3	Complaints before, during, and after the Birth	158
22.4	Treatment of the Newborn	160
22.4.1	Summary	161
23	Treatment of Babies and Children	162
23.1	General Information	162
23.2	The Correct Dosage	162
23.3	Proven Indications	162
23.4	Summary	165

Part III

Special Topics and Further Developments		167
24	Special Groups of Patients	168
24.1	Chronically Sick and Bed-Ridden Patients	168
24.1.1	General Information	168
24.1.2	Special Chronic Diseases	168
24.1.3	Summary	170
24.2	Care of Patients in Palliative Medicine	171
24.2.1	Professional Support from Caregivers	171
24.2.2	Care Provided by Friends and Relatives	171
24.3	Sleep Disturbances	172
24.4	Anorexia Nervosa and Bulimia Nervosa	172
24.5	Allergies	173
25	Treatment of Scars with Reflexotherapy of the Feet	175
25.1	General Information	175
25.2	Performance	175
25.2.1	Choice of Scars for reflexotherapy of the feet (RTF)	175
25.2.2	Localization of Scar Zones	176
25.2.3	Treatment Technique for Scar Zones	177
25.3	Summary	177
26	Zones of the Teeth and Their Energetic Interrelationships	178
26.1	General Information	178
26.2	The Dental Chart	178
26.2.1	Practical Application	178
26.3	Summary	182
27	Zones of the Pelvic Ligaments	184
27.1	Indications	184
27.2	Contraindications	184
27.3	Treatment Technique	185
28	Zones of the Face and Neck	186
28.1	General Information	186
28.2	The Relationships in Detail	186
29	Zones of the Lymphatic System	190
29.1	General Information	190
29.2	Advantages of RTF Lymphatic Treatment	190
29.3	Indications and Contraindications	190

29.4	Practical Application of RTF Lymphatic Treatment	192
29.5	Possible Reactions	192
30	Interrelationships between Zones of the Feet and Meridians	194
30.1	General Information	194
30.2	What Are Meridians?	194
30.3	Practical Application	194
30.4	Meridian Afflictions in situ	196
31	Shared Practical Experience	197
31.1	Management and Treatment of Pain in Acute Situations	197
31.1.1	Threatening Ileus	197
31.1.2	Restricted Mobility of the Left Shoulder Joint	197
31.1.3	Acute Tonsillitis	197
31.2	Skeletomuscular Diseases	197
31.2.1	Ischialgia	197
31.2.2	Bursitis of Left Elbow	198
31.2.3	Severe Pain in Thigh and Hip on Right Side	198
31.3	Sports Injuries	198
31.3.1	Calcaneal Fracture after Accident	198
31.3.2	Fall during the Tour de France, Fracture of the Clavicle	198
31.4	Diseases of the Digestive Tract	199
31.4.1	Diverticulitis	199
31.4.2	Hemorrhoids and Constipation	199
31.4.3	Digestive Complaints	199
31.5	Diseases of the Urinary Tract	199
31.5.1	Recurrent Bladder Infections, Backache	199
31.5.2	Urethral Calculus on Right Side	199
31.6	Respiratory Disorders	199
31.6.1	Status after Pneumonia	199
31.6.2	Chronically Blocked Nose	200
31.7	Headaches	200
31.7.1	Headaches since Childhood	200
31.7.2	Migraine	200
31.8	Gynecology	200
31.8.1	Hot flushes	200
31.8.2	Amenorrhea	201
31.8.3	Cyst on the Left Ovary	201
31.9	Pregnancy and Birth	201
31.9.1	Preparation for the Birth	201
31.9.2	Urinary Retention in 9th Week of Pregnancy	201
31.9.3	Induction of Labor via the Feet	202
31.10	Treatment of Infants	202
31.10.1	Experiences in the Premature Baby Intensive Care Unit	202
31.10.2	Intestinal Colic, Torticollis	202
31.10.3	Congested Tear Duct	203
31.11	Treatment of Children	203
31.11.1	Spasmodic Torticollis, Acute	203
31.11.2	Tics Presenting as Blinking of the Eyelids	203
31.11.3	Constipation, Lack of Peristalsis	203
31.12	Treatment of the Elderly	204
31.12.1	Hardness of Hearing at 101 Years Old	204
31.12.2	Condition after a Complex Fracture of the Radius and Mastectomy on the Left Side	204
31.13	Self-Treatment	204
31.13.1	Positive Gynecological Results	204
31.13.2	Scar Treatment—Transferred from the Microsystem to the Macrosystem	205

