



1	Letter from the Board	15	Aspects of Buying and Selling a Business
2	Association Contact Details	16	State Matters
3	Report from September 2004 Board Meeting	17	Important Membership News
4	Our National Conference - a Personal Experience	18	Book Review: Maternity Reflexology Manual
6	How Reflexology Returned to the Far East and China	18	Pharmacology - Commonly Used Drugs
9	Peripheral Neuropathy	20	Health Funds
11	Hereditary Sensory Neuropathy - Case Study	22	Courses and Products
12	Feet with Diabetes - Part 2	23	Coming Events
13	Accreditation at a Major Private Hospital	24	FootPrints Contacts, Guidelines & Deadlines

LETTER FROM THE BOARD



Hello everyone,
In September we all met in Fremantle prior to the conference for another board meeting. It was a little different as we had a change in board members. Richard Bird replaced Anne Clarke from WA and Melissa Le and Jill Freestone replaced Karen Pike and Cheryl Waters from NSW and Vicki Delpero changed roles becoming treasurer. Richard Bird took on the role of

secretary - straight into the deep end!!!!

Unfortunately we didn't take into account the time differences, with all of us up bright and early at 5am - for those of us who aren't at our best first thing in the morning this was not good - especially when we were still going late into the night.

This meeting was more about ratifying some of the changes we had already made earlier in the piece and getting updates on where everything was heading including updating and bringing the new board members up to speed on everything. It was however a very productive couple of days.

Jenn Cooper reported that most members had renewed their membership on time with just a few needing reminders, and that we also had a big influx of new members from students and graduates, which is great.

Natalie Baker reported that our chosen charity for World Reflexology Week - the Starlight Foundation had also been hugely successful. Unfortunately we didn't quite make the \$4000 to actually grant a wish, but went a fair way towards it. Thank you to everyone who helped with this.

Natalie also announced her resignation from the board, effective from Christmas 2004. This was reluctantly accepted, but her decision nevertheless respected. She has done an amazing amount of work on behalf of members, raising the profile of reflexology over the last few years, and will be definitely missed. We all wish her well in all her future endeavours. Now that she has a new grandchild, Maximillian, I'm sure she will still be very busy.

It was also decided for economic reasons that the April meeting would be held in Qld each year, and the Sept /Oct meeting would be rotated around the various states. This way, members will get a chance to meet the board and the board will have the opportunity to meet the members from each state. I encourage you all to take the time to talk to your board directors when you get the chance or when you need to clarify something. We are all really friendly and approachable.

I won't go into any more detail about the board meeting at this stage as there is a full report in this edition from Jan Williams our President, but I think it's fair to say that the future of the RAA is definitely in good hands with so many committed people working tirelessly to advance it.

Emma Bettles, Vice President



Board of Directors 2004-2005

President

Jan Williams (QLD)

07 3272 4078

janwilliams29@hotmail.com

Vice President

Emma Bettles (VIC)

03 9774 3776

emmabettles@optusnet.com

Secretary

Richard Bird (WA)

08 9307 3132

rbgg@inet.net.au

Treasurer

Vicki Delpero (TAS)

03 6228 5796

info@stream-of-life.com

Directors

Natalie Baker (VIC)

03 95985712

stenat@netspace.com.au

James Flaxman (SA)

08 8333 0147

flaxmanj@webzone.net.au

Jill Freestone (NSW)

02 9437 5620

jill_freestone@hotmail.com

Melissa Le (NSW)

02 9969 4259

melissajle@ozemail.com.au

Pat Maclean (QLD)

07 3344 2123

patm@powerup.com.au

© December 2004.

All Rights Reserved.

The opinions expressed in this journal are of each author and not necessarily endorsed by the Reflexology Association of Australia. Advertisements are solely for the information of readers and are not endorsed by the Reflexology Association of Australia.

This issue:

Front cover photo: Kangaroo Paw - symbol of the RAA National Conference in Perth, 2004 by Liz Harrison.

REFLEXOLOGY ASSOCIATION OF AUSTRALIA LIMITED

Incorporated in 2002 as a company limited by guarantee (ACN: 101 412 319)

Contact Hotlines

Membership Administrator

All membership enquiries
& applications; changes of address
Email: reflexologyadmin@tpg.com.au

Jenn Cooper

Ph: 07 3396 9001
Fax: 07 3393 5468
PO Box 253
Wynnum Central
QLD 4178

Office hours:

Mon and Fri 9am - 5pm, Thurs 9am - 1pm

General enquiries and advice CPT information

Contact the representative in
your state (see below).

Practitioner register

0500 502 250

Journal/advertising enquiries (see page 24)

02 4976 3881

State Branches

NSW PO Box 366, Cammeray, 2062
Enquiries & Referrals: 0500 502 250
Chairperson: Vacant
Secretary: Carmen Luz Guerin 02 9982 2821
Email: carmen_luz_g@hotmail.com

Victoria PO Box 5272, Mordialloc, 3195
Enquires & Referrals: Britt Kornatt 03 9553 8117
Chairperson: Daryl Mckinley 03 5984 0024
Secretary: Maralyn Palamera 03 9597 0178
Email: brittk@ozemail.com.au

Queensland PO Box 3092, Norman Park, 4170
Enquiries & Referrals: 0500 502 250
Chairperson: Libby Stark 07 3376 2240
Secretary: Sara Higgins 07 3901 6621
Email: sarahiggins@optushome.com.au

WA PO Box 1032, Leederville, 6901
Enquiries & Referrals: Pgr: 08 9480 4704
Chairperson: Richard Bird 08 9307 3132
Secretary: Robyn Forshaw 08 9272 2931
Email: robyn@forshaw.org

Tasmania PO Box 465, Moonah, 7009
Enquiries & Referrals: Ph/Fx: 03 6231 1555
Chairperson: Gaye Webb 03 6231 1555
Secretary: Angie Flynn 03 6243 0106
Email: webster162@bigpond.com

SA PO Box 1217, Adelaide, 5001
Enquiries & Referrals: 08 8333 0147
Chairperson: Margaret Brown 08 8525 2560
Secretary: Suzanne Pfitzner 08 8370 1508
Email: suzannep@esc.net.au

National Referral Service

If you require a reflexologist in a particular area, town or state, the Reflexology National Referral Service is able to assist.

We can put you in touch with a qualified reflexologist in most states of Australia

To Phone:
(0500) 502 250

Editor's Corner

We hope you enjoy each issue of FootPrints.

The articles chosen reflect our commitment to providing you with support, inspiration and new ideas.

FootPrints also keeps you in touch with news from the Board of Directors and important Association matters.

The case studies, research information and other articles published in this Journal since 1990 make up a significant reference base for members, and we recommend that you check back issues for data that could be helpful in promotions, reflexology presentations etc.

We welcome your contributions however large or small – we know that every reflexologist has a story to share. Reflexology miracles happen all around Australia every day.

Warm Christmas wishes from Sue and Graeme

Report from September 2004 Board Meeting held in Fremantle, WA

By Jan Williams, President



The first Board Meeting of the new membership year was held in conjunction with the conference and AGM in beautiful Fremantle, Western Australia. It was the first opportunity the newly elected board members had to meet the "old stalwarts" face to face and get down to some serious and not so serious discussion about progress for the RAA in the next year.

I wish to take this opportunity to congratulate the Western Australian Branch for a fabulous conference! It was such a great opportunity for me to meet so many members, almost all of you personally and to experience the great joy and warmth that a gathering of like-minded people generates. I look forward to Adelaide in 2006!

On the first day of the Board Meeting (BM), we were given the sad news that Natalie Baker is to resign her position as Director for Victoria in December 2004 and therefore will not be attending any more board meetings. Natalie came to this decision after much careful deliberation when it became obvious that her life is to take a very different direction. She has been a Director for Victoria for at least three years and was an inaugural board member. Her input will be sorely missed. Natalie has always had a gift for promotions and promotional material and is very careful always to think of the members' points of view. Thank you Natalie for your very good work. It has been a privilege and pleasure to work with you.

The Membership Administrator's report brought news of a busy renewal time, although streamlined office practices have speeded up the process. At the time of the meeting 844 members had renewed and Jenn had sent out reminder notices in early September. The renewal time is always a very busy time for Jenn, and to do the job properly it takes at least a month! Phone calls inquiring about progress actually slow the process down so please be patient. CPT has traditionally been a subject about which there seems to be much discussion! We hope that the new programme will eliminate many of these calls next year. Improvements in efficiency have included computer generated receipts and a form to check member details - this has resulted in the database being more accurate. The updated website has made it easier for changes to practitioner details to be executed, Jenn is now able to access the database immediately and make the modifications.

The new CPT programme seems to have been well received, certainly in Queensland and Victoria where training nights were held early in the new membership year. If you do not understand the new CPT structure, please let your branch directors know and they will arrange some training at a general meeting. I am happy to receive calls from re-

gional members who may need some help. A number of refinements have already been identified with the CPT document; a review will take place in 2006 / 2007.

The Education Sub-Committee under the direction of Lynn Hatswell has been busy re-visiting the Recognition of Prior Learning process and the RAA standard for education. This will be a lengthy process, but significant progress has been made with the RPL system and I thank all those involved for the spirit in which they have come together and for their expertise.

Natalie has been busy looking out for promotional items and has discovered some good pens at reasonable cost, which have been ordered and will be available through your branch soon. Natalie has also been negotiating a new concept for the car door magnets and displayed prototypes, which looked quite promising. We tried to co-ordinate a national approach to World Reflexology Day with the Starlight Foundation as the national charity, however the response to our offer was different in a number of states and the theme seemed difficult to manage. Natalie suggests that we go back to state based activities with a nationally funded advertising campaign - more about that later.

The update to the website has been completed although the nature of electronic information is that it should be under constant review. James Flaxman is the Director responsible for liaison between the RAA and our web master and he reports that all changes are now complete. The new forums are a feature of the changes and will allow discussion between members and the public and the board, although we are still to implement this form of discussion! James demonstrated the features of the discussion board and we are to nominate a topic to discuss in this manner. Your branch director will be asking for a volunteer, preferably someone with an interest in computers, to take responsibility for updating the branch news page of the website.

A number of changes / additions to the By-Laws have been identified and these were discussed and agreed to by the members of the board. All members will be officially notified of these changes in due course.

If you take the time to peruse the minutes of the meeting you will find reports from directors and other interesting areas of discussion that come under the heading of 'housekeeping'! The board is always grateful for the opportunity to meet face to face. It stimulates the creative minds and helps to maintain our focus on the future of the RAA. Our next meeting will again be in Brisbane in April 2005 and it is hoped that the AGM for 2005 will be held in Sydney; more on that as the time approaches!

