



1	Letter from the Board	11	Research into Reflexology Paths
2	Association Contact Details	12	A Foot in and out of India
3	National Board Meeting and AGM Report, Oct 2005	14	Reflexology in a Nursing Home
5	New Board Member	16	State Matters
5	Membership Report	18	Book Review: Auricular Therapy Manual
5	FootPrints Down Memory Lane - History	18	Pharmacology - Commonly Used Drugs
6	Reflexology in the Renal Unit, Johannesburg	21	Health Funds
8	Importance of Introducing Visualisation to Clients	22	Courses and Products
9	Recent Developments in Reflexology Paths	23	Coming Events
10	The Sacral Nerve—the Nerve of Reflexology	24	FootPrints Contacts, Guidelines & Deadlines



LETTER FROM THE BOARD



Summer is here, with the flowers blooming after a beautiful spring. I always feel spring symbolises a new beginning - all that has gone before has rested or said goodbye and new shoots are able to emerge with fresh vigour and enthusiasm ready for the year ahead. Summer is the time the buds begin to blossom.

That is how I view our association at the moment. We had winter where a lot of former committee members bowed out, making room for new blossoms to appear

and emerge ready to be the face for their respective states and our association. Now each state is blooming under the guidance of their respective committees and chair people.

With so many changes at state and national level, this could have been a challenging transition, but I am delighted to report that feedback from each state has been very positive. As for the board, you will read in the full report, the blending and teamwork was fantastic, with such enthusiasm, eagerness and gusto. So very much was discussed and achieved at the recent board meeting in Tasmania, including a fantastic and much needed planning session to look at goals and aims for the next 2 – 5 years. It was also great to be able to meet and speak personally with so many of our Tassie members. Thank you for your welcome and hospitality.

I would like to acknowledge the great work of some of our Tasmanian members who appeared on the **ABC TV show 'Second Opinion'** talking about the benefits of reflexology, which has helped raise the profile for us nationally, these are **Pamela Skeggs** – one of the founder members of the Tasmanian branch, **Vicky Delpero, Janice Dance** and **Gaye Webb**. Well done to you all, and thank you for your hard work on this.

This piece cannot be completed without also acknowledging the amazing hard work and significant contribution of our FootPrints editors **Sue Ehinger** and **Graeme Murray** who have worked tirelessly for the last 9 years – yes 9 years producing our national journal. I am very sad to report that this will be their final edition, but fully understand their need and desire to have a break and sincerely wish them all the very best. Our members both past and present have benefitted from the interesting and informative articles that appeared each quarter as if by magic – no one really knew just what went on behind the scenes, and unfortunately we all just took it for granted. **Ronda Mackay** also spent many years mailing out our journals – again taken for granted, but it wouldn't have if Ronda hadn't been so willing to give up her time for us all.

Val Wallington has been our desk top publisher alongside the afore mentioned team, but I am relieved that she will be continuing to assist the new co-editors (**volunteers URGENTLY needed!**). On behalf of everyone thank you Sue, Graeme, Ronda and Val!

As you can see just like the seasons, change is inevitable. All we can do is embrace the opportunities it brings and work together to make our times of transition easier – a little like tending the garden during winter and watering the budding flowers so they can grow into mighty blooms!

I wish you all a safe, healthy and happy Christmas and look forward to meeting more of you in the New Year. Love Emma

Board of Directors 2005-2006

President & Public Relations

Emma Gierschick (VIC)

03 9774 3776

innasoul@optusnet.com.au

Vice President & CPT Officer

Libby Stark (QLD)

07 3376 2240

starkrags@aol.com

Secretary & Sponsorship Officer

Judee Hawkins (NSW)

02 9836 0078

judeeh@bigpond.net.au

Treasurer

Vicki Delpero (TAS)

03 6228 5796

info@stream-of-life.com

Research Coordinator & Education Officer

Sara Higgins (QLD)

07 3901 6621

sarahiggins@optushome.com.au

Conference Organiser & Website Officer

James Flaxman (SA)

08 8333 0147

flaxmanj@webzone.net.au

Publicity Officer

Jo Impey (VIC)

0417 365 734

joimpeyfeet@hotmail.com

World Reflexology Week Coordinator & FootPrints Liaison Officer

Anne Young (WA)

0400 811 010

seamedia@bigpond.net.au

September 2005.

