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[54] **PEDIPULATOR**
4 Claims, 3 Drawing Figs.

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[51] Int. Cl..... **A61h 15/00**
[50] Field of Search..... **128/24.3,**
57, 60, 25

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ABSTRACT: A manually portable device having a revolvable body, with a nodulous surface, to be manipulated by the feet and effect manipulation of the feet by the reactance forces. A pair of spaced apart base members supports a rigid rod at its ends and the revolvable body is supported on the rod.

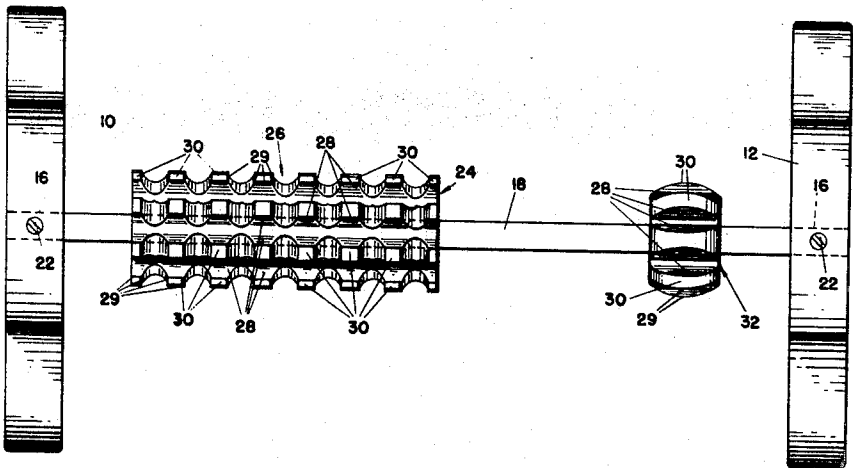


FIG-1

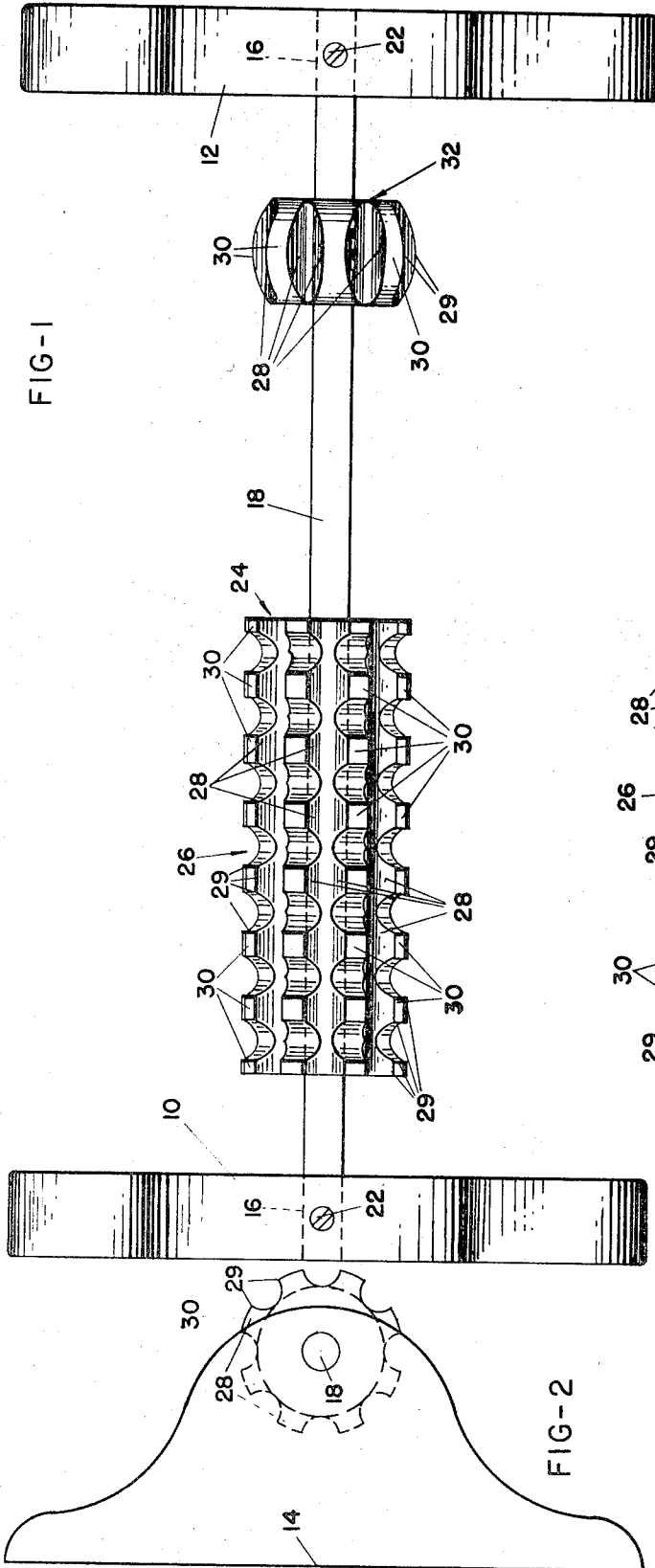


FIG-2

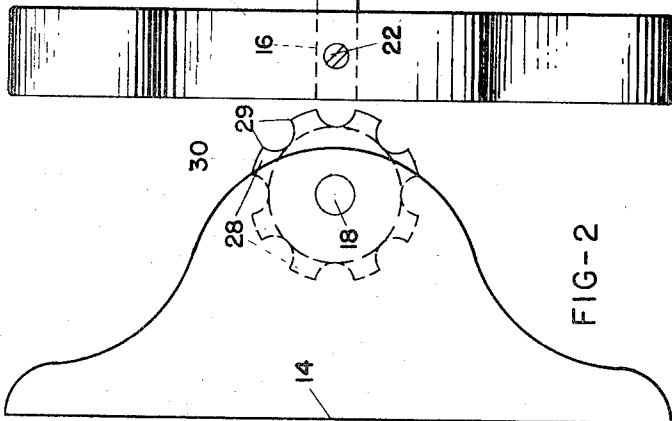
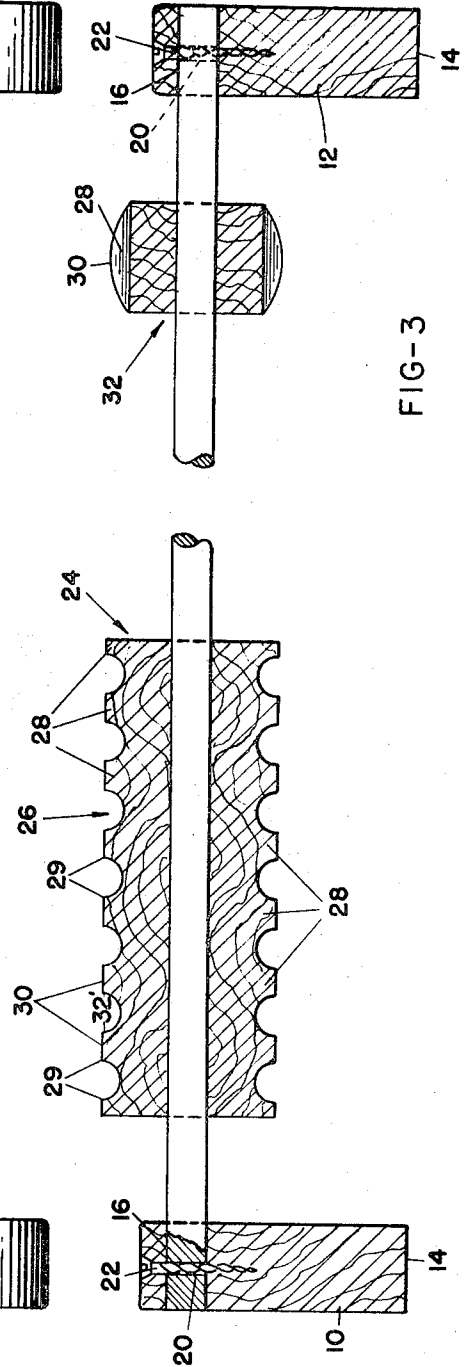


FIG-3



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PEDIPULATOR

Our present invention is a manually portable device for self-treatment by manipulation of the reflex zones of a person's feet.

For approximately four decades a type of treatment of diseases of the body, known as "Zone Therapy" has been known and practiced. This treatment was discovered and disclosed to the medical profession by William H. Fitzgerald, M.D., where he describes 10 zones of the body and locates each of the organs in the body in one or more of these zones. Dr. Fitzgerald pointed out the fact that pressure and massaging of the nerves of certain zones has a definite effect in bringing about normal physiological functioning in all parts of the zone treated, no matter how remote this area may be from the part upon which the treatment is exerted.

The postulate is, that the nerves which relate to the various organs of the body within the specific zones have endings in the hands and feet at predictable points or zones, and that therapeutic effects may be gendered in the various organs by manipulating the nerve endings at the soles of the feet to produce a reflex action in the respective organs. It is theorized that a crystalline substance is formed in the nerve endings or zone reflexes of the hands and feet causing a resistance of normal transmission of signals thereover, which result in a reduction and sometimes cessation of proper muscular activities and circulatory functions. These, of course, result in the general debilitation of those parts affected.