For those of you interested in the minutes of the AGM, they will also be available via your directors at your next general meetings. It is my privilege and pleasure to be part of the board of directors of the RAA and I look forward to this year of challenge and completion of some projects!!

Our National Conference – a personal experience

By Nita Kent, NSW

Firstly I'd like to extend my congratulations on a fantastic conference and my heartfelt appreciation of what the organising committee took on in order to create this opportunity for learning, for meeting one another and for having fun.

The venue. The Esplanade Hotel and Fremantle were excellent choices. The city and the hotel are beautifully situated and added to the pleasure of the experience, not to mention the amazing food for lunch and the breaks.

The theme Western Vibrations was incorporated in many ways throughout the conference, woven cleverly into each presentation.

The conference logo was a very beautiful painting by an aboriginal woman, Norma MacDonald, and it was used throughout the event as a backdrop for speakers, on our name tags and on our conference notes.

The image is that of the Western Australian wildflower, the kangaroo paw. Norma's own description of the image enlightens us 'I moulded the kangaroo paw into the shape of the foot and moved this image into the feet moving around the flower. My thoughts are of ourselves with nature, making a full circle of harmony and relaxation through the therapy of reflexology leading to good health. The kangaroo paw with its red stems when coming from the earth is linking the nervous system to our body through our feet, showing its beauty when nature is in correct balance. The rivers of colour represent the nervous system and the blood and the lymphatic circulation as they flow and vibrate to interconnect the whole of the body in the healing process'.

Friday night...cocktail party.

Friday evening saw an eclectic group of people talking animatedly over drinks and delicious morsels of food; reflexologists from most states and territories in Australia and five from overseas. There was an excited buzz in the room as we were all welcomed warmly into the vibrating bosom of Western Australia.

It is interesting to see the breakdown of the 152 attendees.

Western Australia	- 69
Victoria	- 22
N.S.W.	- 21
Queensland	- 17
South Australia	- 11
Tasmania	- 3
U.K.	- 3
France	- 2
Taiwan	- 1
Unknown	- 3



'The Eternal Gift'.
A gift to the RAA from the WA Branch.
It will be handed on to each state holding the National Conference

Saturday.

The conference room was filled with the subtle fragrance from the huge vases of native flowers and the haunting sounds of the didgeridoo. We were officially welcomed by RAA President Jan Williams, and WA Branch Chair and Director of RAA Richard Bird who presented the RAA with an eternal gift of a wooden plate and a bell to be used at subsequent conferences. There was also a warm welcome from the Mayor of Fremantle Peter Tagliaferri and a very moving welcome from Fred Col-lard, Aboriginal Elder Custodian who spoke of our vibrations mixing with those who had preceded us in the area of Fremantle as he handed over a message stick of welcome. Levi Islam and his beautiful didgeridoo playing accompanied Brigitte Johnson's welcome again incorporating the theme of **vibration**. We were also introduced to Robyn Forshaw, leader of the conference committee and to Flora Toft who did a fabulous job as MC.

Then followed our first speaker, the keynote speaker of the conference **Father Josef Eugster**. What a privilege it was to hear this beautiful human being of whom I had heard so much and whose work has been valuable to so many, including myself. His humility and love shone throughout the whole weekend. To use his words 'We have the most effective method to heal all kinds of unseen wounds. What people really need nowadays most is somebody who has time, understanding and love'. Father Joseph was so delighted

to be in Australia. He has had the opportunity to speak on each continent now and I have to say we were all very keen to hear him. His presentation can be seen later in this issue.

Our next speaker was **Dr. Martine Faure-Alderson** talking on Cranio Sacral Reflexology. She was also a much looked forward to speaker and was charming and extremely interesting. She practices and teaches reflexology, cranial osteopathy, naturopathy and acupuncture. She has 40 years experience in complementary therapies and chairs the French School of Reflexology in Paris which she established in

1974. She has taught reflexology since 1968. Cranio-sacral manipulation was first introduced into the osteopathic profession in the 1930s. The pioneering work was done by William Garner Sutherland and Martine has brought this knowledge into reflexology with the subtle palpation of the spinal reflexes.

The Cranio-Sacral motion is used primarily for whiplash, the treatment of stress patterns like birth



Dr Martine Faure-Alderson and Father Josef Eugster



The organizing committee

Our National Conference (cont)

trauma, emotional shock including loss of loved one, fear of the future, and fear of what may happen. A team of people are using this technique to treat cancer patients for pain. It is also very successful in treating depression...it balances the emotional, physical and spiritual aspects of being.

Dr Martine and Father Joseph both stressed how important it is for all of us to drink ample water and, as practitioners, the importance of taking care of ourselves.

'Reflexology should be a habit like you have 3 meals a day. First of all take care of yourselves'- a reference to working one's own reflexes and doing what we need to do to keep well.

After lunch we were helped back into focus mode with a brain gym boogie led by **Lynn Hatswell** and her team; absolutely hilarious.

The Foot Forum followed. This group of presentations looked at metatarsalgia, bunions, ankle oedema, heel pain, cracked or fissured heels, claw or hammer toes from the multiple modalities of podiatry, the five element theory of Traditional Chinese Medicine as reflected on the feet, aromatherapy, chakras, language of the feet, flower essences and metamorphosis. It was very interesting to compare these different approaches to the same conditions.

Then followed an experience of sound and colour with Maxine Getley. We were treated to an amazing variety of sounds from a various instruments and meditated to the surreal sound of a crystal bowl vibrating around and almost through us.

The dynamic **Graham Ellis-Smith** talked about vibration from a quantum physics point of view. He told us that wherever we walk in the landscape we leave our vibrational pattern and that flowers grow where people need them. He spoke of the Aboriginal understanding of our place in the natural world. Graham's work involves teaching people in nature based programs about the relationship between humanity and nature. He includes understandings from Aboriginal and other indigenous cultures and has a deep understanding of the WA Wildflower Essences.

The Annual General Meeting followed and was conducted very efficiently by Jan Williams with two changes to the constitution being accepted by members. We were able to meet the Board Directors and ask questions relating to RAA matters.

The evening concluded with a fabulous



Hands on practice at the conference

TCM, colour, the tree of life and the archetypes in her discussion. This approach demonstrated how we can focus on one part of the foot, and, with an understanding of these wisdoms, create a very effective treatment with profound results.

dinner and dancing into the wee hours. Do we know how to party!

Sunday

Our day started with a beautiful meditation as we listened to an American Indian flute followed by healing toning - voices vibrating together for a few minutes; very powerful and energising.

Wyn Fields began the day's sessions talking about the heel and its many dimensions and she applied some of the ancient wisdoms such as the chakra system, the five elements of

Ayurvedic Reflexology was presented by **Sharon Stathis** and her passion for this method was evident. Ayurvedic medicine dates back to 4,500 years and even further via the spoken word and observation. There seems to be the possibility that reflexology as we know it in the West has its roots in India. This presentation was fascinating and touched a chord with many people.

'Reflexology in the Community' was the next topic with five interesting and inspiring presenters, each covering a different project. We

looked at reflexology in aged care, midwifery, accreditation of a reflexologist at a major private hospital, complementary therapies in a major teaching hospital, and reflexology in the business and industrial sector.

The afternoon was devoted to workshops on Cranio Sacral Reflexology, Ayurvedic Reflexology, Intuition and Sound Reflexology and Movement Re-education of the Muscles of the Calves and Feet.

The conference ended on a high note with a practical session with Father Josef where he demonstrated the use of wooden tools.

We all said our farewells after the closing ceremony and prepared to wend our way home.

The conference was an amazing experience of learning, friendship and fun and will be of lasting value. I can highly recommend attending the next RAA Conference to be held in two years South Australia.

Congratulations WA on a fabulous job.



From L to R: Jan Williams (RAA president), Peter Tagliaferri (Mayor of Fremantle), Fred Collard (Aboriginal Elder of Fremantle) and Richard Bird (RAA Secretary and WA Chairperson)



Thank you, WA for a great conference!

How Reflexology Returned To The Far East And China

By Father Josef Eugster, Taiwan

I feel honoured to be given the chance to speak at this conference. I never dreamed that one day I would also belong to the circle of reflexologists, to this famous group of people who have started to change the world. With deep respect for all you have done for mankind through your work, I am grateful to have the chance to share with you my journey to becoming a reflexologist.

What is reflexology for you? What is it for me? Is it just a job, or an occupation, or is it some kind of health service, like so many other kinds?

I want to share with you how reflexology became my vocation, my mission through a special call and how it changed my life and the life of thousands of others. I was just 12 years old when my mother told me what happened when I was born. I am the second child of eight from a farmer's family in the east part of Switzerland. We were very poor. Therefore my mother too had to work on the farm. One day when she worked in the fields she suddenly started to have pains. She went home and realised that she would give birth to a baby. It was me, a premature birth.

Fortunately my father returned home a few moments later and saw what was happening. He immediately ran into the village to call the doctor. Nobody had a telephone at that time yet. When the doctor arrived, he saw this tiny little baby, all black because of breathing and heart problems. He told my father that there is no hope of survival: "You shall have another baby later on" he told my parents and left. My mother cried, and since she is a fervent Christian, prayed to the Lord and said: "Lord if you save this baby I shall help him to become a useful person." And the baby didn't die. That's what my mother told me when I was 12 years old. Her words struck me very much and I asked myself what it means to become a useful person. I liked to work on the farm and thought that every farmer is a useful person. Later on I asked myself if I became a teacher could I be even more useful, but that was impossible because we couldn't pay for the studies. What about becoming a medical doctor? That was even more impossible because we didn't have any money. It happened at that time that my four sisters were asked by a priest from a mission society, which one of their brothers would be most fitting to become a priest. They gave him my name and when he visited our family I felt the call to become a priest.

But there was a big handicap: I wasn't very healthy, quite often I fell sick. In the seminary my superiors doubted if I would be able to become a missionary. Besides, I never was a smart student and had to work very hard.

Since I did my part and the Lord did his bigger part, I was ordained and sent to Taiwan in the 1970's where there were already a number of Swiss Bethlehem Fathers and Brothers working among the Taiwanese and Aborigines on the east coast. I was told to learn Taiwanese first, a language with eight tones, a very hard language to learn. With the

Maryknollfathers I started learning. We were only two students, but five teachers were training us to learn the language properly. My only classmate was a Skeutfather from Belgium who already knew Mandarin. So for him it was not very hard to learn Taiwanese.

But for me it was unbelievably hard, especially the tones. I am not at all a singer and that made it more difficult.

Besides I found the life in Taiwan very hard: day and night it was very hot and there were a lot of mosquitoes. I was not able to communicate with the local people, and I could not read even one Chinese character. Also I found the food was strange to me. Even though I sometimes regretted having accepted this challenge, I didn't want to give up and kept studying very hard. I continued to struggle, and with the Lord's help, managed to learn Taiwanese.

