



COLLEAGUE'S VOICE

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Interview with Vera Krijn by Sue Alma Evans

Let me begin by saying that during my 67 years, I have met several remarkable people and Vera Krijn has been added to that list! Vera and I first met online when she interviewed me, but it became clear very quickly that it should have probably been the other way around as boy, does she have stories to tell...

Sue Alma Evans

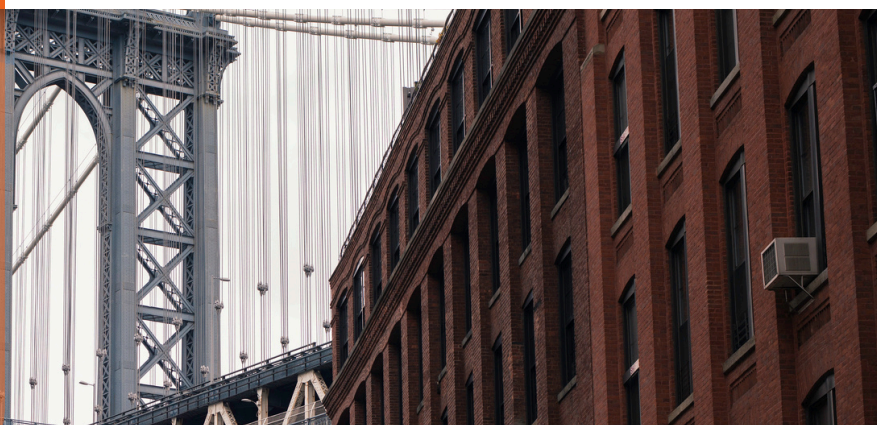


Vera was born and lived in Holland, working at the age of 7 in a children's circus (seriously, she was, I have seen the photographic evidence!).

After that she had a short career in journalism before she married an American and hot footed to Spain where they worked in the hospitality business. In 1975 they moved with their children to the USA, where she studied nutrition.

After their divorce she became a single mother, working as a book editor in New York City.

During that time, she got her certification as Medical Assistant and remarried. Her reflexology career training began as a 'just for fun' activity with Laura Norman, and like many, she became hooked when reflexology induced a healing response after a severe migraine attack.





Vera Krijn

She continued by assisting at three different reflexology schools, to be invited by one of them to teach certification courses. By this time, she was immersed in the world of Reflexology and actively involved in The New York State Reflexology Association (NYSRA) and before long she became the President of the association, increasing membership more than tenfold within 2 years, and introducing Continued Educational courses twice a year with the leading Reflexologists from around the world.

Influenced by the 1993 study of Bill Flocco about the effects of reflexology on Premenstrual Syndrome, that was published in the Journal of the American Medical Association (JAMA), she specialized after her certification on working with women who suffered from PMS. The outcome of this work was so successful, especially after a few women unexpectedly became pregnant, that it catapulted her into the specialization of fertility and perinatal reflexology, and in 1998, she was one of the first reflexologists who exclusively worked in this field.

With lots of research and conversations with medical doctors, she created a "fertility" questionnaire and developed specific hormonal techniques that helped to increase the chances for "natural fertility". This resulted in an invitation to become the director of a Non-profit Holistic Fertility Clinic that worked alongside New York University Hospital's IVF Department, that gave her unique insights and opportunities. As she says: I learned a lot while on the job.

Do you have a specific client base?

Let me say that if you have “a focus” and work withing a community for almost 30 years with good results, it is almost a seamless and organic process to be recognized as a “specialist”, and I have been extremely fortunate by the trust and generosity of the childbirth community and medical doctors. Nowadays about 90 % of my clients are perinatal or fertility clients.

I understand that you are doing mostly home visits. Do you work alone, or as part of a larger team with other health practices?

Though I work “alone”, I have always been connected to a community, which started with the amazing experience at the Holistic fertility division of “Olive Leaf Wholeness center” , where I worked in tandem with a team of massage therapists, acupuncturists and reflexologists in addition to 2 naturopathic doctors, one who specialized in endocrinology. Unfortunately, the center had to close its doors after 7 years, because it wasn't financially sustainable.

Again, I was very fortunate that my reputation had grown in New York City, and on the recommendation of someone in the childbirth community I was approached by two high-risk obstetricians who invited me to conduct monthly educational lectures with demonstrations for their patients in their office. Within a short period, they started to refer patients from week 18 of gestation. So, to answer your question, I might work by myself, but I feel very much a part of the childbirth community of New York City.

When I moved from New York City to New Jersey, I realized that there was a growing need for home visits, because New York City is notorious for its long and strenuous working hours, which affects especially working moms.

The medical practice also started to refer clients/patients who had experienced challenging and/or traumatic situations. This included women on bedrest with various conditions, unexpected C-section, couples who experienced a stillbirth and mild post-partum depression. In these cases, the medical practice pays my fees, usually for 2 or 3 sessions.

