

Secrets
of a
Healer



Magic of
Reflexology

By

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Contents

Contents

History of Reflexology	Page 4
Beliefs of Reflexology	Page 8
Reflexology Terms	Page 15
Zones	Page 19
Foot Inspection	Page 24
Referral and Correlation Areas	Page 27
Reflexology Points	Page 29
Reflexology Techniques	Page 33
Relaxation Techniques	Page 37
Reflexology - The Story the Feet Tell	Page 42
Detailed Foot Routine	Page 45
Constance's Typical Session	Page 61
Charting	Page 63
Clinical Studies/ Case Studies	Page 71
Hand Reflexology	Page 84
Miscellaneous Info	Page 89
Appendix's – Forms	Page 91
Bibliography	Page 95

History of Reflexology

Reflexology

Reflexology (Reflex Study) is the study of activating reflex points, usually on the feet or hands, which correlate with specific anatomy parts that are divided into ten zones through the body.

This practise of acupressure, energy and massage techniques stimulates the nervous system to awaken the autonomic nervous system and adjust the body to its optimum balance.



A Replica of one of the pictographs found in Ankhmahor Tomb (the physician's tomb) about 2,330 BC. Some believe it to be foot and hand operations, others foot and hand reflexology. The translation reads, "Don't hurt me". The practitioner's reply: "I shall act so you praise me." (<http://images.google.ca/images?svnum=10&hl=en&sa=X&oi=spell&resnum=0&ct=result&cd=1&q=Ankhmahor+Tomb+&spell=1>)

History of Reflexology

It is believed by some researchers that reflexology is actually a very ancient therapy reaching back to before 3,500 BC. It is thought that Buddhist monks brought the art of working the feet from India to China and Japan thousands of years ago. This should not be a surprise as monks and priests of every faith have always been involved in spreading new ideas. The spread of foot working techniques would have been included.

In 1295, Marco Polo experienced the different healing methods of the East and brought stories of these home to Venice. These included, amongst many others, footwork. This encouraged the development of trade and an attempt to convert the eastern people to Christendom. As a result, the priests, often the only educated people amongst the travelers and explorers, brought back more detailed knowledge of footwork.

In the Americas, the various civilizations developed cultures that practised some form of footwork. This is recorded in the histories of the various nations and footwork is practised to this day. Parents passed an understanding of all healing techniques to their offspring as part of their lifestyle. In addition, specific healers, such as Shamans, developed skills that they passed on orally or through practical application.

Until the 1800's, most people wore shoes rarely and maintained contact with the earth through their feet. As a result, they underwent natural "reflexology". As the wearing of shoes became more common, man lost contact with the earth and the earth energies.

In Vienna, a German physician, Dr. Cornelius, developed a technique called "Pressure Therapy". Through personal experience, he discovered that applying pressure on specific and painful areas of the body could cause a healing. In 1902, Dr. Cornelius published a manuscript called "Pressure Points, Their Origin and Significance". He believed pressure therapy worked along the nerve pathways.

Dr. William F. Fitzgerald of the USA heard of the new "Pressure Therapy" and went to Vienna to study it. He renamed it "Zone Therapy" and brought it to the USA. Dr. Fitzgerald used zone therapy on his patients and verified that applying pressure to a specific area could numb pain in another body area.

In 1915, Dr. Edwin Bowers, an associate of Dr. Fitzgerald, published an article, "To Stop That Toothache, Squeeze Your Toe!" This was followed in 1917 with the co-authored book entitled, "Zone Therapy or Relieving Pain in the Home". In 1919 it was published under a new title, "Zone Therapy or Curing Pain and Disease".

The use of "Zone Therapy" was not welcomed by the medical community; however one physician, Dr. Joe Shelby Riley of Washington, D.C., is an example of the physicians who employed "Zone Therapy" in their practices. He wrote six books devoted to "Zone Therapy"; the first, "Zone Therapy Simplified", was published in 1919. He also developed the earliest concepts of auricular therapy.