After working in a parish with Taiwanese I didn't regret anymore being in Taiwan. After seven years I went back to the language school to learn Mandarin. At that time I started having rheumatism and arthritis in my knees which became quite severe. I took all kinds of medicine, but it didn't help much. Some pious doctors told me that this was the cross I had to carry. But one of my confreres told me: "No, this is not your cross, it is your stupidity. You should learn reflexology of the feet and you can easily get rid of your problems. Besides, you should drink more water and do exercises every day and you can easily get rid of this problem." And he explained to me that he had read a book written by a Swiss nurse, Hedi Masafret and had attended a training course in Switzerland and was convinced that this could help me. I told him that I didn't have problems with my feet, the knees were my problem. Then he explained to me that arthritis is not a problem of the knees, it is a problem of my inner organs, especially of my kidneys and my adrenal glands. And he confirmed his theory by pressing the reflex zones of these organs in my feet. The pain was nearly unbearable. I begged him to stop, because I couldn't stand the pain and told him to forget about this sadistic method.

Still I was curious and asked my confrere to lend me the book he had bought in Switzerland. I read the book and slowly understood the theory of reflexology. At the same time I was stimulating all the reflex zones on my feet, which were very painful and I was surprised that after only two weeks my rheumatism was gone. I suddenly got the insight that this would become my new mission method. This would be an easy way to approach people and to help those who need it.

From that book I finally started to learn reflexology, first for my own benefit and then by doing it on others. All of my patients had chronic diseases and didn't get help from the doctors; that's why they tried reflexology. I offered this treatment twice a week at our church and since the number of patients was growing very fast I started training three ladies and seven men. They became the first native reflexologists in the Far East.

How Reflexology Returned to the Far East & China (cont)

My biggest problem was to translate and explain this method in Taiwanese and Mandarin. There weren't any books about foot reflexology in Chinese at the time. Now, after 25 years, there are more than 50 different books about this method. At the beginning I had to learn all the reflex zones in Taiwanese and Mandarin and explain this method in these difficult languages. Besides that, I had all my pastoral work in the parish and many clients every day.

I still remember one of my first patients, Mrs. Chen.....

One day I was asked by a neighbour if I could cure the so-called "Basedowsche Disease", a problem with the eyes. I told the person that I would like to try. This was a famous broadcaster on the police radio station in Taipeh. For 3 weeks the lady stayed with us and had a treatment every day. She wanted to have a very painful treatment and was shouting and crying during her treatment. After 2 weeks the eyes moved slowly back into the cavities of her eyes and were getting more normal. Then she asked me if I would give her an interview for the radio about this method. I did it and the Taiwanese television station listened to the programme and immediately sent someone to interview me. They interviewed the patients I had treated and asked them how they felt and how I did the work. That half hour TV programme brought about an incredible reaction.

Thousands of people came streaming to our parish and we couldn't manage them all. All the hotels in Taitung, a town of 80,000 people at that time, were full and every room at the church was overcrowded. Many people had to sit outdoors because there was no room for them. At 3 o'clock in the morning they started lining up to be sure to get a treatment. After a few days we were exhausted and couldn't manage anymore.

The Health Minister of Taiwan finally was forced by the doctors and druggists to forbid this method because people really liked it but the hospitals and drugstores were having a very bad time. However, we never stopped people from going to the hospitals or buying drugs. When I received the letter from the Health Minister I read it to everybody and the patients who came from very far places got furious. Finally we wrote a letter to the President and Vice President of Taiwan explaining our situation. I stopped doing reflexology, but encouraged my helpers to continue secretly in their homes to help all those who needed it. Since we didn't give people any medicine, just using our hands, I didn't feel that we did anything wrong.

Everyday the TV informed the population about the situation. But at that time I received all kinds of threats and my life was in danger. Two days later the Vice President invited me to his office in Taipeh, and I had a chance to explain our situation.

After talks with the Health Minister, they decided that we could continue our work immediately in a hospital under the supervision of a medical doctor. People received the news on TV and on the following day lots of us started working in that hospital. I knew that I should continue training thousands of people so that it would be impossible to stop this method again. Therefore, I gave courses all over the island and the method became well known in the whole country.

But that was not the end. Japan was also eager to learn about this method, followed by Singapore, Malaysia, Hong Kong, Korea and finally Mainland China.

Some 15 years ago, relatives of people on the Mainland who had fled to Taiwan some 40 years ago, were allowed to visit their relatives. Many of them, especially priests and nuns took some books and tools used in Taiwan for reflexology, and gave them to their relatives. Some of them, who had learned this method, gave courses on the Mainland. Many Chinese doctors were very interested in the method. Hundreds of retired doctors learnt the method and spread it all over China. With their medical background and knowledge of yin and yang and Chinese traditional medicine they had an easy task to explain and promote this method.

When Dr Cheng and I were invited to attend the conference in 1996 in Peking, the Health Minister of China told the conference that the government of China didn't have enough money for health insurance for everybody, therefore, the doctors and reflexologists attending the conference have the duty to teach people one of the natural health methods known in China, so that people can help themselves. Until the year 2000 everybody should get the chance to learn one of those natural health methods and reflexology is one of the most effective ones and easy to learn also for the ordinary people. We really were surprised about the openness of the Health Minister in China. Could you imagine this happening in your country?

Even though foot massage techniques were practised in China long, long ago, later on, under the dominance of feudalistic ideas, women's feet were bound and became un-touchable. To touch another man's feet was also regarded as somewhat impolite. Thus on the whole, foot massage wasn't well developed in the past.

In the 1980's, when China adopted the policy of opening to the outside world, reflexology was introduced into China as 'Foot Reflex Zone Massage'. The following is an excerpt from a report by the chairman of the China Reflexology Association, Mr. Hang Xiong Wen. He explains: - "Government acceptance was not so difficult for us, because we have a long history of Chinese Traditional Medicine. The basic attitude of the Chinese government is to promote the integration of Western Medicine with the Chinese Traditional Medicine. So we have reflexologists practising in hospitals next to Doctors. In China the use of reflexology is encouraged by the government because it meets the five principles advocated by WHO.

It must be:

- Easy and simple to learn
- Easy to get or receive
- Effective
- Safe
- Economical

Reflexology meets all these points and therefore the government encourages its use."

When I first started promoting reflexology, there was still a

(Continued on page 8)

How Reflexology Returned to the Far East & China (cont)

(Continued from page 7)

lot of opposition from doctors, and even from the church in Taiwan. Besides, many people used my name or my picture to cheat their clients and tried to make a lot of money. As a priest I didn't really understand this aspect of society with all its ugly and dark sides. I was too naïve to be able to distinguish clearly who was reliable and who was a cheater.

All these experiences gave me a lot of suffering and I felt exhausted, and abused, therefore I asked my superior for a Sabbatical, which was granted immediately. I realised I had to go to a Benedictine convent in Jerusalem. I meditated and prayed until I recovered. When I relaxed in Israel and did my meditations and prayers, I realised that every reflexologist had first of all to take care of his own health. This has to be taken seriously. We can only do as much work for others as the amount of good health we are in. This is the first thing. The better you take care of yourself, the better you can help others. I also realised what I had to do in the future. First, I was only the transmitter of this method. Secondly, I would always fight for the right of people to get their health back, through any good method.

Now, after 27 years, foot reflexology is well known in the Far East and I feel proud that I was able to bring it back after being lost for many years. But without the help of thousands of friends and students this would have been impossible.

Since I never had a teacher except the book written by Hedi Masafret: "Good Health For The Future", we had to find our own way. I didn't know anything about medicine, I only knew how to stimulate the reflex zones, and I believed it had to be quite painful to get a fast and lasting result. What people were asking for were results. And I was amazed what happened in our training courses. People with severe diseases for many years, recovered in a very short time. The mother of one of our students couldn't get up for 3 years. After trying all kinds of medicines and treatments, her son did reflexology on her for five days and she was able to walk again. Her main problem was the balance organ.

From the very beginning I understood that we are not healing or curing diseases, but that we are curing people - not just helping them to relax and get rid of their stress. All who came to see us were sick or were people who had had problems for a long time and were not helped by their doctors. They wanted to be cured as soon as possible.

From the very beginning we told people with big problems to have a treatment every day and people with severe cancer even twice a day. In the meantime we have discovered that it is not necessary to make people suffer so much. It also depends on the problems they have. Sometimes in order to get a breakthrough on the problem we must do it more aggressively. People who are very weak must not be treated aggressively. For old people a full treatment everyday is often too much.

Since we didn't have any specialties, we had to develop our own method for the situation, out of the different needs we encountered. Our aim was to cure people and to tell them about their health situation. We also told them that this is one of the best methods to relieve pains in a few minutes. And for cancer patients in the last stage of life it is a great help to diminish pains without a lot of drugs.

Everywhere in nature we can find herbs and fruits and even stones which have healing power. All kinds of methods are already developed. However, the most wonderful method, the Lord of the universe has put into everybody's feet. There is a healer in your feet and if you know him well, and work with him, you can solve many health problems. We sometimes only have to look at somebody's feet to know where the problems in the body and life of this person are, and we can help to get rid of them.

Some 18 years ago, when I proposed to build Health Paths in the public parks of Taiwan so that people could walk barefooted on them and improve their health, I got a very good response from the government. Now you can find these health paths in nearly every park. Thousands of people walk on them every day with very good results. I am amazed that the Health Ministry acknowledges reflexology as a natural health method and everybody can do it wherever he or she wants.

For further protection from the government we have founded an Association of Reflexology. Whoever wants to join it needs to pass an examination and attend certain training courses and meetings.

Of course, ordinary people can do reflexology at home without any restrictions. I believe that 10-20 percent of Taiwan's population are able to improve their health through reflexology and if they have more serious problems they go and see a specialist. In every city and town we have our reflexologists who belong to our association, and whenever people ask for help we can give them the address of the closest practitioner.

Reflexology can be applied to people from the very first day of life until the end. It is extremely effective on children. I like to work on children with cerebral palsy and any kind of brain problems. Recently we found out that the faster we work on people who have had a stroke, the better the result. Even immediately after an operation we still recommend reflexology.

Quite often people ask me, "How do you get your 'Chi', your energy, after so many years of hard work?" I would like to ask all of you, what is the best way to get your lost energy back? For me the best way are prayers and meditation and knowing that I am a tool in the hands of the Lord. I ask him for his guidance. The closer I am to the Lord, the more effective my service is. He was very merciful towards me, to show me what to do in very difficult situations.

It is a special gift to know by intuition what to do in difficult situations. I could give many examples, but I believe that many of you also have this special gift.

