

## Introduction to body-reflexology – part 2 - by Arve Fahlvik

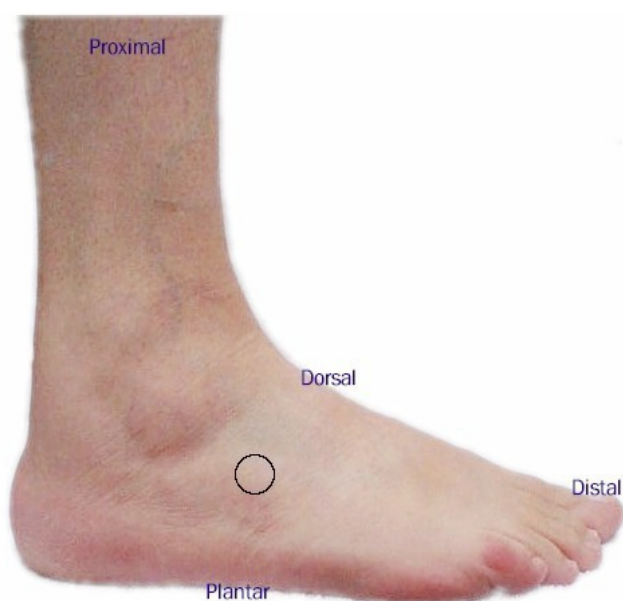
### Matryoshka

Let's go back to the foot reflexology. On a foot there will be a reflexological projection of a foot. This projection will naturally also reflect the foot it is projected on. And it continues. The small foot in this projection will also contain a full body, with a foot. This goes on infinitely. Eventually the projection will be a very small point, suited for treatment with a needle. It can be a very powerful point for all problems in the foot. This kind of points are spread all over the body, but not in all projections. We call these points for "superpoints". The borders of these projections do not intersect.



### Intersecting border

In the previous article I mentioned several projections of which the body makes. Those were only a few examples, and none of them overlapped. When studying body-reflexology, you will soon see that projections overlap. This is an important property that we therapists can benefit from.



I am now going to describe three projections on the same area of the body. To make it easy we'll stay in a familiar area, the foot. The picture is from <http://www.myfootshop.com>. We are going to focus on the area marked with a circle.

- Several foot charts describe the marked area as a knee. This is the most used projection.
- There is a chart describing the area as an eye. In this projection the foot is a head. The plantar foot is the inside of the head. The ear can be found at lateral malleolus.
- A third chart describes the area as a breast.

Without going into the details of these projections, we can take a look on the therapeutic benefit of these phenomenons. Have you ever meet a man that just started using contact lenses and also just got problems with his knees? Do women with contact lenses have more breast inflammation than those without?

This was just two simple examples. This kind of active concurrent reflexes can be found all over the body. In practical work they usually occur in pairs or triples.

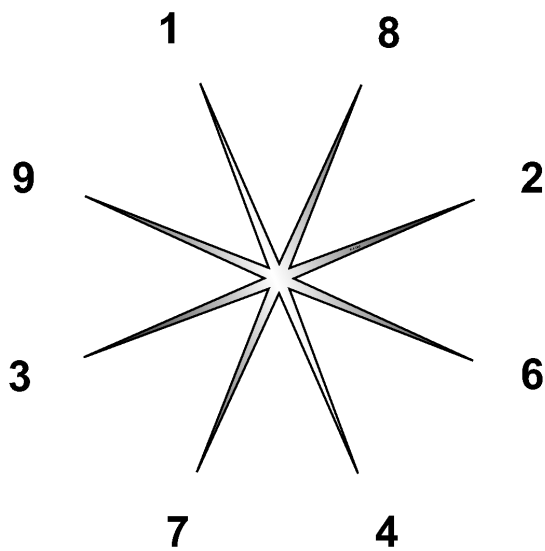
### The math

This is the fundament for my assertion in the last article,  $1 + 1$  is not 2. If your client have a knee problem (1) and (+) an eye problem (1), you can treat both problems (=) by stimulating the marked area (1).

But ... are all the projections of equal value? In my opinion, yes and no. For the body as a finite system, all projections are of equal value. But for me and my clients, only some projections are of therapeutic interest.

When I claim it is possible to manipulate an eye, a knee and a breast through the same point, then there has to be a connection the other way around also. This implies it must be possible to manipulate the eye through both a knee and a breast, in addition to the point on the foot. This does not imply it is arbitrary which of the projections that is used to threaten the eye. As I said in the previous article, they have different qualities. The secret is that one projection is most suitable to treat problems with the lens, another is most suitable to threaten the retina, and a third is most suitable to threaten the iris, and so on. Some of the projections can be tense (active) and some not (inactive). You will gain no result if you threaten an inactive reflex.

Can you see the problem/challenge with just having one tool, for example the foot projection?



The body does not only make projections like a picture of a body or a part of a body. In a future article I'll tell you about the geometrical figures that it makes.