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 illustration by Ivor Bell with kind permission..

REFLEXOLOGY ASSOCIATION OF AUSTRALIA LIMITED

The Reflexology Association of Australia Limited was 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, Tue, Thu and Fri 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

Research Librarian: Pat McLean

07 3344 2123

State Branches

NSW PO Box 366, Cammeray, 2062
Chairperson: Jill Baker 02 9999 4421
Secretary: Carmen Luz Guerin 02 9982 2821
Email: carmen_luz_g@hotmail.com

Victoria PO Box 5272, Mordialloc, 3195
Chairperson: Katy Hannah 03 9822 0352
Secretary: Nan Middleditch 03 9596 3367
Email: nanm@bigpond.net.au

Queensland PO Box 3092, Norman Park, 4170
Chairperson: Susan Moore 07 3366 1603
Secretary: Ian Gilbert 07 3843 1787
Email: iangilbert27@msn.com

WA PO Box 1032, Leederville, 6901
Acting Chairperson: Anne Young 0400 811 010
Secretary: Robyn Forshaw 08 9272 2931
Email: robyn@forshaw.org

Tasmania PO Box 465, Moonah, 7009
Chairperson: Helen Clarke 03 6424 8111
Secretary: Vicki Delpiro 03 6228 5796
Email: info@stream-of-life.com

SA PO Box 457, Kensington Park, 5068
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 Association Referral Service is able to assist.

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

Phone: (0500) 502 250

Or visit our website at:

www.reflexology.org.au

Editor's Corner

Well, this is our final issue after 9 years!!! It has not been an easy decision as we have enjoyed the role and its many and varied challenges as well as the sense of satisfaction achieved from the knowledge that it has been an important and useful contribution to the RAA.

As mentioned previously, apart from being a forum for members and the Board to communicate important information and to share experiences and case studies etc, the total collection of all this data since 1990 provides a significant reference base for members. Each State branch should have a full set and indexes from back issues of FootPrints will soon be available on the Association website for easy reference.

We would like to thank the other members of our team - Val Wallington for the desktop work, Ronda McKay for the mailout and now Kerrie Baldock, and Judith Fenton for helping proof - it has been great working with you guys. We also wish the new editorial team the best of luck and, as we won't know what's in it, we eagerly await the March issue. Thanks for all your contributions - please keep them coming as it will really help the new team get off to an easy start.

Warm wishes for the Festive Season, Sue and Graeme

National Board Meeting and AGM Report Tasmania—October 2005

By Emma Gierschick, President

Hobart was the venue for the 2005 Annual General Meeting and the first time the new National Board members were able to meet face to face to discuss and consolidate many of the items that had been flying back and forth via email for the previous 4 months.

The agenda was long and full, and getting a numb bum from sitting for so long was a certainty. My admiration goes to the new board members, Anne Young (WA), Judee Hawkins (NSW), and Sara Higgins (QLD) who had a baptism by fire and handled it fabulously.

The formal part of the meeting began early on Friday morning, but as everyone had arrived by late Thursday evening topics were already being discussed in anticipation.

The minutes of the previous meeting were accepted, as were all the reports by the executive committee that were presented. We then went straight into a **much needed planning session to look at our future direction and goals for the next 2 – 5 years**. This inspired much discussion as I was keen to change our approach from one of reacting to situations, to planning ahead and being proactive in our future approach. A white board was soon filled with lots of ideas and suggestions of what we would like to achieve and by when.