One of my dreams was that I could also introduce reflexology to the poorest countries of the world, where people can't afford expensive medicines. This dream came true when I received the invitation from one of my confreres working as a missionary in Santa Cruz, Bolivia. There I was able to teach about 60 people in 3 different groups. One group consisted of medical doctors and nurses, and two groups consisted of ordinary people. I was amazed how eager they were to learn and we got two invitations to appear on TV. I am still in good contact with these groups and they are continuing to promote

(Continued on page 14)

Peripheral Neuropathy

by Kim Rusten, NSW

Peripheral Neuropathy (PN) is not a single disease. Rather, it is an umbrella term describing the end result of a multitude of disorders that result in damage to the peripheral nervous system. It is an important disorder to understand as a therapist because the incidence in the community is high (around 7%). Peripheral Neuropathy affects men and women equally. Unfortunately, many cases are misdiagnosed and treatment is generally suboptimal¹. Although there is not much written about peripheral neuropathy in complementary therapies literature, reflexology and the wholistic approach definitely have a role to play in supporting clients with neuropathies.

The Peripheral Nervous System.

The body's nervous system is comprised of two parts. The central nervous system (CNS) includes the brain and the spinal cord. The peripheral nervous system (PNS) connects the nerves running from the brain and spinal cord to the rest of the body. This includes spinal nerves, plexuses arising from the spinal nerves and the cranial nerves thus innervating the arms and hands, legs and feet, internal organs, joints and even the mouth, eyes, ears, nose, and skin. Peripheral Neuropathy occurs when nerves are damaged and can't send messages from the periphery of the body to the spinal cord and brain and vice versa. Thus, when damage occurs, numbness, pain, tingling, burning and weakness may occur in areas serviced by the PNS.

A nerve is a collection of neuronal fibres (axons) in the peripheral nervous system .

Neurons consist of :

- a cell body with dendrite protrusions to receive neuronal impulses
- an axon which is a long protrusion from the cell body which is wrapped in a myelin sheath to increase the speed of transmission of impulses
- axon terminals which contain neurotransmitters – chemicals which are released into the synapse to enable information to be passed from one neuron to another.

Nerve damage is usually from either a de-myelination of the neurons or axonal damage.

The human body is able to repair damaged axons as long as the cell body is intact. Accelerated protein synthesis is required for the repair and recovery often takes several months².

Damage of peripheral receptors may also result in neuropathy. Exteroreceptors are located on the periphery of the body and detect sensations related to external stimuli eg. touch, pressure, vibration, temperature and pain. They are specifically classified to describe the nature of the sensation. Thus, nociceptors detect pain, thermoreceptors detect temperature and mechanoreceptors detect pressure. When loss of sensation occurs, exteroceptors may not be functioning. Exteroreceptors are also prone to abnormal sensitization by an inflammatory condition giving rise to pain³.

Causes of Peripheral Neuropathy.

There are many causes of peripheral neuropathy, including diabetes, hereditary disorders, infections, inflammation,

auto-immune diseases, protein abnormalities, exposure to toxic chemicals, poor nutrition, kidney failure, chronic alcoholism, and certain medications – especially those used to treat cancer and HIV/AIDS. In some cases, however, the cause of a person's peripheral neuropathy remains unknown – this is called idiopathic neuropathy¹.

Evaluation and Tests

Assessment of peripheral neuropathy uses EMG (Electromyography) or NCS (nerve conduction studies). The tests use electric pulses to measure nerve conduction velocity. The results enable the classification of the neuropathy as a demyelinating neuropathy or an axonal neuropathy. It is possible for results to exhibit features of both demyelination and axonal loss¹. Neuropathies are classified for more effective treatment.

Current research in the medical model.

It is possible for the body to repair nerve damage to some extent, however there is demand for accelerants for repair, nerve growth or re-growth and plasticity for treatment of neuropathies. This demand has led to research of neurotrophins (peptide growth factors) as a pharmaceutical option for the repair of the nervous system. At this stage, neurotrophins have not fulfilled their therapeutic potential in clinical trials⁴.

TYPES OF NEUROPATHY

Diabetic Neuropathy.

Diabetes is one of the most common causes of neuropathy. Nerves are damaged by low blood flow (poor circulation) and high glucose levels, both well known symptoms of diabetes. Between 40-60% of diabetics suffer mild neuropathies while 5-10% are severe⁵.

The first sign of diabetic neuropathy is usually numbness, tingling or pain in the feet, legs or hands. Over a period of years this may lead to muscle weakness and a loss of reflexes especially around the ankle. Loss of sensation may result which also means an inability to detect temperature or pain.¹ Thus complications such as infection, ulceration and gangrene may manifest and amputation may be necessary.

Symptoms are varied, depending on which nerves are damaged and whether the neuropathy is a flare- up condition or a slow degenerative problem. Many of the normal functions of the body may be affected by symptoms such as diarrhoea, constipation, loss of bladder control, facial drooping, changes in vision, paralysis and speech impairment.

The common treatment plan is to relieve discomfort and prevent further tissue damage. This involves a daily foot inspection, pain relief and strict control of blood glucose levels by medication and diet.

Natural therapies research suggests that a vegan diet coupled with exercise has noticeable effects, probably due to the lowering of the viscosity of blood (improving circulation) and the strict glycemc control⁶.

(Continued on page 10)

Peripheral Neuropathy (cont)

Hereditary Neuropathy

This group occurs when genetic disorders present with weakness and wasting of the muscles generally below the knees and in the hands. One fairly common condition is Charcot-Marie-Tooth Disease. (CMT).

Charcot-Marie-Tooth disease (CMT) is named after three doctors who discovered this broad group of inherited neurological disorders in 1886. There are three types of CMT. The majority of sufferers have Type 1 which presents as a chronically de-myelinating motor-sensory neuropathy¹. Type 2 affects the axons themselves and represents 30% of those diagnosed. Type 3 is especially severe and is also known as Dejerine-Sottas disease. The peripheral nerves are enlarged and thickened in this case.

The symptoms of CMT include a slowly progressive atrophy and weakness of the muscles in the foot, lower leg, hand and forearm and a mild loss of sensation in the limbs and phalanges. Often there is associated gait disturbance and deformity of the hands and feet.

Although CMT is one of the most common inherited neuromuscular disorders (0.05% of the population of USA), it is commonly misdiagnosed.

Diagnostic evaluation includes a clinical assessment of muscle strength, reflexes and sensation, nerve conduction velocity tests, electromyography, muscle biopsy, x-rays, bone scans and genetic testing.

Treatment plans include leg braces, physiotherapy, surgery and pain relief.

Inflammatory Neuropathy

Inflammatory neuropathies are classified according to the causal agent being infectious or autoimmune. Examples of infectious agents are Lyme disease, HIV/AIDS, Leprosy, Shingles and Hepatitis B & C. Some of the autoimmune conditions include Sarcoidosis, Guillain-Barre Syndrome, Rheumatoid Arthritis, Lupus and Coeliac Disease.

Post-herpetic neuropathy (PHN).

'Shingles', or acute herpes zoster infection may remain dormant in the dorsal root ganglion (DRG) of people who have had 'chicken pox'. The acute condition involves intense inflammation in the dorsal horn, DRG, dorsal root, peripheral nerve and skin, and may lead to the development of PHN. The symptoms include itchy or painful skin and blisters usually in a belt like pattern. The rash disappears after 7-14 days, but the pain may remain for months or years after the onset. Less than 4% of patients who have an acute herpetic rash have pain 1 year later. These patients often complain of constant or spontaneous burning or shooting pain and sharp or burning pain upon light touch of the affected skin. The pathophysiology underlying ongoing symptoms is unclear, though it is postulated that it is due to the inflammatory response leading to abnormal peripheral nociceptor sensitization and damage to peripheral neurons³.

Evaluation and testing includes neurological examination, nerve conduction velocity tests, electromyography and ophthalmic examination if the eye is involved.

Current treatments strategies include anticonvulsants, antidepressants, antiviral medications, nerve blocks, opioids and corticosteroid medications.

Compression Neuropathy

Compression neuropathies occur when nerves become compressed. Compression may occur as a result of trauma, inflammation or entrapment. The most common type of compression neuropathy is carpal tunnel syndrome¹.

Carpal Tunnel Syndrome

Carpal tunnel syndrome affects the hands. Burning, tingling or numbness in the palm of the hand, thumb, index or middle fingers may present as a result of the median nerve becoming pressed, squeezed and inflamed, by the tendons in the carpal tunnel of the wrist. The pain can be mild to severe, and quite debilitating- affecting the ability to hold objects.

This syndrome may be caused by trauma, fluid retention or repetitive strain.

Current treatment methods include pain killers, surgery, correction of underlying cause of symptoms, wrist splint and physio-therapy.

REFLEXOLOGY AND ITS ROLE IN SUPPORTING CLIENTS WITH NEUROPATHY.

A major benefit of using reflexology on clients with peripheral neuropathy is the wholistic nature of the modality. Physical and emotional benefits are achievable.

Physical Benefits

Since neuropathies are commonly experienced on the hands and feet, reflexology is perfect to stimulate receptors, nerves and circulation (improved blood flow to the affected area, thereby promoting healing).

Sometimes neuropathies have associated pain. Reflexology is recognised as an effective treatment for pain relief. A study examining trends in opioid use for chronic neuropathic pain states that 9.1 % of patients were using non-pharmacological therapies (including reflexology) for pain relief. The study concluded that there were patient and physician fears that long term opioid therapy would lead to addiction and other adverse affects⁷. There is definitely a window of opportunity for reflexologists in this area.

Emotional Benefits

Many clients suffering peripheral neuropathy are told that there is nothing that can help, get used to the condition, expect it to deteriorate, and take pain medication. This prognosis leads to resignation and depression. Reflexology is wonderful for addressing and minimizing these aspects of the condition.

Understanding that reflexology addresses system dysfunction as opposed to treating organic/hereditary disease delineates the achievable outcomes for the client. Clearly the approach of the reflexology session will be directed by the underlying cause of the neuropathy.

Several clients have presented at my clinic with peripheral neuropathy. I have embarked on a study, examining the effect of reflexology on idiopathic and compression neuropathies. The results to date have been encouraging. There has been:

- marginal improvement in Tic Dolereaux (trigeminal neuropathy) and no deterioration of the condition to the optical branch as predicted by the medical model
- absence of symptoms of carpal tunnel syndrome
- reversal of idiopathic foot neuropathy

Peripheral Neuropathy (cont)

Conclusion.

Peripheral neuropathy manifests in different ways, due to the numerous causal agents. It is a real problem for a significant percentage of both men and women in the community. Current medical technology is able to diagnose the type and cause of the neuropathy and evaluate the extent of damage in most cases. However, the treatment is usually sub-optimal with pain medication being a popular option.