31.13.3 Cyst on Right Ovary 205

31.14 Lymphatic Disorders 205

31.14.1 Chronic Suppurative Otitis Media, Bronchitis and Sinusitis 205

31.14.2 Glandular Fever 205

31.14.3 Lymphedema of Both Legs 205

31.15 Allergies, Skin Diseases 206

31.15.1 Allergic Rhinitis 206

31.15.2 Allergic Cough 206

31.15.3 Condition after Herpes Zoster, Allergies 206

31.16 Neurological Diseases 206

31.16.1 Stroke with Cerebral Hemorrhage 206

31.16.2 Restless Legs 207

31.16.3 Multiple Sclerosis, Granuloma of the Right Maxilla 207

31.17 Cancer 207

31.17.1 End-Stage Lung Cancer 207

31.17.2 Acute Bladder Infection after Surgery for Breast Cancer 207

31.17.3 Condition after Breast Cancer, Left Side 208

31.18 Palliative Care, Terminal Care 208

31.18.1 A Special Good Bye 208

31.18.2 Experiences with In-patients 208

31.19 Teeth as Interference Fields 209

31.19.1 Sacroiliac Joint / Lumbar Spine Complaints 209

31.19.2 Knee Complaints 209

31.20 Scars as Interference Fields 209

31.20.1 Clavicle Scar as Interference Field with Pain in Lumbar Spine and Sacroiliac Joint 209

31.20.2 Status after Gall Bladder Operation, Diarrhea 209

31.20.3 Uterine Fibroid Surgery 210

31.21 Postoperative Treatment 210

31.21.1 Status after Total Endoprosthesis, Right Knee 210

31.21.2 Status after Sigma Resection 2007 210

31.22 Combination Treatments 210

31.22.1 Condition after Operation for Pleural Empyema and Effusions 210

31.22.2 ADHD, Hyperactivity 211

31.22.3 Multiple Myogeloses 211

31.23 Miscellaneous and Special Issues 211

31.23.1 “Heel Spur”—Chronic Constipation 211

31.23.2 Pelvic Ligaments and Belly Dancing 211

31.23.3 Piercing 211

31.23.4 Astigmatism, Inflamed Tonsils 212

31.23.5 Symptoms on the Foot 212

32 Summary of the Method 213

Part IV

Appendix 215

33 Authorized RTF Schools and Further Information 216

34 Figure Sources 217

35 Technical Terms 218

36 Bibliography 219

37 Index 220

Foreword to the First Edition

I gladly accepted the offer of writing the foreword to this book for two reasons. First, as a professional physician and acupuncturist, I have for years been working on the phenomenon of projections of the whole body into various microsystems; second, I have known Hanne Marquardt for a long time and have myself experienced the profound and convincing effect of RTF on my own feet.

The projection of the organism to clearly circumscribed parts of the body is a known phenomenon. Many new holographic fields, such as ear, skull, nose, hand, and oral cavity have been described during the past decades. Microsystems are used by a large number of therapists all over the world to treat patients, but treatment based on the “microsystem of the foot” can rightly be called the oldest and most widespread method. As a great deal of therapeutic experience exists over a number of decades, RTF does not require much further recommendation.

However, from a strictly scientific point of view a number of questions remain open as the results achieved in everyday work on this microsystem reach beyond that which can be explained by known neural reflex mechanisms.