Dr. Reilly was an educated man of vision with many interests. He and his wife, Elisabeth, ran a school that taught zone therapy, naturopathy and other holistic therapies. He introduced Eunice Ingham to Zone Therapy. She coined the term reflexology and, as a result, in Canada and the U.S.A, is often referred to as the “Mother of Reflexology”.

In her forty years of work with reflexology, Eunice Ingham made several major contributions to the development of reflexology in North America. She found that alternating pressure on the reflex points stimulated healing instead of just numbness. She also spread the knowledge of reflexology to the general public and she published a number of books that helped make the public more aware of the efficacy of the practice.

Today Reflexology has developed worldwide and most countries now have active associations. In European countries, reflexology training is well organized and often supported by the government and, in many cases; the medical communities recognize its benefits.

China officially supports reflexology and, as a result, provides government recognition. The Chinese method of reflexology is different from that practised in Canada: it often employs tools and can be quite painful.

Beliefs of Reflexology

Beliefs of Reflexology

Introduction

This chapter is divided into two parts. The first deals with theory as it impacts on the performance of the therapist. The second part deals with theory as it impacts on the client.

The Reflexologist

Definition of Reflexology

Reflexology is the study of activating reflex points, usually on the feet or hands, which correlate with specific anatomy parts that are divided into ten zones through the body.

This practise of acupressure, energy and massage techniques stimulates the nervous system to awaken the autonomic nervous system and adjust the body to its optimum balance.

Extra Information:

The Oxford Dictionary contains the definition:

“...a system of massage used to relieve tension and treat illness, based on the theory that there are reflex points on the feet, hands, and head linked to every part of the body.”

Benefits

Reflexology helps clients by shifting their nervous responses from the “sympathetic” to the “parasympathetic” nervous system.

It is necessary to be in the parasympathetic state to heal. It is in this system that the body moves back to homeostasis or a place of balance. Reflexology plays a big role in that movement. In addition, reflexology relieves tension, improves circulation and promotes the natural function of the body.

Reflexology may break up deposits of lactic and uric acids caused by poor elimination through the circulatory or lymphatic systems. Physical problems of the feet such as calluses and corns, blocked lymph, and development of scar tissue, can also create blockages to health and wellness. These problems will often demonstrate as a sandy or gritty area in the tissues under the skin. Along with that, swelling, tissue softness or hardness may indicate health problems ranging from the physical (muscle tone), to energy problems such as poor concentration.

Main Benefits

Since 1999 this I have found factual and true...

- ⇒ It aids in the reduction of stress and relaxation,
- ⇒ It aids in the improvement circulation & lymphatic systems, and
- ⇒ It aids in homeostasis/balance.

Limitations

Reflexology is a wonderful and powerful therapy; however, it cannot correct every problem. It can help every condition but, in many cases, it should be used as support to the main therapeutic tool. Never hesitate to refer a client to another type of therapy - or to a physician, if specialized knowledge is required. Use reflexology to support the therapist's/physician's efforts.

Specific limitations have more to do with ethics rather than physical, emotional or mental blockages.

All Practitioners without a medical doctor's license can not:

- ⇒ **Diagnose.** Only physicians and other specialized health practitioners who have a provincially approved scope of practice are allowed to diagnose. The reflexologist should say, "The _____ reflex seems to be tender." Always refer to a reflex, not the body part to which it refers. If the reaction of the reflex causes you concern, refer the client to physician.
- ⇒ **Prescribe.** Only physicians and other specialized health practitioners who have a provincially approved scope of practice are allowed to prescribe. This includes recommending either an increase or decrease of prescription levels. If you recommend anything, even an herbal tea, it is recommended that you state,
 - * *I have used _____ and found it helped me.*
 - * *I have you heard that many people used _____.*
 - * *I recommend you speak with an herbalist about that.*
- ⇒ **Treat for a specific condition.** Reflexologists are unable to determine if a specific condition exists. Therefore, we always work the whole body. If we become aware or suspect that a condition exists, we go back several times during the session to the reflexes involved.
- ⇒ **Instruments.** Some schools teach with and some without. We teach without.