To date, pharmacological options have either not delivered their potential in clinical trials or have barriers to use by patients and physicians due to adverse outcomes such as addiction.

Although there is not much written about the role of complementary therapies in the treatment of peripheral neuropathy, there is great potential for success. For the optimal well being of the client a holistic approach is beneficial. Thus, reflexology has a role to play and unlimited potential in supporting clients with peripheral neuropathy.

References

1. Jack Miller Institute . Chicago <http://millercenter.uchicago.edu/index.shtml>
2. Tortora G. Anagnostakos N. **Principles of Anatomy and Physiology. Sixth ed.**379-380; Harper & Row 1990.
3. Rabey M.I. Post herpetic neuralgia: **Possible mechanisms for pain relief with Manual Therapy.** *Manual Therapy.* 8(3):180-184,(2003 Aug).
4. Fernyhough P, Tomlinson D. **The therapeutic potential of neurotrophins for the treatment of diabetic neuropathy.** *Diabetes Reviews.* 7(4):300-307,(1999).
<http://www.mydoctor.com>
5. McCarty M. **Favourable Impact of a Vegan Diet with Exercise on Hemorrhology: Implications for Control of Diabetic Neuropathy.** *J.PeripherNervSystem.* 8 (2):128-133 (2003 Jun.)
7. Gilron I, Bailey J.M. **Trends in opioid use for chronic neuropathic pain: a survey of patients pursuing enrollment in clinical trials.** *Canadian Journal of Anesthesia* 50:42-47 (2003)

Hereditary Sensory Neuropathy—Case Study

By Barbara Kemp, NSW

At the age of 28, Trevor noticed that the fingers of both hands started to curl. He was diagnosed with Hereditary Sensory Neuropathy Type 1. He had both the muscle wastage and severe limited sensory awareness loss. To him feeling numbness, pain, tingling was taken as a good sign as generally he felt nothing.

I met Trevor at 41 years of age when he came to learn reiki. A very positive, enthusiastic, intelligent person, his illness had led him on a journey of self discovery and given him a totally new outlook on life - exploring yoga, reiki, crystals, aromatherapy, vibrational healing and meditation, massage and now reflexology.

Although this is a hereditary disease, Trevor went on a low fat healthy diet, recalling that his diet used to include meat 2-3 times a day. He played cricket and exercised regularly. He could no longer work, but remained very active looking after an elderly mother. He mowed the lawn and walked every day.

He wore splints to help support the feet and the lower legs when walking. Before Trevor started having regular reflexology sessions he suffered from extremely ice cold feet and lower legs, and his ankle joints were stiff with a very limited range of movement. The skin was almost white due to the lack of circulation. He had no sense of feeling in either his lower leg down to his toes and from his elbows down to his fingers. Apart from the occasional painful, stabbing pains in the palms of his hands he could feel nothing.

He suffered constant chronic lower back and shoulder pain.

With no sensory feelings and severe muscle wastage of the lower leg and forearm, his fingers curled over the palms and the bones of the hands were distorted. He had no trouble dropping of to sleep but was wide awake after only a few hours sleep.

Reflexology sessions:

I gave Trevor a full reflexology session on both feet once a week over a 3-month period. I paid special attention to the brain, spine, including either side of the spine reflex to help the nerves running from the spine; other points included hip, knee leg, neck, entire endocrine system, shoulder/arm. Due to the fact that Trevor could not feel anything in feet or hands, it has been impossible to take a record of the findings through palpation of reflex points other than tension noted by my thumb along the spine reflex. I have had to rely on meticulous record keeping from Trevor himself. Trevor felt that the reflexology treatments have been of assistance in improving the circulation, colour and warmth of the feet. Pressure sores seem to be healing faster and the general mobility of the ankles is vastly improved. There has been a big reduction of the stabbing pains in hands.

Results of our Sessions

- Colour and warmth vastly improved by 80%
- 40% improvement in sensory awareness of numbness or sensation in lower leg and feet
- 50% improvement in mobility and stiffness in knees/ankles
- 50% improvement in lower back stiffness and pain
- Right shoulder stiffness and pain 70% improvement
- 70% less in sharp shooting pain in hands
- Previously there had been no sensation except pain in hands. Since treatment he has daily sensation of tingling in hands. 40% improvement in pain/stiffness in left hip
- 60% improvement in stiff neck
- He had a few headaches after the first few treatments, but has not had one for 2 months.

Trevor believes that the combination of a positive mental attitude plus the help of natural therapies have slowed down the progression of this disease. I have found Trevor to be a very inspiring person to work with.

Feet with Diabetes, Part 2

by Alison Shaw, Dip. Pod, Vic

In my last article I looked at diabetes, itself. In this article I'll have a look, in some detail, at specific foot pathology caused by diabetes mellitus.

Diabetes causes a number of nasty problems in its own right. It also complicates any other foot problems that a person may have. In the lower limb the nasty problems caused by diabetes are peripheral vascular disease and neuropathy.

I will look at peripheral vascular disease first because it requires very prompt recognition and referral to the patient's doctor and hence to a vascular surgeon before Very Bad Things happen.

How do we know that our patient with diabetes has peripheral vascular disease?

1. The patient may tell us either directly or indirectly.
2. We may discover signs of vascular disease in the foot and leg.

What the patient may say.

Taking a comprehensive medical history is vital, never more so than when a patient is known to have diabetes. Unfortunately patients may not take their diabetes very seriously, especially those with type 2 diabetes, and they may neglect to mention important details simply because they do not see the relevance of the information. Great tact and persistence may be necessary to elicit all the relevant facts. **YOU MAY BE THE ONLY PERSON WHO SEES THIS PATIENT'S FEET.** You may be the one who identifies a minor problem and enables the patient to get other help preventing the development of a major problem.

Things that should arouse your suspicion are:

- duration of diabetes – the longer the person has had diabetes the more chance of problems
- smoking
- high cholesterol / lipid levels
- age
- family history
- a history of vascular disease elsewhere in the body, angina, "heart attacks" – "strokes"

The patient may simply state, directly, that they have poor circulation because they have already been assessed and/or treated for vascular disease. Beware of confusion between poor venous return and poor arterial blood flow. A patient with venous disease and perfect arterial blood supply may well say, simply, that they have poor circulation.

The patient may describe the symptoms of peripheral vascular disease to you. These are:

- claudication pain. This is properly called intermittent claudication. The patient will tell you that they can walk a certain distance (shorter if going uphill) and then they have to STOP because their leg (occasionally buttock) hurts too much for them to walk any further. The critical bit of the story is that the pain is so severe they cannot walk any further. After the person rests for a minute or two they can continue walking for a certain distance before they have to stop again. The distance

that they can walk between rests is an indication of how severely damaged their blood vessels are. The shorter the distance walked the worse the vascular disease.

- The pain is caused by inadequate blood supply to a specific muscle group during walking.
- intolerance of heat. Patients may dislike thick socks and feel that their feet are uncomfortable in bed is too warm.
- night rest pain. This is a very late symptom of peripheral vascular disease and presents just before the feet start to develop gangrene. The patient goes to bed and is woken by severe pain in their feet some time later when the bed warms up. The patient has to get out of bed because the pain is so intolerable and has to walk on a cool surface before the pain will subside.

Typically this happens several times a night. What is happening is that during the day the blood flow is assisted by gravity, down the leg. When the patient lies down gravity no longer draws the blood down to the foot and the blood flow decreases as the metabolic rate of the tissues in the foot and leg increases with the warmth of the bed. Metabolites build up as the metabolic rate exceeds the availability of blood flow to remove them and cause the patient great pain.

What you may see.

The ischaemic leg and foot have a distinctive set of signs that you may see:

- the foot will be bluish/brick red when it is dependent. You will see this colour when your patient removes his or her hosiery. Sometimes the foot may be blue in colour when there is no peripheral vascular disease present. This happens when the blood is poorly oxygenated because of lung disease.
- the foot will become blanched, pale in colour, when the foot is elevated with the patient up on your couch.
- the foot will not blanch if the original cyanosis is due to lung disease.
- skin will be dry, anhidrotic (no sweating) and hairless.
- there will be a loss of sub-cutaneous fat making the foot appear very bony.
- the foot will feel cool to the touch
- there will be very slow nail growth and the nails will tend to be brittle.

Beware of the patient saying that they have poor circulation because they have cold feet. They may have an over-active sympathetic nervous system in which case they will certainly have cold feet but the feet will also be sweaty which never occurs with peripheral vascular disease.

Signs of severe peripheral vascular disease may include:

- ulcerations. These will be small, sometimes very deep, have steep edges and a sloughy base. Typically they occur either where there has been some trauma (shoe pressure, injury from a shopping trolley or the like or on the very tips of the toes. They are very painful.
- gangrene. Areas of black, dead tissue.

"Feet with Diabetes" will be continued in the next issue of FootPrints.

Accreditation at a Major Private Hospital

By Catherine Chandler, WA

I am a Clinical Nurse/Midwife and work in the Delivery Suite at St John of God Health Care, Subiaco, a large Catholic private hospital in Perth. I have done so, taking on many different challenges, for the past 22 years. I am also a reflexologist of 13 years and have been accredited to practice reflexology at the same hospital since the end of 1997.

In this presentation I will be giving an overview of the road to my accreditation and the subsequent activities, which may assist other practitioners with an interest in the area.

In 1994, I felt that there was an opportunity for me to attempt to begin the process of introducing reflexology into the hospital where I worked. I presented a 10 year plan to the CEO at the time who gave support to the idea and was happy for me to try and achieve my goals. And so began the journey towards accreditation which, unexpectedly, took the next three years.

Initially, upon application for accreditation the only application forms available were those used by doctors and other allied health professionals. As a reflexologist, I found the information I needed to provide did not have an appropriate section. This led to the development by the hospital of an application form for complementary therapists.

My application was considered and debated for a long period of time. Ultimately approval was given by the Sisters of St John of God, in their directorial capacity, for me to be accredited for 3 years as a reflexologist with a review every 3 years. At this stage I had been working at the hospital for 15 years, was well known and deemed to be someone who upheld the values, mission and philosophy of the hospital.

Throughout the 3 year wait for accreditation I was allowed to do reflexology for one doctor's patients on the general side of the hospital whenever he requested. This I did voluntarily believing that it showed my commitment and also, to some degree, I felt that I should not charge until I was accredited.

