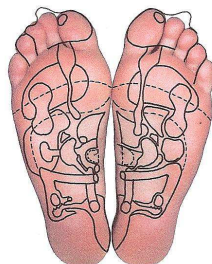
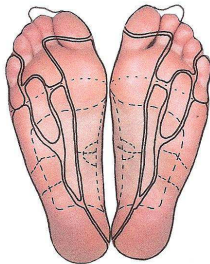
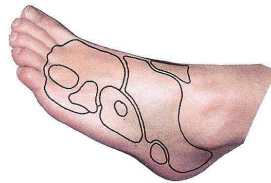
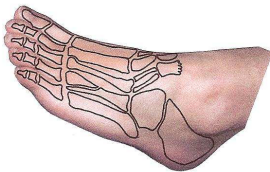
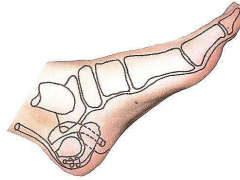
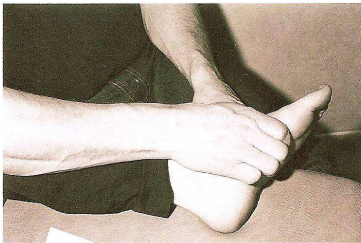
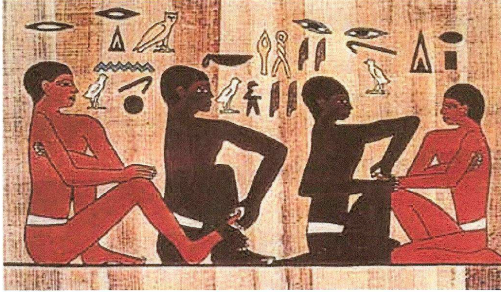


International Lecture - 2008 - 3D

Picture 1: Introduction. Egypt and the reverse hand grip technique



Hi, my name is Henrik Hellberg and I have been in the industry/field of health, healing and wellness for about 30 years. I work with Reflexology which is one of the world's oldest healing arts along with acupuncture and ayurveda.

This therapy has developed a lot over the last 20 years, with specific focus on the motorium/alt.the locomotor functions of the body When I started at the end of the 70s and had worked for some years, I was so fascinated that reflexology actually worked,

with its simple methodology.

I had some criticism against established reflexology treatment, in particular regarding the reflexology body maps which were focused on various individual body parts. It seemed to me that, something was missing.

When people came with, for example, specific injuries in their muscular/skeletal system it was not always presenting itself in the expected zone, which would have reacted with pain. Instead there were other zones in other places that reacted. These findings became the basis for 12 years research, during which a new concept was created, which I called three-dimensional Reflexology/zone therapy.

Knowledge comes and goes in history. These ancient healing arts have been found in all older cultures and on all continents. One of the most famous documents came from Sakkara, south of the great pyramids in Egypt. Please note that in the doctors' Tomb (2330 BC) were found both images and texts in which reflexology was applied/exercised.

The text reads: The patient asks: - "Do not hurt me!" The physician answers - "I will treat you in such a way that you will instead sing my praises!"

What kind of issues does a reflexologist work with in the 21st Century? In zone therapy treatment today we work mostly with chronic conditions, with very good results. Our most common customer often comes from the established school of medicine with a diagnosis that (often) states that 'this diagnosis , you will have to learn to live with'. We are able to turn around most conditions for patients coming to zone-therapy whether they believe in the therapy or not.

What happens in the body when you receive zone therapy? Zone Therapy is mainly focused on healing of inflammation, subsequently the additional benefit of the treatment process is

that it also takes away pain and suffering.

The organism's most powerful healing tool is inflammation and fever and by increasing the internal fire with reflexology, chronic ailments will heal. That is why the old ailments often come back for a short time, during a healing phase. As long as the body receives the needed stimulus it always strives to uphold homeostasis or equilibrium. Health is actually a natural state. In this context will be easy to think of the wise words of Hippocrates - the father of medicine -: Nature SOLELY has the ability to restore. The doctor's mission is to serve, and consists of supporting nature in its quest to heal and make whole. It is probably necessary that we all over the world are beginning to understand that we can not go against nature with quick palliative measures with pills of all kinds. It is not strange that we in the West has the largest number of chronically ill with all the suffering that follows - physically, emotionally and mentally.