None of the microsystems can be understood or classified without considering their basic phenomenological character. According to their essence and functions, microsystems are self-reflections of the whole—the macrosystem—each in their own individual and specific way. Their significance lies in the correlation between themselves and the whole: autonomous control systems that strive for homeostasis and harmonization. In modern physics, professionals are beginning to orient themselves in a holistic universe (David Bohm). Chaos and fractal research offers an insight into the openness of non-linear, unrestricted systems, which ultimately suggest a transparent view within the constant repetition of reflections of the whole. A new theory explaining the holistic phenomena of the development of plants, animals, and human beings at the embryonic stage originates from China, the motherland of acupuncture, and is leading to astonishing practical results in agriculture and

medicine. In this context, the following remark by Goethe seems appropriate: “No phenomenon is self-explanatory; only many together in methodical order bring about what can be called a ‘theory.’” More important than the effect of a quantitative summary is the qualitative aspect, which alone leads to the unification of all parts. The parts can guarantee the whole as they carry its information as an intrinsic memory in themselves.

The fear that the basic understanding of our human nature could fail due to the recognition of similarities and self-reflections, originates from the old perception of the world and human nature. But time goes on and it leaves us behind if we don’t have the courage to accept and recognize the many changes in our environment that are already obvious.

For 58 years Hanne Marquardt has been working with this method. Her name is closely connected with it and she is rightly acknowledged to be the person responsible for developing reflexotherapy of the feet into a convincing method accepted by medical professionals. She developed it from a basic knowledge to a professional level in Germany and in a number of other countries. The reliability of this therapy has been proved not only by Hanne Marquardt, but by many other therapists besides and after her. They have all worked with these zones in their everyday practice and found them effective. This English edition by Hanne Marquardt is written completely anew and covers her whole professional life’s work and conclusions in this field.

To deal with phenomena and similarities demands a clear working concept: Hanne Marquardt is not only gifted with intuition and sensitivity, but also with a remarkable ability to define her thoughts precisely. These professional skills and personal qualities made it possible to teach this method.

Her special charisma shows in her devotion to people: she convincingly teaches her pupils that through an empathic touch the patient can confidently open up and the therapist will be able to increase his/her inner respect for each patient’s individual course of life.

Many practical references as to how therapists can accompany their patients through their specific times of suffering add weight to the book

and make it stand out against the average professional literature.

Jochen Gleditsch, MD

*Honorary President of the German Medical Society
For Acupuncture (DÄGfA),
Specialist in otorhinolaryngology and dentistry,
Lecturer in acupuncture, University of Munich,
Germany*

Tao Te Ching, 11th Verse

We join spokes together in a wheel, but it is the center hole
that makes the wagon move.

We shape clay into a pot, but it is the emptiness inside that
holds whatever we want.

We hammer wood for a house, but it is the inner space that
makes it livable.

We work with being, but non-being is what we use.

Laotzu

Translator: Stephen Mitchell

Preface to the Second Edition

With this new English edition of the textbook *Reflexotherapy of the Feet*, all the latest developments of this treatment method are now also available to the English-speaking world. Thieme Publishers and Haug Verlag have loyally covered the subject of feet for more than forty years, highlighting our mutual appreciation of it. This is also reflected in the translation of my books into a further 14 languages. My heartfelt thanks go to all those concerned.

The significantly expanded textbook is the culmination of almost 60 years of professional “foot work.” The people from then have undergone major changes over this long period, and the method has been constantly adapted in various ways to meet their particular requirements.

This is reflected in the book by many new insights into therapeutic connections and possibilities.

The following is new to this edition:

- An in-depth examination of the question: What are the reflex zones of the foot?
- Development of the lymphatic zones as an important, contemporary supplement to traditional treatment of the feet.
- New facial zones and their therapeutic benefits.
- A detailed explanation of the therapeutic key to similarity in shape.
- Use of the zones of the pelvic ligaments.
- Assignment of the “tooth microsystem” to the zones of the feet and its practical use.