Being accredited has meant: -

- Recognition as a reflexologist with practicing privileges
- Proof of current registration with the RAA, Professional Indemnity and Police Clearance have been required
- Standards and policies must be adhered to
- The doctor's permission must be obtained in order to do a treatment. (The doctor brings the patient to the hospital and they are ultimately responsible for their care)
- Records must be kept of all treatments, a comprehensive history must be taken and treatments must be recorded in the patient's hospital notes
- Being officially listed on the hospital's computer database for doctor's and allied health professionals

In my capacity as an accredited reflexologist I have: -

- Provided treatments at the bedside for patients
- Presented educational sessions and treatments for staff

at ward level

- Been a member of the hospital's Allied Health Professional Committee (currently disbanded)
- Provided free sessions for staff at the hospital's Mini Health Expos, held several years running during the 1990's, as part of "Care for the Carers Week"
- Taught several groups of nurses and midwives a basic reflexology course
- Been involved in a hospital-based proposal for the direction the hospital could consider going in with regard to complementary therapies.

My general approach has been to keep the service relatively low key, assimilate where possible, and let the results speak for themselves.

What has been achieved so far: -

All obstetricians are happy for me to provide reflexology for any of their patients, although one or two are not convinced of the benefits other than the promotion of relaxation.

A few doctors on the general side of the hospital refer patients.

Two doctor's have regular reflexology treatments.

Referrals are received from doctors, nurses and past clients.

1-10 clients are treated per week (I don't advertise at present in any major way as I could not meet the demand on my own.).

Two proposals with recommendations for an expanded reflexology service based on a team approach have been submitted. The second proposal was accompanied by recommendations from three doctors. Neither of these were accepted at the time.

There are a group of nurses and midwives trained to diploma level in reflexology within the hospital who would like to be involved in a reflexology service. I am hoping that a positive response will be forthcoming in the near future.

Most of the reflexology treatments done are for: -

- Oedema of feet and legs
- Hypertension
- Sleep deprivation
- Bowels not open post delivery or post operatively
- Bowel obstruction
- Depression
- General relaxation/well-being

Like all reflexologists, I have many remarkable stories to tell but three come to mind. In short: -

General Patient: - A man whose bowels were not open for 10 days had them open 12 times following the completion (and only just!) of one treatment.

(Continued on page 14)

Accreditation at a Major Private Hospital (cont)

Midwifery Patient: - A woman, pregnant with twins with pre-eclampsia would lose 5 litres of fluid after each treatment which allowed her to avoid diuretics, helped control her blood pressure and enabled her to experience all the benefits of reflexology and to get to 36 weeks gestation.

General Patient: - A woman 2 weeks post-operative following an appendectomy who, as a result of a retro-peritoneal collection of fluid, was extremely unwell and not responding to medical treatment. After reflexology every day for 6 days, she was sitting up in bed with hair and make-up done and ready to go home. This lady avoided further surgery, parenteral nutrition (which she refused as she knew the reflexology was helping), and all the associated costs with having to stay in hospital.

At this point in time, I do believe that nurses and midwives are perfectly placed to introduce reflexology into a hospital setting (and this is in no way meant to suggest that others should not consider the area). The reasons I give for this are:

- They are already working in the area
- They are familiar with the policies, procedures, politics and language of a medical setting
- Their extensive “hands on” experience with all aspects of health, disease, illness and the care, drugs and equipment involved gives them a head start for an informed and comprehensive assessment and treatment. This is particularly important in the hospital environment as it is so open to litigation from any angle
- If you have worked at your hospital for some time you are recognized and trusted

So much work is generated from the hospital setting. Follow up treatments for patients can be referred to outside practitioners.

At times, finding a balance between my two hospital jobs hasn't been easy to achieve due to the hours required to maintain a reflexology service. Nevertheless, this small effort has been, in many ways, a significant achievement in terms of education, not only of the clients treated but also of the medical staff.

Recently a patient told me that her doctor, who had referred her for a treatment, had explained to her that reflexology was “...not just a foot massage but a spiritual experience”!! He is one who has experienced personally the benefits of reflexology. This statement alone has been an example of how a shift in attitude is possible and how, although it will take time, I, like many others, believe there will be a day when complementary therapies can be included in all aspects of patient care.

The benefits of reflexology can make a difference as small as feeling relaxed and rested for one hour to the significant influences in outcome as described in the three case histories. Having begun this process at St John of God Health Care, has meant that two of the hospital's five core values, **compassion** and **excellence**, have been able to be more fully incorporated into providing holistic care. Reflecting on this, I hope that some of you, particularly those of you working in a hospital already, may be inspired to consider taking on the challenge.

With regard to my 10 year plan – well, the 10 years is up!! Many goals have been achieved and everything is in place for the next step – a bit of **good vibration** (western or otherwise) is all that is required!!

Reprinted from September 2004 RAA National Conference Proceedings, with kind permission.

(Continued from page 8) How Reflexology Returned to the Far East & China
the method on TV and have opened several service and training centres.

What makes our method unique?

In this age where nobody has time, where everybody's thoughts are ahead of his or her actual doing, we reflexologists have time to serve our clients for a long time. We dedicate our full attention to them and communicate with our hands, eyes, feelings and heart. We are listeners to their voices, to their hearts, to their unfulfilled wishes and dreams, to their sorrows, joys and despairs. We can explain many things nobody has ever explained to them before. And, if they trust us, the healing power of their bodies will work very fast and heal them. We have the most effective method to heal all kinds of unseen wounds. What people really need nowadays most, is somebody who has time, understanding and love.

If I look back at my life and see how West and East have met in this powerful method, I feel very grateful. We shall have the chance to hear about how we have integrated the wisdom of Chinese Medicine and Philosophy into this method and

have gotten a much deeper understanding and a big help for the healing process.

Since living in the Far East for more than 30 years, my life has become so much enriched by their wisdom. I feel unable to fully express my gratitude and I hope to continue this wonderful work of exchanging wisdom between the East and the West.

Reprinted from September 2004 RAA National Conference Proceedings, with kind permission.

Apology

We would like to apologise to Jan Williams and Natalie Baker. Natalie's photo was inadvertently included instead of Jan's photo in the September issue.

Also, to Jill Freestone, whose name was printed as Freeman!

We apologise for these errors.

State Matters

QLD

The Queensland Branch has had some interesting meetings over the past three months. In August, our guest speaker Mal Walker, podiatrist and founder of the Certificate III and IV in Foot and Hand Care, gave an informative talk about this course which is run in conjunction with the East Gippsland Institute of TAFE. This could be a valuable 'add-on' service to offer in our reflexology clinics, giving clients a little extra in caring for their feet.

In September, the members in attendance enjoyed a practical exchange (foot swap). This was a great way to interact with our fellow members and no-one minded being on the receiving end of a reflexology session.

In October, Roger Price, a qualified Buteyko practitioner, entertained the members with his own special brand of humour and motivated the group to think more about just how well we really breathe. Buteyko Applied Breathing Centres train people how to re-set their breathing patterns to attain maximum health and to be able to control conditions such as asthma, emphysema, sinusitis, hay fever, panic attacks, snoring and hyperventilation with the minimum use of medications. I actually went ahead and completed the course myself the next week and can vouch for the effectiveness of breathing correctly.

World Reflexology Day was celebrated in Queensland by various members volunteering their time to promote reflexology in the community. The venues ranged from garden centres to shoe shops. The proceeds of these ventures along with the proceeds of the September raffle were donated to the Starlight Foundation fundraising effort.

A number of Queensland members attended the Conference – Western Vibrations – in Western Australia. A heartfelt and resounding 'Well Done' to the Western Australian branch for organising such a wonderful conference. We all enjoyed the weekend and came away with many new ideas and insights into our profession. Many Queenslanders stayed on after the conference to further enjoy the Western hospitality.

The Queensland branch wishes all members of the Reflexology Association of Australia a blessed and happy Christmas and New Year for 2005.

Maxine Kohn.

The 2004 RAA Financial Report will be included in the March issue of FootPrints.

However if any member wishes to see it beforehand, please contact Cheryl Waters on:

02 4341 2209.

VIC

Hello from Victoria. Daryl McKinlay here, the new branch chair.

With committee members travelling overseas over the past few months it's been a time of change here in Victoria, the latest having national implications. Natalie Baker will be standing down as committee member and State Director at the end of this year - this will be a great loss for reflexology here in Victoria as well as nationally. From the distance of an ordinary branch member, I could see that Natalie worked with great energy, passion and enthusiasm. Congratulations Natalie on helping move reflexology forwards toward the rightful place that it should occupy. Well done! (please also note Emma Bettles' tribute to Natalie's work in this edition of FootPrints).

Here in Victoria we are really excited about the wonderful work from four of our committee members. Seeing the need for a clear, concise and practical policy for communicating with potential providers of training workshops, (as part of the CPT program), Helen Mugg (CPT/Education), Jill Garraway (Treasurer), Catherine Spratley (Public Relations) and Natalie Baker (State Director) worked with great passion, diligence and persistence to produce a document that will make communication with providers so much clearer and more professional.

At our last committee meeting, after some final changes to wording, the committee gave the seal of approval to the Reflexology Association of Australia (Victorian branch) Training Guidelines. The document begins with an introduction to the RAA, its structure, aims and objectives, and explains the Continuing Professional Training program and its structure. The document clearly sets out the procedure a potential provider will have to follow when submitting a workshop proposal for review by the Committee. The business terms and conditions are clearly set out, complete with costs, RAA Responsibilities and Training Provider's Responsibilities. It even includes advertising deadlines!

I'm obviously really impressed with this document; not just because it will facilitate future negotiations with providers in a very professional manner, but also because it reflects the dedication that people bring to their belief in reflexology. It's been a job really well done.

Pam Jenkins, our Medical Liaison Coordinator, gave a talk to the Sleep Scientists Association. Pam was rubbing shoulders with Paul O'Connell of Buteyko Breathing Technique and Reva Serkat, chiropractor and neuro-scientist. This is great. As medical research is becoming more inclusive and subtle, and evidence mounts to support the importance of the delicate balances of mind, body and spirit, reflexology is well placed to play an integral role in community health. Isn't it amazing how something so ancient is proving to be right at home at today's cutting edge!

Daryl McKinlay

Important Membership News

0500 Referral Phone Service

As you are aware, we now have a professional message service attached to the 0500 502 250 referral number. Their responsibility is to relay inquiries to the relevant state branch contact or to Jenn Cooper, our administrator. This is how it works:

Incoming phone call to message service is responded to immediately -

Practitioner inquiry

↓
Caller given RAA website address and their details are also emailed to relevant state contact who returns the call.

Membership inquiry

↓
Email sent to Nat. Admin. (Jenn Cooper) who phones the prospective member.

All other inquiries

↓
Depending on the inquiry, the details are emailed either to the relevant state branch contact or to the Nat. Admin.