During my 25 years as a teacher of alternative medicine I have educated and trained thousands of students who in turn has helped a great many people. We work with case studies where each successful case underlines this method's supremacy. It's success has been proved by experience (alternative: empirical evidence), which in turn leads to an increased awareness and knowledge. Those who are reflexologists come from all professions, and have basically a genuine human interest, to be able to help.

After having taken this course the practitioner will have a toolbox with various techniques that can be individually adapted to the customer's needs.

The 3D system is tailor-made for anatomical thinking and you can see it displayed even in the build of the foot.

Let me explain a concept called **structural thinking** and that the whole is reflected in the individual parts.

We take it to be so obvious today that the whole is in the individual cells through DNA code. ,Then we jump, without steps in between, to speak about the whole person and the organism as the next obvious whole. We who are working with reflexology realize that the whole system are also represented in the different body parts. And it does not stop there. - but the various body parts can be built into various forms (systems) that form a mosaic of different building blocks that make up a whole new system. Consider for example one foot, hand, ear, etc.. where there are different structures that together form an integrated system like the DNA code. Everything is interconnected with our obvious subconscious system that we call the autonomic nervous system. This large system that is our internal organizer has total control of the situation and react to the situation with appropriate signals of pain directed outwardly to different body parts. We distinguish between two types of pain. The visible recognizable pain that makes itself felt in both motion and rest.

It often has its origin from our internal organs, but it manifests itself externally as a warning.

Like a car when it lights up a warning lamp on the instrument board when something is wrong with the motor or electronics. The difference is that the car will be submitted to the workshop to fix the error so that the light turns off, while in traditional medicine we symbolically stop the car and cut off the warning lamp (with pain relievers, cortisone chemotherapy, etc.) and proceed to run as nothing has happened. This is the short-term solution which unfortunately can lead to serious accidents later in life. The other pain reflexologists are working on is hidden to us because it is not present in our daily consciousness. We call this pain 'stored energy' or 'potential energy' that can be used for

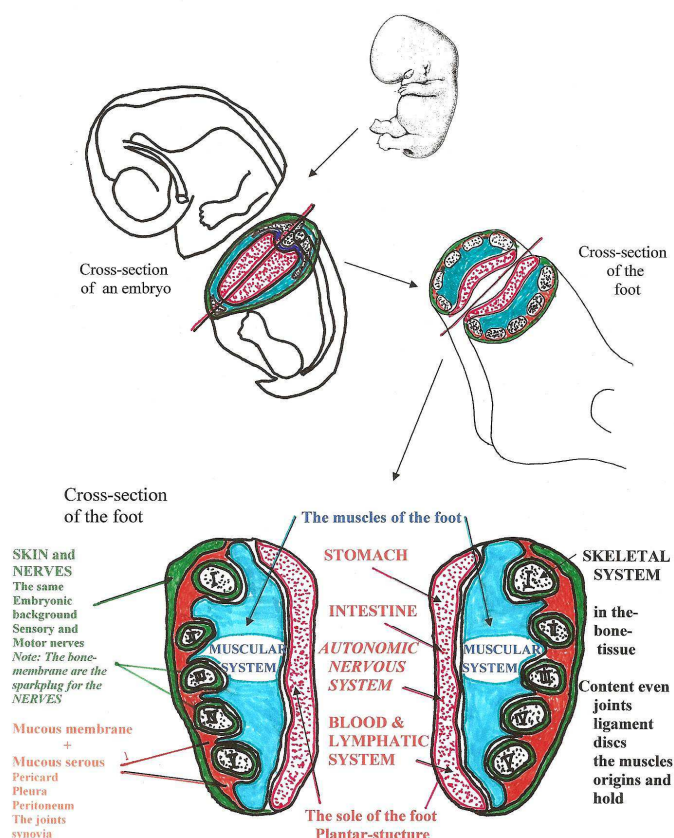
healing work.