- The therapeutic “bridge” between the zones of the feet and the meridians.
- New grips to stabilize the autonomic nervous system, e.g., use of the zones of the sphincters, work with the sign of infinity.
- Connection between tonus regulation (Eutonia) in the person in situ and the zones of the feet.
- Development of new grips for ergonomic use of the therapist’s hands
- An extensive collection of therapists’ experiences “From Practical Experience – For Practical Application” from 25 therapeutic areas
- Studies and publications involving Reflexotherapy of the Feet.

Special thanks are due to all the teaching therapists at our professional schools who for decades have had a significant involvement in the development of reflexotherapy in Europe and beyond. I would also like to thank the countless patients from whom we have been able to gather all our experiences.

I hope that this new English edition will contribute to the further appreciation of this extraordinary and contemporary form of therapy. Holistic manual methods such as working with the feet are of particular value today: they quite literally touch the whole person and help them “onto their feet,” thus providing an urgently needed supplement to modern medicine.

Hanne Marquardt

Preface to the First Edition

Two years prior to publication of this book, I spent a few hours every day throughout an entire summer with a young Armenian interpreter working on the translation into English of my textbook. Several years previously she had helped us when we were establishing the School of Reflexotherapy of the Feet in Yerevan, Armenia, by impressively interpreting in many of our practical courses from English into Russian and Armenian. The work we did together on that project was also the basis for a translation of the English manuscript into Russian. I would like to express my special thanks to Ms. Anahit Badalian in recognition of this exceptional accomplishment.

Ms. Joanne Stead also deserves my sincere thanks for her very sensitive editing, proof-reading, and amending of the original translation of the book.

My particular thanks go to those responsible at Thieme International Publishers for including my book in their series. "Reflexotherapy of the Feet" is thus one of the first English-language textbooks available on the market for health professionals. It offers a necessary and comprehensive survey of the developments in the treatment of feet over the last 40 years. It is my sincere wish that the findings and collected experiences may meet the needs of today's therapists and patients.

Hanne Marquardt
March 2000

Part I

General Principles

1	Historical Development of Foot Treatments	2
2	Two Working Models for a Practical Approach to Reflexotherapy of the Feet	7
3	Basic Therapeutic Grips: Touching, Treating	13
4	Characteristics of Abnormal Zones; Limits of Dosage	20
5	Indications and Contraindications	23
6	Stabilization and Harmonization of the Autonomic Nervous System	25
7	Preparation for Treatment	35
8	Pain—Its Purpose and Significance	39
9	Limits of Determination of Zones in Writing	42
10	The Individual Groups of Zones	49

1 Historical Development of Foot Treatments

1.1

First Historical References

Development of reflexotherapy of the feet (RTF) from its earliest beginnings to today probably followed a path similar to many other forms of treatment which are now generally accepted. There have always been people with special abilities whose instinct and intuition have told them what is needed for particular illnesses, because they are far more in touch with natural connections and cosmic laws.

Over the centuries ancient knowledge regarding the healing powers of herbs, for example, developed into phytotherapy, while piercing certain points on the body with simple, pointed objects (already historically documented in ancient times) became acupuncture, and sharpened stones and metals used to perform internal procedures on people in earlier times marked the beginnings of surgery.

The beginnings of foot treatments that are now practiced in the Middle East have already been substantiated by millennia-old **Egyptian pictographs** (Fig. 1.1), showing that the feet—as well as the hands—are well suited to treatment. In this regard the words of a high official may be approximately rendered as, “Cause me no pain!”—with the response, “I will conduct myself in such a way that you will praise me.”

There are also records from the **Far East** of marks on the feet as a result of ancient ritual practices. These are frequently found on the soles of the feet of Buddhist statues, and it is likely that they were for the purposes of religious worship. For decades, however, a simple (and often very painful) treatment of the feet was performed as

a folk remedy in various countries of the Far East, and this was probably the result of more recent Western principles.