The message service is simply that and is not expected to know anything about the RAA except who to contact under certain conditions from a very limited list of names. It is too costly for us at present to increase the responsibilities of this service to that of Secretarial Service, *so please, if you need information, first check FootPrints, where most contact numbers are listed. For instance:*

- to contact someone in your particular branch, check the details on page 2.
- to contact any of the board members, look at page 1.
- if you do not know whom to contact, please phone or e-mail Jenn Cooper; customer service is part of her responsibility to members; her details are on page 2.

The staff of the message service are professional people who have been providing this service to the Queensland branch for a long time; given their role they cannot be expected to know who certain executive people are or where to find people practicing a particular version of reflexology! It is upsetting for them to receive hostile reactions from RAA members.

National Administration Office Hours

Our able National Administrator, Jenn Cooper is employed for 24 hours per week, as she is still a professional practitioner with a busy practice. If you call outside office hours you will be asked to leave a message and Jenn will contact you as soon as she is available. Please check page 2 of FootPrints for these hours.

I trust this has clarified any confusion around time frames for these two very worthy services!

Kindest regards, Jan Williams, President.

Ayurvedic Reflexology

The dynamic integration of Traditional Indian Foot Massage with Contemporary Reflexology

CPT points available for RAA members

2005 workshops

- Adelaide.....12, 13 March
- Melbourne.....23, 24 April
- Auckland.....20, 21 June
- Sydney.....23, 24 July
- Fremantle.....30, 31 July
- London.....dates to be announced
- Brisbane.....26, 27 November



Sharon Stathis

Phone (07) 3878 1471 Fax (07) 3378 7514.....

Email sharon@feel-good.com.au

Web www.feel-good.com.au

Sharon Stathis RN

MATMS, MRAA, MACHN, MICR

Book Review by Graeme Murray

Title: **Maternity Reflexology Manual**

Author: Susanne Enzer, RN, RSCN, SCM, RZT

Publisher: Soul to Sole Reflexology

ISBN: 0-9548060

This is the latest book by Susanne Enzer, and like her previous books, such as "Maternity Reflexology" and "Reflexology, a Tool for Midwives", it is packed full of must have information that reflects the experience and professionalism of the author. The information is both detailed and comprehensive, covering Preconception, Pregnancy, The Incoming Soul and Pregnant Feet, Birthing and The Post Natal Period.

As usual, it is well laid out with clear diagrams and pictures of feet, showing hand holds and directions in which to work. The book opens with a "basics" section, looking at historic feet, bones of the feet/pelvis, reflexology techniques and organs of the female pelvis.

It then moves on to the preconception, covering the following topics: the hormones of fertility and their effect throughout a woman's life, the reflexology endocrine balance and reflexology therapy with conditions.

Part three relates to pregnancy, its hormones, trimesters, cautions and contraindications. The author then goes through the different systems, with a diagram of the anatomical placement of the reflex zones, pregnancy physiology, metaphysical aspects and general reflexology to maintain the vitality of the system.

Part four is about the incoming soul and pregnant feet. Here the three trimesters of pregnancy are studied, including a very useful page on sensing / palpating / imaging the pregnant feet. You can gain a general impression of the pregnancy, feel the fundal height, lie and position of the baby, or be able to "see" the baby, all by just working with the feet. Aren't they absolutely amazing!

Part five is about birthing, how to be a good support person and the preparation needed. It includes the different stages of labour, and which reflexology techniques to use for priming labour.

Part six is about postnatal care. This shows the different reflexology techniques for post natal care and again goes through the different systems of the body.

The final part contains the appendices, of which there are eleven and include "Chinese Foot Binding", "From India", "Biomechanics of Pregnant Feet", "Maternity Reflexology Client Questionnaire", and a list of maternity reflexology related published research papers and articles, etc. There are also five separate indexes covering specific problems and conditions.

I have always been impressed by the amount of detail in the author's books, and this is no exception. Throughout the book, all areas related to reflexology have been highlighted, the general descriptions of conditions are excellent, and if you want to work with pregnant women, this book is a must have.

For information on how to purchase, please phone/fax Graeme on (02) 4784 3669

Pharmacology - Commonly Used Drugs

Cardiovascular system

Antihypertensive agents:

ACE Inhibitors

ACTION: Angiotensin converting enzyme (ACE) inhibitors work by blocking the action of angiotensin converting enzyme, these products inhibit the formation of the vasoconstrictor substance angiotensin 11, which also results in the inhibition of the release of aldosterone.

USES: Hypertension (raised blood pressure), congested heart failure

ADVERSE EVENTS: Hypotension (low blood pressure), cough, rashes, taste disturbance, headache, dizziness, proteinuria.

EXAMPLES: Accuretic, Alaphapril, Captopril, Capoten, Renitec, Coversyl

Calcium Channel Blockers

ACTION: Inhibit the movement of calcium into the cell which normally occurs through the calcium or "slow" channels in the cell membrane. Blockade of the calcium channels in vascular smooth muscle reduces the amount of calcium available for contraction which in turn results in vasodilation, a drop in peripheral vascular resistance and a reduction in blood pressure.

USES: These drugs are used in the treatment of angina pectoris and hypertension. In addition Isoptin (Verapamil) is used in the treatment of supraventricular arrhythmias.

ADVERSE EVENTS: Hypotension, heart failure, pulmonary oedema, constipation, headache, dizziness, bradycardia (slow heartbeat).

EXAMPLES: Adalat, Isoptin, Cordilox, Cardizem,

Anticoagulants/antithrombotics

Slow release half strength Aspirin

USES: Prophylaxis and treatment of Trans Ischemic Attack (TIA) and other thromboembolic disorders, post surgical heart valve replacement with anticoagulant therapy, inhibition of platelet aggregation, deep vein thrombosis, stroke

ADVERSE EVENTS: GI distress, skin rash, tinnitus, dizziness, bruising

EXAMPLES: Astrix, Cardiprin, Cartia,

Coumadin/Marevin (Warfarin Sodium)

USES: Prophylaxis and/or treatment of pulmonary embolism, venous thrombosis and its extension, thromboembolic complications associated with atrial fibrillation, adjunctive treatment of coronary occlusion

ADVERSE EVENTS: Complex, needs monitoring via regular blood level checks.



7 STEPS TO A HEALTHY PRACTICE



THE OFFICIAL RAA PRODUCT GUIDE

- 

1 RAA OFFICIAL RECEIPT BOOKS

Places for all information required by major health funds. \$15 + \$4.50 P&H
 Contact: **Olive Lane (03) 9803 1565** (GST incl)
 or post chq or MO with your name, address and Memb.No to
RAA: PO Box 5272 Mordialloc Vic 3195

ONLY AVAILABLE TO CURRENTLY REGISTERED PROFESSIONAL MEMBERS

- 

2 RAA BROCHURE

Increase your professional profile. Information on basic 100.....\$27.50
 principles, benefits, history, what to expect from a session. 200.....\$47.50
To order post chq/MO to 300.....\$67.50
RAA Brochures: PO Box 366 Cammeray NSW 2062 (Incl P&H/GST)

- 

3 RAA POWER POINT PRESENTATION \$20.00 ea

PC based - a must for any presentation or promotion of reflexology. (incl P&H/GST)
 Designed for use with laptop or overhead projector. Information
 includes overview, history and benefits with space for inserting specifics for your audience.
To order post chq/MO to : RAA Power Point Presentation
PO Box 366 Cammeray NSW 2062

- 

4 RAA T-SHIRTS - BRAND NEW DESIGN! \$32.50 ea

Polo T's - Professional appearance in crisp white w/blue or smart (incl P&H/GST)
 blue w/white embroidered logo 65-35% poly cotton mix (Size 10-18)
LIMITED STOCK OF OLD DESIGN STILL AVAILABLE - \$17.50 (INCL P&H/GST)
 Orders - post Chq/MO to **RAA T-Shirt**
 C/- Jenny Lee, 6 Barramay St, Manly West, Qld, 4179

- 

5 RAA BUMPER STICKER \$1.00 ea

Spread the word with Reflex blue attention grabbers. (incl GST only)
Stocks available at your local branch meeting or contact
Jenn Cooper: 07 3396 9001

- 

6 RAA PERSONALISED MAGNETS 500.....\$170.00

Great promotional tool - see flyer/order form this issue. 1000.....\$270.00
 Also seeking expressions of interest in **CAR DOOR MAGNETS** same design
 for continuity of presentation 400mmx300mm
Contact: Natalie Baker - PO Box 446 Black Rock Vic 3193
Ph: 03 9598 5712 Email: stenat@netspace.com.au

- 

7 RAA JUTE & CALICO CARRY-ALL \$8.50 ea

Orders: Natalie Baker - PO Box 466 Black Rock Vic 3193 (incl P&H/GST)
Ph/Fax: 03 9598 5712

Health Funds Overview

Health Fund Coverage	Contact	Apply	Prov No	Rebate Package	Rebate	Annum
AHMG (Inc: Govt Employees Hlth; Senior Advantage; Aust Union Hlth; Better Health; Health Bonus); Illawarra Hlth;	1300 366 868	Yes - by phone quote RAA No	RAA No on official receipt	Various packages in group	Approx \$20 - \$25	Varies
Aust. Unity Health	13 2939	Yes	Yes	Natural Therapies	\$25	\$350;\$600Fa
HBA (Incl. Mutual Community; ANZ; AXA Hlth Insurers)	03 9937 4141	Yes	Yes	Under Remedial Massage	Gen.Extras:\$12 <=\$100pa Prem.Extras\$20 <=\$150pa	
Credicare Health	07 3365 0022	No	RAA No on official receipt	Alt. Nat. Ther. (Top Extras)	\$24	
Druids Health Benefits Fund (now under Manchester Unity)	02 9267 9141	No	RAA No on official receipt	Ther. Massage (Ancillary)		
Grand United	02 9370 6888	Yes	Yes	Ultra Care	\$25	\$600
Grand United Corporate	1800 800 245	Yes	Yes	Ultra Care (Nat. Therapies)	\$25	\$600
Health Partners (SA)	08 8223 7588	Yes	Yes	Naturals + (Gold & Select Ext)	\$15	\$150
IOOF (Now under Hospital Contribution Fund of Australia)	1800 813 326	No	RAA No on official receipt		\$20	\$500
IOR (Now under Hospital Contribution Fund of Australia)	1800 803 784	No	RAA No on official receipt		80%	\$120
Manchester Unity	13 13 72	No	RAA No on official receipt	Any cover with Nat. Therapies	\$10-\$35	\$200-\$400pa
MBF	132 623	No	RAA No on official receipt	Complementary Therapies	\$12-\$18	\$100-\$300pa
St Lukes Health Insurance	1300 651 988	--->	Reflexology no longer	recognised		
Commonwealth Bank Friendly Society	1300 654 123	No	RAA No on official receipt	Mid Extras; Top Extras	\$22 ; \$30	
Defence Health	1800 335 425	No	RAA No on official receipt	Basic Extras; Top Extras	\$18; \$25	\$150; \$200+
Naval Health Benefit (Now under Australian Regional Health)	1800 333 156	No	RAA No on official receipt	Ancillary Naturopathy Facility	85%	\$220
NSW Teachers Federation	1300 728 188	No	RAA No on official receipt	Ancillary Cover (Nat. Ther)	\$29	\$300
Railway & Transport Employees (NSW, Qld)	02 9745 3900	No	RAA No on official receipt	Remedial Therapies	\$20	\$200
Reserve Bank	02 9551 9037	No	RAA No on official receipt	Naturopathy		
Teachers Union Health & Union Shopper Health	1300 360 701	--->	Reflexology no longer	recognised		
The Hospital Contribution Fund of Australia	13 13 34	No	RAA No on official receipt	Super Multi; Value Extra Pkgs		
Transport Friendly (Under Australian Regional Health Group)		No	RAA No on official receipt	Natural Therapies	\$22	\$400; \$800
Druids Friendly Society	03 9329 5144	--->	Reflexology no longer	recognised		
Medibank Private	1800 188 188		Hospital and extras - new	bonus package covers as	health-related	expense
Mildura Dist. Hosp. Fund	03 5023 0269		Reflexology no longer	recognised		
Phoenix Welfare Ass.	1800 028 817		Recognise reflexology via	ANTA membership		