The Client

Reflexology is for everyone. Age, health, religious affiliation and physical condition do not matter. As would be expected, certain changes in the routine must be made to accommodate individual conditions.

It is necessary to consider the frequency, length of the session and pressure, in conjunction with the following physical conditions:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> very young | <input type="checkbox"/> pre-surgery client |
| <input type="checkbox"/> elderly | <input type="checkbox"/> post-surgery client, |
| <input type="checkbox"/> ill | <input type="checkbox"/> cardiac patients |
| <input type="checkbox"/> pregnant | <input type="checkbox"/> diabetic |

Frequency

It is impossible to provide a guideline for every concern. Reflexologists will develop a feeling through experience when the guidelines provided can be adjusted. In general, the following rules apply:

- Healthy clients. Work the feet once a month for general maintenance, wellness and good health.
- Acute health problems. Work the feet no more than once every 24 to 48 hours. This allows toxins time to be eliminated by the body.
- Chronic health problems. Work the feet at least once a week. You want to hit the problem hard, so do the first two treatments 48 hours apart. If you do not notice improvement after a reasonable time (10 sessions), suggest another therapy or that the client seek a physician's assistance.

The sooner you notice that the desired result is not occurring and you refer to another therapist or physician, the more likely you'll be able to assist the client as a supplemental therapy. The client's welfare must be placed first.

It is not always the client's decision how often sessions should be done. Generally, the client will decide; however, if you know that what he or she is requesting is not beneficial to good health (for example, too frequent); you have an ethical obligation to decline the session.

Length of Session

A normal session will take 45 to 60 minutes.

If you are demonstrating Reflexology, it is normal to do 10 minute sessions, with an equal amount of time spent on each foot. You may be required to shorten the session for those you will find indicated on page 10. ***These clients should have sessions that are shorter; however, these shortened sessions may be more frequent.***

Pressure

There is no need to cause pain. Occasional discomfort may be noticed. The reflexologist, however, should back off as soon as there is any indication of discomfort. Pain is not necessarily gain. Pain is the body's alarm. If you notice the client is showing signs of distress, look for the cause, of which there can be three:

- tenderness due to a physical problem related to a reflex area, such as a bruise, sprain
- tenderness due to a problems related to the body part represented by the reflex, and
- tenderness due to the area being worked being normally tender. This is often a result of the activity of that specific body part. Examples include the pituitary, thymus, and adrenals.

The client's verbal and nonverbal clues should be studied and pressure adjusted accordingly. Ensure you are in a position so that eye contact is maintained. Actively listen and do not hesitate to ask for feedback. Remember, what was comfortable for one client may be very painful for another. The client's tolerance level will determine your pressure. Reflexes should be worked with a firm but gentle pressure but, on clients who exhibit conditions likely to cause tenderness, lighten your pressure.

Finally, the client will not be helped, nor be likely to return, if he or she does not experience a de-stressing. Lighter and slower movements are relaxing, while fast and hard movements are stimulating and even aggravating. Pressure should be adjusted to the client's tolerance level.

Remember, pain does not heal. Pain is to be considered a warning signal, remembering that some tenderness may be expected in areas used or stressed frequently, such as the solar plexus or adrenals.

Tenderness

Many different conditions and events can influence tenderness. Amongst the most common factors are:

- *Stress.* The whole foot may exhibit discomfort.
- *Injuries or Physical Structures.* An injury or growth on the foot may interfere with sensation. A condition such as a callous is an example.
- *Surgery.* Surgery may make the reflex respond to the injury on the body. It may respond to scar tissue or to the body believing that the body part is still there but not working correctly. A hysterectomy is an excellent example. The body clock continues to believe that the uterus is intact and functioning.
- *Medication.* Depending on what it is, the medication may dull or mask the pain, or dull reflexes.
- *Wellness.* The physical, mental and emotional state of the client will result in increased or decreased sensitivity.
- *Age.* The age of the client will determine sensitivity. The very young and the old will normally respond more noticeably.