Since the last century evidence has also emerged from the **Western world** that the indigenous peoples of Central and North America treated their sick using points on the foot. **Christine Issel** (USA) researched the topic in depth, and in 1990 she compiled interesting evidence in her book *Reflexology: Art, Science and History*. The Cherokee Indians appear to be the only tribe for which there is evidence that they have continued using foot therapy until modern times. It is supposed that they acquired their knowledge from the Incas of South America.

According to ancient sources, various physicians in **Europe** were already performing a kind of zone therapy in the Middle Ages. At the beginning of the last century, in a book **Henry B. Bressler** refers to a document in which around 1,582 physicians described treatment of areas of the hand and foot and the astonishing results they obtained in people who were sick.

All this goes to show that from time immemorial the feet have been ascribed a major, multi-dimensional significance in many human cultures.

1.2

Developments in Modern Times

In the first instance, anyone performing foot treatments today refers to **Dr. William FitzGerald**, an American ENT physician (1872–1942), who in 1917 published the book *Zone Therapy* with **Dr. Edwin Bowers**. No explicit reference is made, either in his literature or in former colleagues’ accounts, to the sources from which he developed his most important “tool,” viz. the division of the human body into 10 longitudinal zones. As FitzGerald also worked in London, Paris, and Vienna for several years, it is supposed that there he came across old European literature that accorded with this view. Another assumption is that he acquainted himself with the general principles of acupuncture while living in Europe and possibly stylized the 12 familiar main meridians to form 10 longitudinal zones.

The **basic concept** of his work, which he discovered empirically through many years of private practice, was that all the strains and disorders of organs and tissues found in any 1 of the

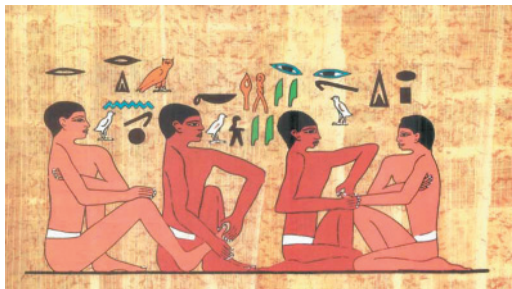


Fig. 1.1 Egyptian pictography (approx. 4,500 years old).

10 longitudinal zones can be therapeutically influenced from the head downward to the hands and feet within this longitudinal zone. Regardless of where FitzGerald obtained his information and notwithstanding that his proposed treatments sometimes appeared bizarre (among other things, he used metal combs, clothes pegs, and thin wooden sticks), this 10-zone grid (Fig. 2.1) has continued to provide a reliable working model for our foot treatments up to the present day. It was also in FitzGerald's book of 1917 that I found the first representation of organ zones on the foot.

The historical literature reveals that in spite of a number of detractors, FitzGerald not only treated his own patients highly successfully in accordance with this tried and tested grid pattern, but he also provided practical training for physicians and therapists from different fields for many years. In a later document, one of his closest colleagues, **Dr. George Starr White**, describes how zone therapy was one of the best-known forms of therapy in the United States in 1925.

The American masseuse **Eunice Ingham** (1888–1974) drew on these experiences in the early 1930s. Unlike FitzGerald, however, she did not treat various points on the human body but focused on the feet, through which the 10 body zones also pass. She developed a special treatment technique which she initially called “The Ingham Method of Compression Massage.” In 1938 she published the first written synopsis of her experiences under the title *Stories the Feet Can Tell*, and this was followed by her second book, *Stories the Feet Have Told*.

Her work generated widespread interest under the term “Reflexology,” especially among lay

people. Both her books were published in the United States as well as in many other countries, and her knowledge continues to be used as the basis for self-help and health maintenance by many health-conscious groups to this day.