Other than seeing a handful of people in my home office in New Jersey, I mainly do home visits in Manhattan and Brooklyn. I realized that the benefits of home visits far outweigh the nuisances of travel and bad weather. I see more of the city in one week than most people in a lifetime. Moreover, it has benefitted my personal health, as I walk an average of 4- 7 miles (4.8 km to 11km) a day through the subway corridors and walking up and down many inclines and stairs, beside the walk from the subway station to someone's home. You are aware that I never kept my age (82) a secret, but I consider myself a nonagenarian, meaning that I would rather inspire and be defined by health than biological age.

You also integrate Pavlovian behavioral theories into your treatments, how did this begin and what does it entail?

It always bothered me that I left clients feeling good without access to some maintenance and self-help tools in between sessions. I was inspired by my own physical therapist who integrated some conditioning techniques in between PT session. It was the continuation of exercises I knew, repeating them 4 times a day over a period of 4 weeks (skill learning by repetition) which helped me to avoid a neck operation. I used this principle while I developed Conditioned Response Reflexology CRR™. The key to motivate people to do self-help techniques on a regular basis is education (explain how and why it works) and “by keeping it simple” (otherwise people get impatient and discouraged).

CRR™ pairs reflexology with a simple controlled breathing technique “Effortless Diaphragmatic Breathing” and sound, to manage stress during pregnancy and pain during childbirth. Though a simple skill, it takes about 4 weeks to learn by repetition.

Once mastered people can achieve a deep state of relaxation without touch, the breathing is triggered by the (very hypnotic) sound. Everyone covets their hands-on sessions especially because the baby (from week 17 on the baby shares the mother/s circulatory system through the placenta) benefits from the increased blood circulation. Blood carries oxygen, nutrients, and hormones, in this case "Happy hormones" (Serotonin, Dopamine, Endorphins, Oxytocin) and usually reacts immediately during the session. AFTER The umbilical cord is clamped, the baby no longer receives oxygen and nutrients from the mother.

You told me that you are a 'natural born sceptic'. Has this influenced your practice?

I never took anything on "face-value" and always I investigated and researched things for myself. One of my wishes for reflexology students is that instead of repeating verbatim what you have learned, to ask questions and research some facts for yourself, to examine if you have a realistic grasp of the material. In addition, after you are certified you have an obligation to this profession and your clients to stay current with regular continued education. I give you an example of a myth that has endured over time. 'You cannot treat in the first trimester of pregnancy'. Why can't you? Where can you find information about this. This myth reached also the medical community, and I have educated several doctors with a factual explanation.



Is it a concern that people are sometimes "mystified" by the explanation of reflexology in the profession?

Again yes. We should be able to de-mystify reflexology in the universal language of anatomy and physiology, this is something that can be checked. I explain to my clients and medical community how reflexology works in simple terms that usually include 2-3 elements.

1. Blood circulation begins in the feet; compression of the Plantar Venous Plexus is responsible for pumping blood against gravity to the heart with the help of the Calf muscles. (J Vasc Surg 1996;24:819-24.) and blood carries oxygen, nutrients and hormones.

2. We have over 7000 nerve receptors in our feet. Touching these nerve receptors activates the nervous system via sensory input to the brain. A good example is a routine test performed on babies immediately after birth, the Babinski reflex. This is a test to determine the health of the spinal cord measure and musculoskeletal development for underlying neuro-muscular-skeletal disorders. The baby's big toe should bend upward, and the other four toes downward. While this reaction is normal for children under 2, it is a sign of impaired myelination* for children over 2 and adults.

3. Much of modern medicine's understanding of the process of chronic pain stems from the Gate Control Theory to explain how touch modulates pain, and I might include this theory when I talk to medical professionals. Researchers Ronald Melzack and Patrick Wall coined the term "gate theory" in 1965 to explain how non-painful stimuli (touch) can reach the brain faster than painful ones. They explain that "a gate control system modulates sensory input from the skin before it evokes pain perception and response."

Does educating your clients about how reflexology works have any impact on them personally?

No doubt. Education is the key to become better at your profession and educating the public and medical professions has been at the core of my career. Once clients understand the principle of how reflexology works, they develop more trust in the process and me as a practitioner. For instance, teaching clients who experience "In Uterine Growth Restrictions (IUGR)" on how blood-circulation works can help with the fetal development of her baby, helps an anxious mother to reduce her

stress levels at the first session. Likewise, when clients understand the concept of the breathing method and the fact that it is a “simple skill” that everyone can master, especially when they read some testimonials from previous clients, they are highly motivated to practice. Trust is developed within the first 10 minutes of a session, which only can be accomplished if you are able to convey your knowledge in a confident and as simple possible manner. In addition, case histories and testimonials of past success stories are also very helpful.

You are also qualified as a nutritionist; do you incorporate this knowledge into your practice?