- *Phantom Limbs.* The absence of a limb can result in increased sensitivity.

Phantom pain is a well-established phenomenon. For a phantom limb, work the area where the foot would normally be. Sweep the missing limb area first and then work the entire area of the foot. Reflexology has proven to alleviate phantom pain.

General

- The normal length of the session is at least 45 to 60 minutes. This includes the interview and the foot routine
- The routine starts with the right foot. When that foot is done, work with the left foot.
- Work all specific reflexes three times - the ones that have specific reflex points. General ones that cover a larger area, such as the lungs, are worked differently. If a sensitive area is discovered, you work it only once. Then go back to it several times as you work through the foot. Each time you work it gently and it often will decrease in sensitivity.
- Support the foot at all times. The hand working the foot with the thumb or finger is the *working hand*. The other hand is the *support hand*. The supporting hand should always be in a position that holds the foot firmly and safely.
- Place the client in a comfortable position. This can be the reclining position in a recliner chair or lying on a massage table to help reduce the possibility of nausea. For the therapist's comfort, the feet must be at a height which allows the feet to be worked without strain. The therapist should be able to hold his/her forearms at about a 90 degree angle while working on the client's feet.
- The therapist's chair should be on casters for easy movement. Sit in such a manner that the edge of the chair seat ends at the crease between the buttocks and thighs.
- Offer the client water after the session.

Work Area

The treatment area in which reflexology is conducted should be as quiet and as relaxing as possible. Use a recliner or massage table if possible. If it is in a public area, care must be taken to ensure the information the client provides, and the information you provide, is kept confidential. Even in a public display, the reflexologist must ensure he/she informs the client of any results in as confidential a manner as possible.

The Client Information for the Client

The reflexologist has an ethical and moral duty to ensure that there are no surprises for the client. Before the first session the client must be advised:

- to clean both hands and feet. The practitioner must provide a suitable area.
- to remove only shoes and socks. There is no need to remove other clothing except, perhaps, a jacket or sweater.
- to sit or lie down for the session.
- to advise the practitioner of discomfort or pain as it happens.
- to advise the practitioner as openly as possible about his or her health in accordance with questions asked during the completion of the health chart.
- of the session and what to expect.
- to rest quietly and ask any questions, should he or she have any.

Standards of Practice

The reflexologist owes an ethical and moral responsibility to the client. Therefore, the reflexologist has a duty to:

- inform the client of all fees and an acknowledgment of his or her financial obligation;
- explain the session and inform the client what he or she may expect;
- have a clean and safe work area;
- not use aromatherapy products in support of the reflexology session unless he/she is appropriately trained and aware of the risks involved;
- wash his/her hands before and after the session;
- wear appropriate clothing;
- record the client's voluntary recitation of his or her health history;
- ensure the client is aware that only shoes and socks are to be removed;
- clean and inspect the client's feet;
- position the client and provide the client the necessary protection from cold, embarrassment and the public;
- provide the best possible, complete Reflexology session;
- assist the client at the end of the session (if necessary) in dressing and getting off the table;
- complete an accurate and thorough record of the session;
- provide a referral to another therapist or physician, if appropriate.

Reflexology

Terms

Reflexology Terms

These Reflexology terms are used in the following pages. Please refer to them throughout this course.