1.3

The Path from Reflexology to Reflexotherapy of the Feet

In 1958, as a 25-year-old nurse and therapeutic masseuse, I first read about foot treatment in E. Ingham's book (see above). Since I had trained as a State Registered Nurse in England, the subject was of interest to me, not least because of the language, although its content initially seemed very strange. Above all, I found it implausible that improvements in a person's condition could be achieved at far removed locations just by “applying pressure” to special points on the foot. However, therapeutic curiosity impelled me to examine the specified areas corresponding respectively to the patient's symptoms. To my surprise, not only were they painful but treating them resulted in significant alleviation of the patient's symptoms.

Soon I was employing this new method almost exclusively. Owing to the fact that from the outset I was working with **patients**—and not, as occurs in the United States and other countries, with **clients**—the transition from well-being and prevention to therapy occurred almost of its own accord.

In 1967 I began offering courses for specialists and regarded this training as supplementary for



Fig. 1.2 Foot zones 1917; FitzGerald: *Zone Therapy*.

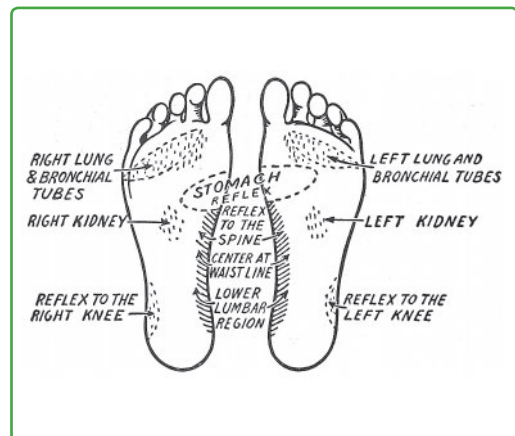


Fig. 1.3 Foot zones 1938; Ingham: *Stories the Feet Can Tell*.

medical therapists with an interest in this area. Not until later did I realize that distinguishing RTF from the lay method made it relatively easy to employ RTF professionally in physical therapy practices, hospitals, and rehabilitation centers.

From 1973 onward, a series of further education and training centers were set up at home and abroad thanks to the high level of demand from therapists and patients.

In 1975 my first book *Reflexzonenarbeit am Fuß* (Reflex Zone Therapy of the Feet. A Comprehensive Guide for Health Professionals) was published. It is still of interest as an introduction to the subject and has now reached 25 editions. At the time, new zones on the foot had already arisen out of practical experience, which refined the anatomical location of traditional zones.

In 1993 the publisher Hippokrates brought out the professionally oriented *Praktisches Lehrbuch der Reflexzonenarbeit am Fuß* (Reflexotherapy of the Feet), which has been translated into 14 languages to date.

In 2008 we celebrated 50 years of reflexotherapy of the feet with a large and festive party for professionals at which we presented our work and its many developmental stages.

More about the way in which RTF has developed can be found in my autobiography *Unterm Dach der Füße*.

1.4

What are Reflex Zones of the Feet? An Examination Based on Current Understanding of Vital Processes

As new schools of thought have also emerged in medicine in recent decades, an examination of this question is now more feasible. Above all, the findings of neurobiology and brain research have contributed to a greater acceptance of therapies collectively referred to as Complementary and Integrative Medicine.

The designation “reflex,” formerly only used in a neural sense, has been expanded and is now frequently used in connection with fields where empirical evidence exists to demonstrate the functional connections between the part and the whole in the sense of “reflection.”

The following list of interactions between the person and the foot cites the anatomical factors known in orthodox medicine first, followed

by a larger section given over to methods dealing with the many research projects and discoveries of recent times and on which our many years of practical experience with RTF can also be based.

1.4.1 Known Relationships in Conventional Medicine

Differentiated relationships exist between the feet and the whole person.