The starting point is that a current body part (muscle, organ etc) sends out a signal (a stimulus) when there is a functional disorder, via the autonomous system, which in turn will store pain in the corresponding part of the reflex zone system as an "investment".

When the zone therapist brings up pain to the surface by his massage mode, the energy is converted into kinetic energy which is sent back where it came from and provides an energy surplus to the current body-part

Picture 2

The body different structure tissue layer

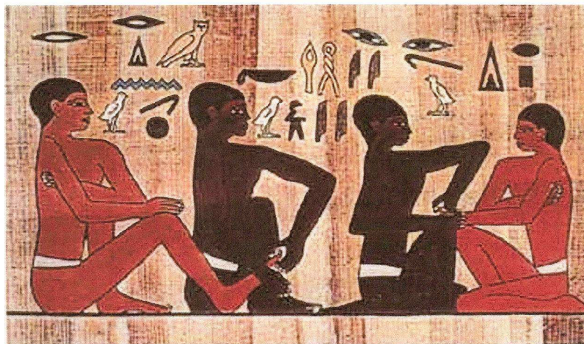


The 3-dimensional reflexology works with a structural approach. This means that the foot tissues always have their counterparts in the body's structures. The foot's plantar side, or underside, with its special structures in terms of fat and connective tissue - corresponds particularly to digestive organs- . The muscles of the feet correspond logically to the body's muscles. The bones and joints of the feet correspond to the body's bones and joints. The dorsal side of the foot corresponds to the skin and nerves. In case of a skeletal and muscle injury somewhere in the body , the reflex zone system responds with increased pain in the corresponding area on foot.

The 3D zone therapy places sole together with sole (organ-zone against organ-zone) as if you have a grilled chicken that is divided in the middle, with the guts/entrails in the middle. Moreover, one can see a layer of embryonic division. The deepest layer is the primitive gut-endoderm, after that the next and middle layer, the mesoderm, which corresponds to primitive connective tissue -, and most superficially the extremely primitive skin-ectoderm.

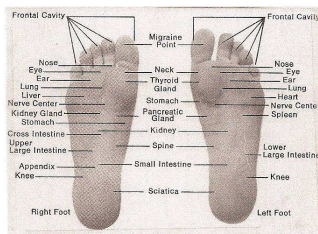
The three-dimensional zone therapy is a natural continuation of the classic, and is now internationally known through three world Congresses on reflexology.

Picture 3

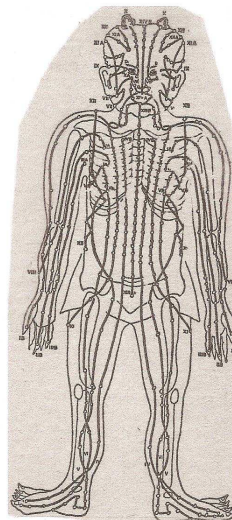
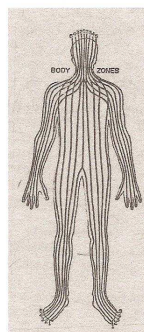


Zonterapi i Faraos Egypten

I ökarernas gravkammare i Saqqara i Egypten från den tidiga 6:e dynastin, d:s omkring 2330 år före Kristus, återfinns den här väggmålningen. Hieroglyferna berättar: "Patienten: - Gör mig inte illa. Läkaren: - Jag ska behandla dig så att du lovprisar mig."



Classical
Reflexology
Picture 3



The difference between classical and 3D ZONE THERAPY

To understand both the classical zone therapy and the three-dimensional zone therapy one need to be acquainted with the basic hypothesis . Any book you buy in classical ZONE THERAPY will show a picture of a man divided in 10 prospective lines. On this picture the reflex zone system is built up The founder of this system was William Fitzgerald who was the foreground figure in the early 20th century. He was followed by many writers

as Eunice Ingham, Hanne Marquart, Lis Andersson etc.