Butterfly stretch:	Similar to the Dorsal and Plantar Stretch; Stretching of the sole of the foot and the dorsal aspect using the fingers
Calcaneus:	The heel bone
Carpals:	The bones that form the wrist
Circumduction:	Rotation of the foot
Compress:	To press together
Cross over:	Crossing from one side to the other
Distal:	A part of the arm, leg, hand or feet furthest from main trunk
Dorsal:	Pertaining to the back of the body or the back of hands and feet
Flexion:	Bending the foot backwards and forwards
Friction:	Moving one surface over another, rubbing a surface of the body
Hook:	Applying pressure by bending the first thumb joint and exerting pressure inwards while pulling back over the place with the thumb
Knead:	To massage as if working bread dough
Knuckle press:	Applying pressure with the knuckle of the fore or middle finger to a specific reflex

Knuckle Roll:	Rolling the knuckles on the sole of the foot
Lateral:	Pertaining to the side furthest from the median line
Medial:	Pertaining to the middle line of the body
Metacarpals:	The bones that form the palm of the hand, connecting the carpals to the phalanges or fingers
Palmar:	The palm of the hand
Plantar:	The sole of the foot
Plantar Stretch:	A stretch of the sole or plantar part of the foot upwards, usually with the fingers of both hands while the dorsal aspect is pushed downward by the thumbs and heel of the hand
Proximal:	Part of the arm, leg, hand, or foot that is closest to the main trunk
Side Friction:	A rapid movement of the palms of the hands against the sides of the foot; the fingers are slightly cupped and relaxed.
Slide:	To move gently across a surface without losing contact
Spinal Twist:	A gentle rotation or twisting of the foot, along with the spinal reflex, using both hands
Support Hand:	The hand the holds the foot steady; the non-working hand
Sweep:	Lightly pass over an area of the body with both hands, while barely touching the skin
Tarsals:	The seven bones that form the heel (talus, calcaneus, navicular, cuboid and three cuneiform bones)
Thumb Rub:	A gentle rubbing motion by the thumbs horizontally across the sole of the foot

Thumb Walk: which	Bending and straightening the first joint of the thumb by the thumb moves forward
Torque:	To cause rotation or twisting
Traction:	The act of exerting a pulling force
Twist:	To cause to rotate; to distort out of natural shape
Working Hand:	The hand doing the thumb or finger walking
Zoning:	Lightly thumb walking the five zones of the toes or the foot

Zones

**Part 1: Zones (of the body
and feet)**

Part 2: The Skeletal Foot

Zones

Introduction

The use of the term *zone*, and the use of zones in identification of areas and reflexes on the body, is an important part of Reflexology.

Anatomical/Reflexology Position

In most medical books and diagrams, the anatomical position for the body is facing forward toward the viewer, with the palms of the hands out from the side of the body and facing toward the front.

In Reflexology, because it is necessary to be able to display the zones, the anatomical position has been modified so that the palms of the hands face away from the viewer.

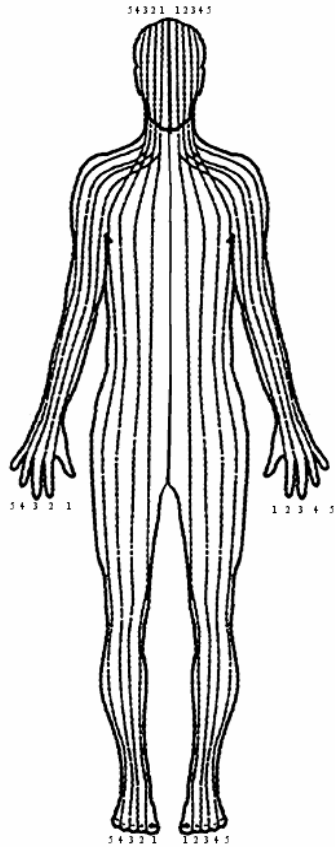
Types of Zones

There are three types of zones, defined by the positioning. The three types are:

- vertical zones,
- horizontal zones, and
- transverse zones.

Zones are not lines, as drawn on paper. Zones are the space between the lines or, in other words, a segment of the body over which the zone passes. An example of this is the foot pictured on the next page. Each zone is numbered, starting with the zone closest to the median. The combination of the three types of zones forms a grid making it possible to locate the reflexes on the feet. As an example, the appendix is located in zone 5 which is just below the heel line.