- The foot is pervaded by far greater numbers of receptors than other parts of the body. Among other things, this might suggest its special role as a “microsystem” (connection and interaction between the part and the whole). These receptors can be accessed by all kinds of stimuli. They are forwarded to the spinal cord via afferent nerve fibers and either connected in segments or forwarded to the brain.
- Vegetative receptors and nerve fibers of the skin and tissue of the foot are addressed by manual and other stimuli and connected to the pre- and postganglionic synapses.
- The fasciae which run through the whole body—and thus the foot too—are in constant communication with each other. Their information exchange can be activated by corresponding therapies, as well as by RTF.
- The potential of the whole person for development is present in every individual cell at the outset. Each cell interacts with all the others as an organ of perception and an information carrier. This knowledge is confirmed by recent research by Professor Y. Zhang *Embryo Containing Information of the Whole Organism*.

1.4.2 New Approaches in Research and Science—General

Western science has been lopsidedly homing in on detail at the expense of fundamental interconnections for a long time. To offset this, developments have been underway since the last century in many areas of research dealing with the interaction between the greater whole and its parts: Niels Bohr, Fritjof Capra, Benoit Mandelbrot, and Bruce Lipton are some of the pioneers of this more diversified, open-minded and lively approach.

Rupert Sheldrake, for example, has been researching “morphogenetic fields” (intangible shape and form developments) for decades and presumes that shapes are produced by oscillatory processes. David Bohm has been exploring the

perpetual developments and interactions of life from which he has derived a holographic view of the world. Through his detailed explorations of the phenomena of chaos and time, **Ilya Prigogine** has made a significant contribution to a new understanding of the laws of nature and the interconnectedness of all biological systems. **Masaru Emoto** devotes himself to the sensitive qualities of water as a multi-faceted information carrier of major significance for the future of mankind.

1.4.3 New Approaches in the Field of Medical Therapy

To name but a few: in the 1970s **Alfred Pischinger** stated in *The Extracellular Matrix and Ground Regulation* that living systems are highly interconnected and “openly exchange energy with their surroundings.” His *matrix* research is of great significance for the understanding of microsystems (see below). Meanwhile, more than 200 years ago, and far in advance of his time, **Samuel Hahnemann** was already speaking of the intangible transfer of information in the field of homeopathy. **Reinhold Voll** succeeded in demonstrating the invisible flow force in meridians using electroacupuncture measurements. **Bernard Bricot** and others have developed dynamic new forms of movement and studies of the human postural system in which the feet are assigned a leading role. *Soma* and *Psyche* are also being reunited in a great variety of treatment methods today.

1.4.4 Reflex Zones as Microsystems and Information Carriers

Small “screenlike self-images” which communicate with the macrosystem, the whole, in the sense of “networks resembling control circuits” are today described as microsystems. Recent studies have confirmed that the possibilities of resonance between the macrosystem and microsystems are always present neutrally and can be activated by corresponding treatments.

Since the last century the last century, physicians and therapists with their spirit of discovery uncovered a number of microsystems and reflex zones and developed these into innovative treatment methods. The most well-known are as follows:

Eye (I. v. Peczely), Nose (W. Fliess, N. Krack) Ear (P. Nogier), Teeth (R. Voll, inter alia), Oral Cavity (J. Gleditsch), Tongue (TCM, inter alia), Skull (T. Yamamoto), Hand and Foot (W. FitzGerald, E. Ingham), Lower Leg (R. Siener), and so on.

However, with its clear similarity to the shape of a seated person, the foot is the microsystem which most accurately reflects the relationship of the part to the whole.

1.4.5 Information about the Existence and Effect of the Reflex Zones of the Feet

Clinical Studies and Publications

- Headache study 1990 Universitat Autònoma de Barcelona
- Sports study 1998 Johannes Gutenberg University Mainz
- Renal perfusion study 1999 Innsbruck University Hospital
- Bowel perfusion study 2001 Innsbruck University Hospital
- Study of patients with gonarthrosis 2006 Friedrich Schiller University Jena