In my opinion, the image of the 10 proposed lines do not fit in reflexology. The reflex zone system or micro-systems are built by other structural laws. Where do the 10 proposed lines fit in and what do they depict? The image depicts the underlying vitality or vital force which Acupuncture among other disciplines make clear. The vital force is present in all forms of life such as plants, animals and humans.

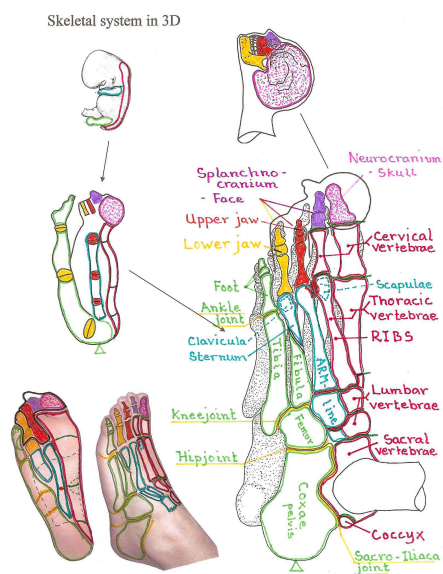
Life Force is present around the clock throughout life. By contrast, our micro-system is intended as a support and encouragement for our vitality and normally enters into force by our own activity/movement and the external forces of nature.

The classic zone therapy is placing together right and left foot side by side. It means that you get a principal map of the zones in one plane, offering a two-dimensional image. If adding the ten prospective lines in the feet (hands), the following entirely hypothetical pattern will arise in for example the toe area Line 1, which corresponds to the body's centerline places the brain on the pad of the great toe.

Line 2 and 3 which goes through the face includes the eyes as zone. Finally, the toe 4 and 5 which corresponds to the temporal area in the head marks the ears as its zone. Note also that the internal organs dominate the map and that the muscular/skeletal apparatus is placed in the areas that remain on the edges. This phenomenon is due to the fact that in classical zone therapy, one is not likely to add zones on top of each other but want that every organ or system has its own corresponding energetic representation on the surface or zone. The soles of the feet or plantar side are considered to be most important but there are also more indirect organ zones in for example on the dorsal side..

In classical ZONE THERAPY the zone therapist sits in front of the patient and the main technique consists in working with the thumb or with some tool.

Picture 4: Skeletal system in 3 D - a holistic view for the "little man" in the single part



The skeletal structure of the foot constitutes the logical framework of its reflexological anatomy. Every bone and every part of the foot has its counterpart in the body's bone and joint systems. With a little practice you can see "the little man" in the foot. We know today that the skeletal and muscular zones dominate and take up more space than the organs, just like in reality. Examples of diagnosis and treatment can be:

The spine - the hero of the locomotor/motorium

Tension and energy blocks on any level of the various vertebral segments - from cranium / atlas to the coccyx vertebrae.

Through the mapping out of how the transverse processes are located in proximity to the spinous processes "one can work with them" and influence the muscles in the back or *erecta spinae* so that movement, pain and inflammation along the spine or selected parts are affected to change and healing. For a number of years when we worked together with naturopaths and chiropractors, it was often the case that when they did not succeed completely they sent their patients to the reflexologist who could go further with the rehabilitation. One explanation for this is that healing takes place from inside and then outwardly. From the central nervous system to the proprioceptors or to the muscle and joint receptors. When it works the body responds with a return to homeostasis.

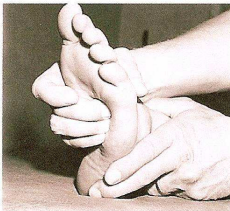
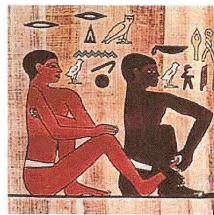
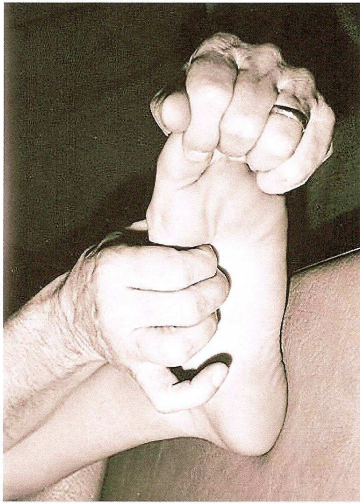
In addition to working with various pain (and ache) conditions the 3D therapist also works with conditions such as lumbago (lumbago), prolapsed discs, neuromuscular dysfunctions/injuries such as sciatica and pain in the brachial plexus region, and Whip Lash damage, etc.