**Open/
Public**

**Health
Funds**

Restricted

**Health
Funds**

Conditional



What if - you could train the body to rid itself of illness, easily and painlessly by utilizing its natural ability to heal itself?

What if - you could treat animals and plants as well as people (and babies)?

What if - you had specific techniques to activate the body to quickly and safely heal :

- DNA damage from vaccines, alcohol, drugs and other poisons,
- clear viruses, bacteria, parasites and fungi,
- clear heavy metals and chemical spray,
- balance the entire musculo-skeletal system and cranio-sacral mechanism,
- improve learning disabilities and brain function,
- balance chronic illnesses and trauma.

What if you could learn all this and be able to treat yourself all included in a four day course ?

Course Dates :

September	Fri 10 th (7-9pm)	Sat 11 th – Tues 14 th 9am-6pm
October	Wed 6 th (7-9pm)	Thu 7 th – Sun 10 th 9am-6pm
November	Fri 19 th (7-9pm)	Sat 20 th – Tues 23 rd 9am-6pm

Venue: Bloomfield St Natural Therapies, Shop 6 Ross Court,
Bloomfield Street, Cleveland, Qld 4163 (ph 07 3821 5111)

For further information, call Kym Haynes (Cert BodyTalk Practitioner) on 07 3821 5111 or email bloomfieldst@iprimus.com.au

Infant Massage Instructor



4 day workshop \$825.⁰⁰

Leading to certification with the
International Assoc. of Infant Massage

Call Glenda Chapman

T/F: 02 43693 668 www.iaim.net



VRT Workshops 2005

SYDNEY –Basic & Advanced VRT WORKSHOP

When: 12TH & 13TH February 2005 (Sat & Sun)
Where: Crows Nest Centre, CROWS NEST
Cost: \$240 for 2 days (incl. gst)

VRT BASIC WORKSHOP

MELBOURNE When: 2nd April 2004 (Sat.)
Where: Community Centre CAMBERWELL

ADELAIDE When: 3rd April 2004 (Sun.)
Where : Community Centre BOWDEN/BROMPTON

BRISBANE When: 9th April 2004 (Sat.)
Where: Presentation Spirituality Centre -MANLY
Cost: \$120 (incl GST)

LYNNE BOOTH WORKSHOPS

ONE DAY ADVANCED ENDOCRINE COURSE

The enhanced working of the Endocrine System will be taught using new nail stimulation of the pituitary/pineal reflex plus three variations on the *VRT Endocrine Flush*.

ONE DAY VRT HAND & NAIL-WORKING COURSE

Covering new work on weight-bearing and passive hands, Plus Powerful *VRT nail-working* using a precise grid system.

➤ *PRE-REQUISITE for both – BASIC WORKSHOP*

Brisbane 29th / 30th April - Trinity WOOLLONGABBA
Sydney 1st / 2nd May - Next Generation RYDE
Melbourne 6th / 7th May – ASRR - BOX HILL
Adelaide 8th / 9th May – BOWDEN- BROMPTON

Complete Registration form insert in branch newsletters to ensure your place in these workshops or
Contact Cheryl Sue Waters – 02 43412209
Email : cwreflex@bigpond.net.au (re:VRT Courses)

Maternity Reflexology

With Sue Enzer - returning from England Susanne is a reflexology practitioner and trainer, specialising in maternity work. She develops the students understanding of women's fertility and pregnancy, contraindications, precautions *and appropriate Reflexology techniques and skills.*


Fri/Sat 11th & 12th March 2005 9 – 5.30
Sun/Mon 13th & 14th March 2005 9 – 5.30

\$265.00 per Part or \$440.00 ENTIRE COURSE
REFLEXOLOGY CENTRE AUSTRALIA
Beenleigh, Qld 07 3809 9734

REFLEXOLOGY RECLINER CHAIR

La fuma recliner chairs for Reflexology

*Lightweight, 8 kg - AVAILABLE in green only. 125 kg recommended max weight
Easy to fold and carry. Padded seat and headrest*



\$250 plus postage (approx. \$15 NSW; approx.\$30 SA, VIC & QLD; approx. \$60 WA, NT; approx. \$70 NZ)

NEW Coast Recliner Chairs

*available in blue and green,
Padded, canvas material, sturdy and tested for 160 kg weight*

\$145 plus postage to anywhere in Australia (as above) Sent by post, delivery within 10 days

BRENDA SARNO, Reflexologist,
REFLEXOLOGY, ETC, 2/64 Clarence Street,
PORT MACQUARIE 2444, AUSTRALIA
TEL/FAX 02 6584 6122 EMAIL: reflex@midcoast.com.au
www.hastingsCBD.com.au/reflexology.html



Yes, I want to buy a Reflexology Chair!

NAME _____

ADDRESS _____

PHONE/CONTACT _____ EMAIL _____

LA FUMA RECLINER - \$250 PLUS POST _____ **OR COAST RECLINER (Blue/Green) - \$145 PLUS POST** _____

Post (as above) (unless bulk of min 10) TOTAL \$ _____ Pay by cheque or money order (addressed to Brenda Sarno)

Visa: ____/____/____/____ exp date ____/____ (Visa will be deposited in the account of 'GOLDCRAFT')

Name on bankcard: _____ Signature _____

How do I join?

Phone: **07 3396 9001**
and request a membership form

What are the benefits of professional membership?

- Quarterly FootPrints Journal
- Referral exposure via the internet & 0500 line
- Subsidised workshops & training
- Health fund registration (for client rebates)
- Network with over 1,000 members nationwide

How much does it cost to become a professional member?

\$110pa incl. GST
(plus joining fee)

Events 2005-6

For those travelling here is a list of events that are occurring both here in Australia and abroad.

- Feb 26-27 Reflexology for People with Cancer Association of Reflexologists Seminar, UK
info@aor.org.au
- Sep 16-18 Intl. Council of Reflexologists Conf., Netherlands. www.icr-reflexology.org
- Sep 24-30 World Reflexology Week
- Sep 8-10 '06 RiEN Conference, Ireland
www.reflexeurope.org

Advertising in FootPrints

Rates (all include GST)

Inside front and back covers – please inquire with the Editors.

Display advertisements

	Size	Cost per Issue
Full page	26 cm deep x 18 cm wide	\$143
Half page	13 cm deep x 18 cm wide	\$ 77
Quarter page	13 cm deep x 8.5 cm wide	\$ 40
Eighth page	6.5 cm deep x 8.5 cm wide	\$ 25

RAA members receive 10% discount on the above rates. Copy deadlines – see page 24

Inserts

Per A4 sheet: to all States \$164; to an individual State \$0.50 per copy

Networking Page

\$25 per line

Advertising Policy

- ◆ *As only a limited number of advertisements and inserts can be accepted it is advisable to book early.* Please check with the Editor (02 4976 3881) regarding space availability.
- ◆ Display advertisements must be submitted by the copy deadline (see p24) on high quality paper using 600 dpi laser print or by electronic transfer.
- ◆ Advertorials will not be accepted.
- ◆ FootPrints is distributed around the end of the month of issue. The distribution date cannot be guaranteed.
- ◆ All advertising must be paid for at the time of booking.
- ◆ A copy of all inserts and display advertisements must be sent to the Editor at the time of booking.

FootPrints Journal

ISSN 1039 – 2092

Published by the Reflexology Association of Australia, Limited

Postal address (publisher)

PO Box 366
Cammeray 2062
NSW
Australia

Editors

Sue Ehinger
Ph: 02 4976 3881
Fax: 02 4976 3880
Graeme Murray
Ph/fax: 02 4784 3669
Email all articles for consideration to:
asrtraining@aol.com or mail to:
25 Nords Wharf Rd, Nords Wharf, NSW 2281

Desktop Publisher

Val Wallington
Ph: 02 4294 3256
Email: valw@ozemail.com.au
*Please email only **booked**
advertisements to this address.*

Mailout

Ronda McKay
Ph: 02 4721 4752
6 Chester Ave
Kingswood 2747
NSW
*Please mail **booked** inserts to this address*

Guidelines for Articles

Contributions of articles, case studies, book reviews, personal experiences and letters to the editor are welcome. The following guidelines will be helpful if you are planning an article, as they will make the editing and publishing process easier for all:

1. Articles can be chatty and informal, or more formal and educational. They must however be accurate, well researched and fully referenced (if applicable).
2. Articles that have not been booked by the editor for a specific issue will appear in an issue decided by the editors, as space and topic allow. To appear in a specific issue an article must be submitted for consideration up to 3 months in advance of the issue date.
3. Articles may be sent by email or on a floppy disc (IBM compatible in Text File or Word for Windows File) to the editor (see address above). Faxed articles are not acceptable as they do not scan well. Pictures can be sent as TIF files or JPG files. Please do NOT send PDF files.
4. If an article has been previously published, written permission from the author/other publication will be required. The editors must be informed if an article is currently under consideration by another publication.
5. Any graphics, diagrams, graphs and photographs that are not the work of the author must be accompanied by written permission by the original author for their use in FootPrints.
6. The editors reserve the right to make alterations to, or reject an article for publication. Where substantial changes have to be made, the editors will show the final copy to the author, time permitting.
7. Advertorials will not be accepted.

Copy Deadlines

March issue	February 1	June issue:	May 1
September issue	August 1	December issue	November 1