Of course. There are two essentials that we can regulate to maintain good health: nutrition and lifestyle. One supports the other. My perinatal clients are provided with a basic list of essential prenatal micronutrients, including the reason “why” they are important and “how” to acquire them from our food. Upon request, I’ll analyze their current prenatal, medications and supplements, because every prenatal is different. Upon the analysis, I might recommend additional- OR eliminate some supplements. Too much of a good thing can be detrimental to the health of a baby.

The thing is that micronutrients are difficult to obtain via a basic diet, while most people have either very busy lives or are clueless how to maintain a balanced diet daily. One of the reasons is that our soil has been depleted due to artificial fertilization. Case in point, take Magnesium. Magnesium stimulates enzyme function, regulates insulin and controls blood sugar levels, and it is an essential mineral to strengthening baby’s bones and teeth. The consequence of Magnesium deficiency can include poor fetal growth or preeclampsia. If we are reflexologists and don’t have this knowledge, we do our clients a disservice if we don’t cross refer with health care professions.

Are there specific reflexes and protocols included in CRR™ ?

Most certainly. Much focus on the autonomic Nervous system, especially the PSNS which has mainly “craniosacral outflow” via the Vagus and Sacral nerves. The brain and HPA and HPG axis and hormonal regulation are also an important part of the protocol. For me the challenge with the brain reflex was the brain's architecture, which is one of continuous transitions between deeply integrated functions and not so much separable “components”. This makes it practically impossible to dissect the brain without losing either function or anatomy.



The Evolutionary brain reflexes make it possible for me to access function. The big toes represent the Neocortex (the rational brain) the second toe, the limbic system (emotions) , and the third toe the reptilian brain (survival and implicit memory)

Hormones being a key factor in perinatal (as well as PMS and Menopause) includes also the enteric nervous system with 90% of serotonin production.

I just discussed the function of the Vagus nerve in the PSNS, but this 10th cranial nerve is also the superhighway of the gut-brain axis, which I know to be important to you as well as it is one of the CAREA Matrix treatment protocols included in your qualification syllabus, namely Neurology-Endocrinology-Psychology-Immunity-via Pody/Feet (NEPIP). I wish I could go into more depth into some other important points and areas, but those who are truly interested know how to contact me for a teaching course.

With a background in writing and editing, have you ever been tempted to write a book or develop information about childbirth reflexology?

I have been asked quite a few times to write a book. However, having worked in this industry from the 70's to mid 90's, I am fully aware how much focus and time you need. Allocating time into my personal life, practice and teaching, things that give me joy is currently plenty.

However, I did develop some educational materials for a Holistic Women's clinic Kigutu, Burundi. A few years ago, the president of "Village Health Works", an incredible non-profit organization <https://www.villagehealthworks.org> invited me to teach prenatal reflexology to the doctors and nurses of his clinic.

Burundi has one of the highest maternal death rates in the world, and many women never made it to the clinic because they lived too far away. Postpartum bleeding was a major contributor to maternal death, and this touched me to the core. At the time, travel to Burundi was rather dangerous, so, I did the next best thing and put together a simple booklet with simple illustrations of reflexology techniques and simple explanations for the doctors and nurses. Several visited New York and got hands-on sessions.

The fact that there were many women who never made it to this clinic, triggered another idea. Education via pictorials on a postcard to be distributed all over Burundi on how to support an easier birth and to avoid postpartum bleeding. They liked the idea.

I have good creative instinct but am not an artist. Thus, I created a simple PowerPoint presentation with beautiful and dignified images from the internet, to get the basic concept across. They supplied me with two graphic artists from France and India with whom I worked long-distance for about 2 months. The results were as I imagined, informative (they pictorially demonstrate simple actions to prevent bleeding, such as putting their baby onto their breast, urinating, and uterine massage) and beautiful the information is in French, English and "Kigutu" the language from Burundi. They mass produced and distributed them throughout the country and made big posters for the clinic itself.

Vera, how do you educate doctors, expecting moms and their partner?

Again, simply with demystifying reflexology as explained previously. I don't only work on the mother, but the baby is affected from week 17 on, being the time that it shares the circulatory system with the mother. The Science of Fetal origins is a hypothesis that nutrition, stress, drugs, infections you received in the womb shaped you as a baby and continue to affect you to this day. In other words, Health starts in the womb, and CRR® not only affects the wellbeing of the mother but also of the baby. It's a fact. (I always back-up my information with research studies)

Vera Krijn is a pioneer who has the courage to think differently, outside the box and so reflexology will benefit as her independent thinking encourages progress and moves our profession forward . It has been my pleasure to talk with her and I just know she has so many, many more stories to tell

—
thank you Vera.

Vera! I have to tell you what we named our daughter...

Vera Caruso Foer



I am absolutely stunned, now you have a " little Faith and Hope" always on your side. She is beautiful, if I just could get a great last name like that ♥ I hope to meet her someday.

How do you feel? ♥♥



Please contact Vera Krijn or us if you want to be interviewed and read by our colleagues.