Upper and lower extremities

Attention to arms and legs has been very limited in traditional zone therapy due the fact that the extremities were assigned what space was left over when the internal organs had their zones. In 3D reflexology, they have the structural position they deserve. We can now work with most problems related to the limbs, inflammation, ache and pain, frozen shoulder, arthritis, etc. with very good results.

Picture 5 reverse hand grip technique.

The reverse handgrip technology



If the Egyptians were knowledgeable about 3-dimensional zone therapy is difficult to know, but it is clear from the picture that they already mastered the reverse hand grip technique, which in our time was launched first in 1992. This technology is, we think, quite superior in methodology when compared with thumbs and sticks. I felt already at the end of the seventies that it was very strenuous to work with the thumbs. It led me to experimenting with different techniques for a number of years. In the early

nineties, I presented the work of the reverse grip technique that saved our hands and gave our patients a whole new experience. It was not until 1998 at a world congress in reflexology in London that I was confronted with the above picture. One can only confirm the existence of latent knowledge and that there is not so much new under the sun.

THE REVERSED HANDGRIP TECHNIQUE

Most schools that train ZONE THERAPISTS are currently working with the traditional classic hand grip technique. When using this technique the therapist sits in front of the patient during treatment and works with their thumbs in for example the arch of the foot. This technique is not good/favorable due to the ensuing congestion in the thumbs' muscles and joints.

I have talked to many ZONE THERAPISTS over the years who have problems with their hands.

The new technique that I will now present was developed already in 1986. The method includes the need for the therapist to use a mobile chair so you always can move around to find the best working position for your arms and hands. Hand position is reversed so that it is now the rest of the fingers working, while the thumb and the pad(?) of the thumb function as a countering force(?). This method not only relieves the hand but also offers ZONE THERAPY TREATMENT a whole new dimension.

With the reversed hand position, you will be using the muscles of the forearm more than the hand. The advantages of this is that you have access to more resources of strength. Each time you change a grip or switch finger you always put on a pressure that you gradually adapt, depending on which resistance you encounter from the foot tissue. The idea is to eventually acquire an

experience in your fingertips. Then you can adjust the pressure and rotation individually from patient to patient when you gradually work your way into the foot.

It is always one finger which dominates although you use all of them- pointer, long, ring and little finger at the same time, To avoid congestion, you need to switch all the time between your fingers. Moreover, always change hands and in that way you treat a particular reflex zone from two directions. The fact that you work with multiple fingers, gives you a larger contact area and you can thus more easily discern differences in the tissue, which are important to detect any disturbances in the reflex zones

Typically, the feet do not appear like an open book for a ZONE THERAPIST, which is due to the fact that the foot's skin, connective tissue and fat layer form a natural protection against external influences. In the traditional zone-therapy which use the thumbs, knuckles or pins, it is easy for the ZONE THERAPIST to miss or not wait for the patient's pain reaction, and instead keep "drilling" right through the foot's protection structures without taking into account the resistance of the tissue.

In the the new 3D technique you allow the foot tissues to soften up under the fingers, due to the fact that you always keep a base pressure. In addition to this pressure, a rotary motion is kept(not applied with sedative treatment) The rotational movement is not circular but you follow the directions the tissue allows the fingers to move.

With this technology it is natural to use different kinds of grips and hook grip, which enables you to defuse tension surrounding muscle fascia, around the tendons and protective structures. If you make a hook you can make a small rotary motion in the specific area itself.

At the time of examination and treatment the rotational

movement needs to be relatively slow, and you should concentrate on adapting the pressure to a level that suits the patient. Once you have found a reflex zone you want to prioritize, you can turn on the "processing key" by going down further in speed. Imagine a film sequence in slow-motion and so reduce your speed in half.