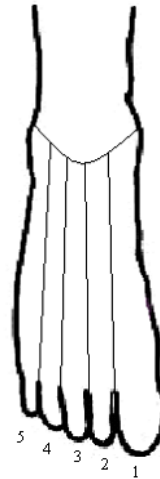
When working the reflexes, any work in a zone impacts on all organs or glands in that zone throughout the body. As an example, working a reflex on the shoulder will impact all reflexes throughout that zone. This is normally based on the assumption that the right side of the body is related to the right foot and the left side of the body is related to the left foot. As always, there can be exceptions, but they are rare.



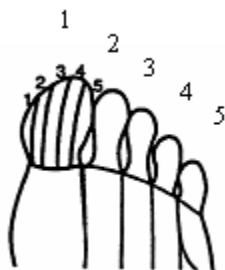
Vertical Zones

Vertical zones run through the length of the feet, legs, hands, arms and body from front to back. There are a total of ten zones covering the whole body, with five zones on each side of the median line.

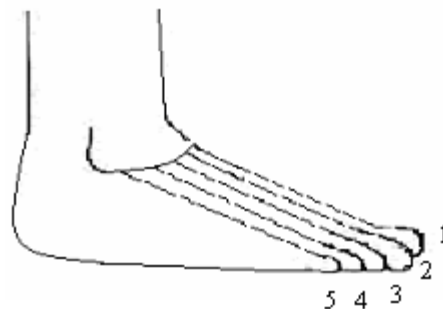
Dorsal View



The Big Toe and Foot



Lateral View



Vertical zones are identified on the big toe. The toe has been divided into five zones that run from the tip of toe to the joint where it joins the foot. This allows for easier identification of reflex points.

The foot is divided into five zones. Each toe represents one zone. The zones are numbered from the median to the lateral. Therefore, the big toe is zone number one. This applies equally to both feet.

The zones also apply to the hands. The thumb is zone one. The thumb is also divided into five zones. Further information on the hands will be offered later in this course.

Horizontal Zones

Horizontal zones run from one side of the foot to the other. Their borders may not be perfectly straight; however, they are most useful for identifying the location of reflexes.

The horizontal zones:

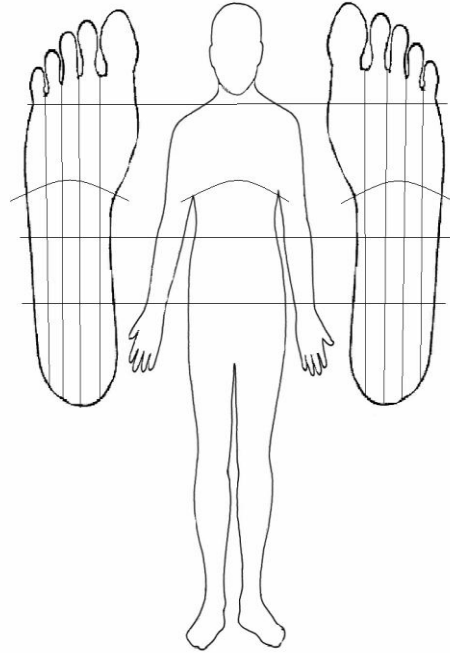
- toes
- diaphragm
- waistline
- heel line

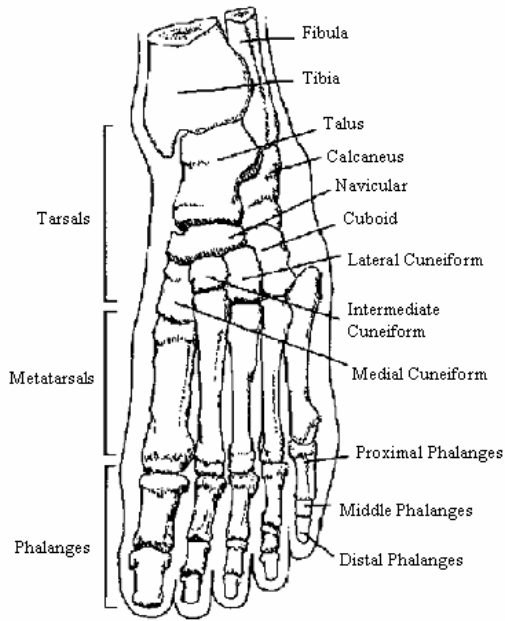
The diaphragm is a representation of the lower image of the abdominal cavity. The diaphragm is located on the area of the lungs and runs from the area of the lower shoulder to the area of the upper stomach.