Empirical Experience

- **Sick persons** experience sensations of pain of various kinds and/or symptoms of the autonomic nervous system in associated zones of the feet which do not occur in treatment of **healthy individuals**.
- Acute and chronic painful conditions, functional diseases of the musculoskeletal system, the internal organs, the motor and autonomic nervous systems, the immune and endocrine systems, and emotional disorders can be improved or cured by RTF, within the regenerative capabilities of the individual patient.
- RTF influences basic functions in people who cannot express themselves verbally; for example, infants, those who are unconscious, the severely disabled, or those with multiple disabilities. Among other things, the following may be observed: better intestinal and renal function, improved respiration and cardiovascular activity (observable on the monitor!), stabilization of restlessness—always within the limits of the existing disorder. RTF is also effective for animals.
- The basic matrix information (see above) is also effective for tetraplegics and paraplegics as well as long-term diabetics. We can therefore also obtain some improvements in various organ functions of these patients, although the effects cannot be directly demonstrated by the autonomic nervous system.

Additional Features and Observations

- As a therapy of self-regulation, RTF supports an individual's own healing powers and acts at both tangible and intangible levels. It provides the most important remedy for people, namely **touch** (Paracelsus).
- With RTF it must also be borne in mind that evidence and treatment outcomes can never be completely objective regardless of the manner in which they are obtained and by whom because, as an individual, a person is more than an "object." In recent times it has been confirmed through the discovery of mirror neurons that the thoughts and feelings of both the therapist and the patient alter the respective measurement values (G. Rizzolatti).
- Touching one part of a person, such as the foot, always acts as an instrument of communication with the whole body and can trigger targeted responses and changes at remote, functionally and/or energetically associated points.

1.4.6 Practical Working Models for Locating the Zones of the Feet

1. The **10-zone grid** with which W. FitzGerald divided the human being into uniform vertical fields running from the head to the feet. In this way he was able to empirically substantiate the interrelationship between the "macrosystem" (the whole) and the "microsystem" (the part).
2. The principle of **the similarity in shape** between a seated person and his or her feet. In its brilliant simplicity, this serves as the key to the largely exact localization of the individual zones of the feet.

1.4.7 Summary

In therapeutic circles the term "foot reflex" has become established as an abbreviation for the method. For a better understanding of the fact that this does not mean reflexes in the neural sense, the term reflex zones can be seen as an image of a whole in a small area, as one finds in the "reflex" camera, for example. In routine practice reflex zones are usually referred to simply as zones.

We anticipate that current information about the subject will be supplemented by additional and differentiated findings in future. However, the general principles of today can already contribute to a deeper understanding of vital processes—in general medicine and manual treatments as well. The observation that an increasing number of doctors are also open to the inclusion of evidence-based (based on experience) treatment methods when caring for patients is encouraging.

With all the understandable necessity to prove the effects of RTF from our side too, our patients continue to be the most significant advocates of the method because they provide daily confirmation that it works, and how!

1.4.8 Abbreviated Form for Daily Practice

What is "Reflexotherapy of the Feet (RTF)"?

In the reflex zones of the feet we work in a so-called microsystem, a "screenlike self-image" in miniature, which is in an interactive relationship with the macrosystem, the whole person. RTF belongs to the group of complementary treatment methods which address and re-orient the person at all levels, always within the context of their regenerative capabilities, as a regulation therapy. It does not combat or suppress symptoms but supports the patient's self-healing powers, their "inner doctor."

Although the areas of the feet are not reflexes in the neural sense, the use of the term "reflex" has become more widespread in therapeutic language in recent decades. It may be understood as the reflection of the large image on the small surface of a "reflex" camera.

As a manual form of therapy, RTF conveys the important medicine of touch. The different responses of the patient to the therapeutic impulse make individual treatment of individual pathologies possible.

Dividing the human being into 10 imaginary longitudinal zones which extend as far as the feet (W. FitzGerald), and the similarity in shape between a seated person and a foot (our logo), are proven working models and aids to orientation for reliable location of the individual zones.

There are clinical studies and further publications regarding decades of empirical experience.