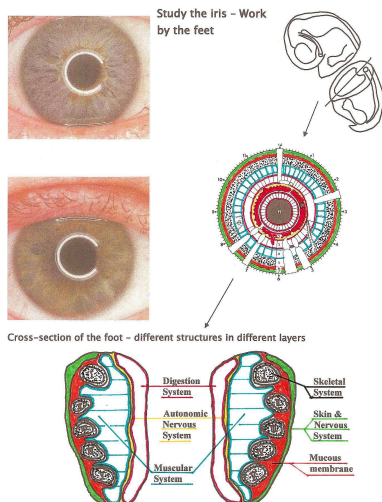
The slow movement has a very strong zone effect.

A disadvantage is that a slow motion requires that you have a good level of strength in arm and legs. It takes about a half to one year to adjust the tendons and muscles to work with the new hand grip technique. To work with ZONE THERAPY naturally strengthens the arms and hands.

The patients treated with this technique have a very positive experience, they feel more cared about due to that we are actually holding the foot with both hands. They can self-regulate their experience of zone pain in that the treatment pressure increases gradually.

Picture 6: 3D in comparison with the iris-diagnosis

The three-dimensional basic principle with two feet together, in comparison with the irisdiagnosis annular constitutional division of the iris



3D - Reflexologi combined with iris diagnosis

In the mid-80s I began a project to compare the iris with zone-therapy. The patients had their eyes photographed in order to compare their symptoms and pain patterns with the iris picture findings as well as with the reflexology maps. Pretty quickly one could conclude that the iris structure with its characteristics could be translated into the three-dimensional zone therapy. The structural build of the foot is exactly the same as in the iris of the eye in the iris-diagnosis structural build. When putting these two entities together, however, I have a fantastic tool to determine where and how I can help the patient most efficiently in the treatment of the foot by studying the signs and colors of the eye.

Iris diagnosis is very misunderstood in many circles. Biggest problem is that people think you can see and determine complete diagnoses and diseases in the iris of the eye. What you can see are congenital and acquired characters and color differences in the eye. Every iris is unique in its kind, just like a fingerprint. You could say that each iris is expressing the individual's specific characteristics. The iris zone system reacts with color and design changes when a stimulus or irritation occurs in the corresponding areas of connective tissue in the body. The foot or another whole system reacts with a signal from the autonomous nervous system network instead, with resulting stored pain and possible deformation. Each ZONE THERAPIST knows and comes in contact with structural changes in certain reflex zone areas of the foot. The outlook/view/ offered by Iris diagnosis is the constitutional thinking/perspective. In the constitutional thinking mode, this

means that every person has their strengths and positive traits in addition to weak links in the chain.

The task of the practitioner will be to learn to see how the individual's constitutional weakness potentially manifests itself on the physical level. This notion would have major implications for preventive public health. According to the established conventional medical practice connective tissue is not participating so much in life processes. In the typical cases where the connective tissue of the body does not feel so good and expresses itself with pain, inflammation and fever, the conventional school of medicine treats these conditions by "putting on the brake", in other words, by "tossing in"/or prescribing medicines such as fever suppressants, anti-inflammatory drugs, cortisone, and now even chemotherapy. For life itself and for the organism itself, which does not think/function in the short-term scientific solutions perspective, the connective tissue is a very much alive and active tissue. It is in the spaces of our connective tissue, where our very cells live, that life itself is unfolding. And it is here, on this level/or -in these spaces, that the battle against diseases should be held, primarily with self therapies such as ZONE THERAPY.

Conclusion: In the iris diagnosis one can study constitutional weaknesses, the acute and chronic phases/stages of the connective tissue, over and under functions of the organ systems etc. By transferring the information from the iris to the feet where we have a similar structural 3D build, we have an easier time to interpret pain in the reflex zones whether they are in an acute or chronic phase, and/or what the patient may need in terms of further exploration and treatment in respect to possible constitutional flaws.

Henrik Hellberg

Teacher of reflexology