The bump on the outside of each foot - about halfway - is the fifth metatarsal bone. It acts as a marker to locate the waistline on the foot.

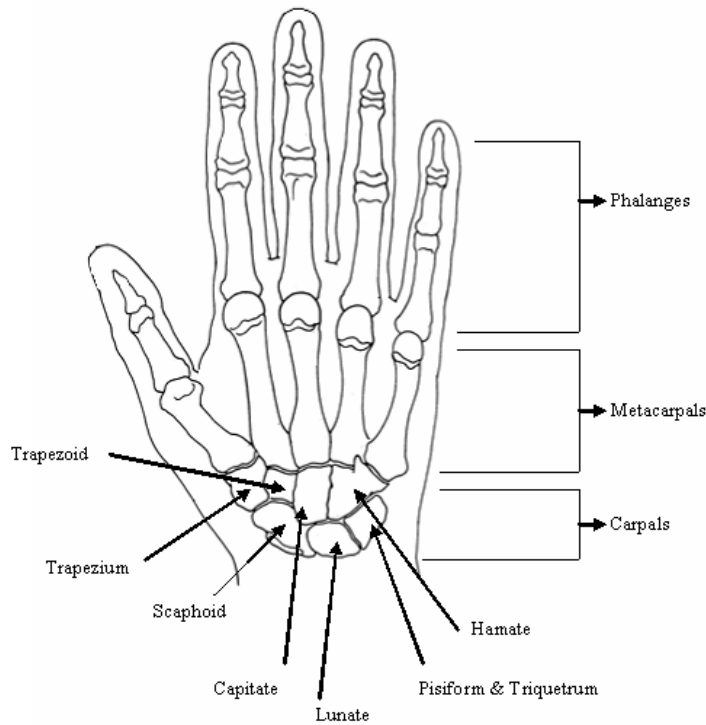
The heel line is another border and marks the lower edge of the abdominal cavity and the upper edge of the pelvic area.

On the lateral, medial and dorsal views, the zones follow the channels between the metatarsals up to the dorsal crease of the ankle.





Bones of the Feet



Bones of the Hand

Foot Inspection

Introduction

The first step in the reflexology session, after greeting clients and asking them their health and wellness questions, is the foot inspection. This is completed to protect the client from further injury if there is a problem with the physical condition of the foot. It also serves to protect the reflexologist from contagious conditions and to allow a therapist to evaluate the condition of the foot. The inspection also includes a cleaning of the foot.

Routine

There is no specific routine to be followed for the foot inspection. The key is to ensure you inspect both feet thoroughly. It is suggested to check as follows:

Clean the foot -

Sanitary Wipe: Apply witch hazel on to cotton balls/pads and do a sanitary wipe to clean the feet. While you are doing the sanitary wipe, you have the opportunity to check the feet. This makes the foot inspection a little less obvious.

OR

Foot Bath: Do this before you inspect the foot. If you decide to use a foot bath, ensure that the water is neither too hot nor too cold. It is advisable to put Epsom salts in the water, or some other foot cleanser. If nothing else is available, you can add witch hazel. This method is very pleasant for the client but the foot inspection then must occur as a separate process.

Foot Inspection: Check the toes and between the toes first. If the person has athlete's foot, this is when you want to find it.