Our present invention is not proposed as a substitute for a Zone Therapist or Nerve Compression Specialist, but as a self-treatment adjunct, possessing the benefits of enabling a patient to achieve faster results by supplementing the treatment of the specialist.

We have made our pedipulator to be portable, thus facilitating its regular use while a person may be away from his normal place of residence, as on vacation.

The foregoing and other objects and advantages of the present invention will become more apparent and meaningful during the course of the following specification when considered in association with the accompanying drawings wherein a preferred form of the invention is graphically illustrated. It is to be understood, however, that the drawings are illustrative only and are not intended to limit the scope of the invention. It should be also understood that various changes in construction may be resorted to in the course of manufacture without in any way departing from the spirit of the invention which is to be understood only in accordance with the appended claims. Furthermore, it is to be understood that while the invention is described in one particular association, it is not my intention to unnecessarily limit the applicability of the invention, but I desire to reserve to myself the claimed invention for every use of which it is now known or subsequently discovered to be susceptible.

Other advantages and features of this invention will become apparent from the more detailed description following in which like reference numerals are employed to designate similar parts in the accompanying drawings, wherein:

FIG. 1 is a three-quarter scale plan view of our pedipulator;

FIG. 2 is an end elevation thereof; and

FIG. 3 is a longitudinal section taken on a vertical plane.

Referring now more particularly to the drawing, it will be seen that we have provided a pair of spaced base members 10 and 12, each of which has an elongated foot 14, which is adapted to rest upon the floor or other supporting surface. Spaced upwardly from the foot 14, the base members 10-12 have horizontal aligned bores 16 which receive the marginal end portions of a rod 18, thus supported in a substantially horizontal position. The marginal end portions of the rod 18 have diametrically disposed bores 20 through which conven-

tional wood screws 22 or other similar fastening devices pass and are anchored in the base members 10 and 12, thus forming a rigid unit.

Journalled on the rod 18, is a cylindrical body 24 having a nodulous surface 26 formed by providing axially spaced, circumferential grooves or indentations, and also circumferentially spaced axial indentations defining multifarious nodules 28-28, each having a face 30 of substantially rectangular configuration in plan and slightly convex or cylindric. The faces 30, are defined by substantially right angular walls 32' which depend therefrom, thereby providing substantially right angular edges to provide kneading action upon the sole of the foot.

A second rotatable, nodulous body 32, which has a generally spheroid configuration, at least insofar as the kneading or manipulating surface is concerned, has nodules 28 with the convex faces 30 similar to that of body 24, but the circumferential grooves are omitted so that instead of rectangular face configurations, it assumes circumferentially spaced, axially extending ribs. This configuration is desirable for manipulating smaller zones, as for example, the center of the metatarsal arch or at the base of the toes.

It is obvious that the sizes of the pedipulator may vary, but if the circumference of the bodies 24 or 32 are increased to too great an extent, it requires too much physical effort to produce sufficient reaction forces by the nodules in massaging the zones of the feet, and therefore, it becomes less efficient as it becomes too large. We have therefore concluded that the optimum diameter of the bodies 24 and 32 may be selected from a range of 1 1/4 inches to 2 1/4 inches.

It is also to be noted that the rod 18 is substantially longer than the axial dimension of the body 24 so that certain areas of the feet may be massaged by utilizing the rod itself. However, its primary function is to journal the bodies 24 and 32 and provide an area upon which one foot may be applied to stabilize the device, while the other foot is being massaged by the bodies 24 and/or 32.

The materials employed are of no great consequence, except that they should be sufficiently strong and rigid to accomplish the desired purpose. We, at present, utilize a brass-finished steel bar at 18 and hardwood bodies 24 and 32 and base members 10 and 12.

We claim:

1. A manually portable self-treatment pedipulator comprising:
 - a pair of spaced apart parallel base members being supported upon a flat surface;
 - an elongate rigid rod having its ends secured one in each said base member and supported thereby spaced above said flat surface;
 - one or more bodies journalled for rotation upon said rod and having a nodulous surface to be pressed upon by a user's foot, whereby the reactance force kneads the reflex zones of the foot; and
 - said rod having a length sufficiently greater than the total axial dimension of said nodulous bodies to receive a user's foot upon the rod.
2. The invention according to claim 1 and further characterized by each nodule of said body having a face defined by substantially right angular walls depending therefrom, whereby to present angular edge for kneading action.
3. The invention according to claim 2 and further characterized by each said face being cylindric and rectangular in plan configuration.
4. The invention according to claim 1 and further characterized by a second rotatable nodulous pedipulator journalled on said rod and having a generally spheroid configuration.