When inspecting the foot, check carefully for the following conditions:

- Athlete's Foot
- Blisters
- Bunions
- Callous
- Cold Feet
- Corns
- Cramps
- Eczema
- Flat Foot
- Foot Fracture
- Gangrene
- Gout
- Heel Spurs
- Phlebitis
- Plantar Wart
- Poor Circulation
- Shin Splints
- Spider Veins
- Broken Capillaries
- Swollen ankles
- Tendonitis
- Ulceration
- Varicose Veins
- Hammer Toe
- Ingrown Toenail
- Arthritis

Contagious Conditions

Inspection of the feet may reveal a contagious condition that may present a health problem to the reflexologist. Should this be the case, there are methods of working the feet or the reflexologist may refer the client to a physician.

If you discover a contagious condition:

- treat the hands or the ears (if you know how to do ear reflexology),
- have the client wear a sock,
- if it is a local problem such as planter warts, avoid the area or cover with a bandage, or
- refer to a physician.

Essential Oils /Aromatherapy

Yes, if you are a legal Aromatherapist then you can.

No, if you are not. One exception is if the person has athlete's foot. At that time, tea tree essential oil can be applied to help the condition and to protect the practitioner from infection.

Summary

A therapist should never work the feet of a client if he or she feels his or her personal health is at risk. If necessary, the therapist can request the client see a physician before any reflexology session. Remember, if a therapist contracts a contagious condition from the client, he or she may be out of work for a lengthy period of time until the problem is resolved.

Referral and Correlation Areas

Referral and Correlation Areas

Introduction

Within reflexology, there is recognition that certain parts of the body are connected to others in some manner. These are called either referral or correlation areas depending upon the relationship between the two parts.

Referral Area

A referral area is simply two specific body parts that are affected by each other. Therefore, if one reflex point is tender, it is very likely, although not guaranteed, that the other will also be tender. How they're connected is not fully understood; however, there is no doubt such a connection exists. Take note that the referral area is in both directions. Therefore, if the referral area for the nose is the spleen, the referral area for the spleen is the nose. The referral areas are:

- the neck to the lower back,
- the ear to the bladder,
- the eye to the kidney, and
- the nose to the spleen.

Correlation Area

A correlation area is similar to, but not quite the same as, a referral area. A correlation area is where one body part is similar to another in function and/or structure. While it is common for both to have similar problems due to their makeup, if one reflex is tender, the other may not be.

The correlated areas are, of course, bi-directional. If the elbow is the correlated area to the knee, then the knee is the correlated area to the elbow. The correlation areas are:

- the cervical spine to the lumbar,
- the thoracic spine to the sacral,
- the shoulder to the hip,
- the humerus to the femur,
- the elbow to the knee,
- the lower arm to the lower leg,
- the heel of hand to the heel of the foot,
- the palm of hand to the plantar of the foot,
- the fingers to the toes, and
- the wrist to the ankle.

Reflexology

Points

Reflexology Points

Introduction

This chapter identifies the reflexology points and points them out in two manners. The purpose is to help you become aware of them by both the physical system and by the routine. Knowledge of the locations and their impacts on the systems is vital and you need to combine the knowledge gained in this section with the section which details health issues.

Reflex Points by Foot Routine

This section will start with the toes on the plantar side of the feet and progress through the whole foot routine. Refer to the foot routine (pages 56 - 70) for details on how to work the reflex points.

Toes

The toes represent the head and neck. The reflexes in the foot routine are worked in the following order:

Large Toe

- | | |
|------------------------|----------------------|
| 1. Head/Brain | 2. Pituitary |
| 3. Hypothalamus | 4. Pineal |
| 5. Sinus | 6. Nose |
| 7. Mouth | 8. Teeth |
| 9. Thyroid/Parathyroid | 10. Tonsils/Adenoids |
| 11. Crown Chakra | 12. Brow Chakra |

Remaining Toes

- | | |
|--------------|----------|
| 1. Brain | 2. Sinus |
| 3. Eyes/ears | 4. Teeth |

Note: In between the third and fourth toe, there is a reflex for the inner ear.