We allocated roles to the best person for the job, as follows:

President / Public Relations: Emma Gierschick (Vic)
Vice President / CPT: Libby Stark (Qld)
Treasurer: Vicki Delpero (Tas)
Secretary / Sponsorship: Judee Hawkins (NSW)
Publicity: Jo Impey (Vic)
Education / Research: Sara Higgins (Qld)
FNTT / Web site/ Conference: James Flaxman (SA)
World Reflexology Week: Anne Young (WA)

The venues for past and future board meetings, AGMs and National Conferences are as follows:

Board Meeting, AGM, Conference – Vic
Board Meeting, AGM – Qld
Board Meeting, AGM, Conference – WA
Board Meeting, AGM – Tas
Board Meeting, AGM, Conference – SA
Board Meeting, AGM – Qld * (to coincide with the ICR International Conference)
Board Meeting, AGM, Conference – NSW
Board Meeting, AGM – Vic

As you can see this ensures that each state will hold the AGM so you can meet the current board members and feel more part of our association. Having said that, anyone can attend any AGM in any state – or even a branch meeting for that matter – it is your right and you are very welcome. One of the things I am keen for us to work towards is more **branch uniformity**. I am in the process of finding out exactly what happens in each branch, what is working, what could be modified and making sure that each branch operates within the same guidelines and is given the same op-

portunities. We are now one body and need to work at making sure that everything is equal and fair. I would like this to be fully in place **by October 2006**.

I am aware that not every state currently has a **Library** of their own, but this is about to be rectified. In Victoria we have a thriving library. Members can join for \$20 (refunded when they leave – it's security for the books). Then each meeting they can borrow up to 3 books for \$5 to be returned at the next meeting. All the money raised from the borrowing fee goes directly back into the library to purchase more books. This is something we will be implementing in each state over the coming months. To assist your own state, please donate any relevant old books that you no longer need or use. All donations will be gratefully received.

Libby Stark (Qld) will be overseeing the **CPT** program – contacting regional members to find ways to make CPT points more attainable. Feedback we have received this year from everyone is that the new program is so much easier to follow, which is great. We are also looking at possible ways of organising some training opportunities for our regional members, but this will involve participation and discussion with Libby, so if you do live in a regional area and are interested in finding out more – you need to contact her.

Judee Hawkins (NSW) has taken on the role of **Sponsorship**, another area we need to focus on. If we can encourage companies to sponsor either one-off or national events we will have more funds available to improve the services we offer you. If you know of anyone who might be interested to sponsor the association in return for advertising, please contact Judee.

Developing **Links with Overseas Associations** is another area we are working on. Why re-invent the wheel when we can all work together. We have begun negotiations with the **AOR** in the **UK**, looking at a reciprocal arrangement for members who travel between the 2 countries to have automatic membership with our respective associations. I am about to start the same with the **Reflexology Association in New Zealand** and the **Danish Association**, especially as they are in the forefront internationally on research.

Talking of **Research**, Pat Mclean (Qld) has been steadily gathering research information over the last year and now has over 100 cases on file. **Sara Higgins** (Qld) will be the board contact for the research team and is working closely with Jennifer Rigby (Vic) who is leading a team under the umbrella of **Medical Liaison**. While still in the early stages, the work this team is looking at is very inspiring. If you have any desire to be involved on any level with research – or you are currently working in a paid or voluntary capacity in a hospital, hospice or nursing home please contact Sara, who will be pleased to discuss this with you.

The **Website** is up and running with new articles and items being entered weekly, again we are getting great feedback from both our members and the public on the ease of which they can move around it. It is one of our goals that by the **December 2006** each member will be able to list any speci-

National Board Meeting and AGM Report (cont)

alities they offer, and purchase space or links to their own sites. More information regarding this will follow in due course, and **James Flaxman** (SA) is overseeing the task.

Education and a **National Training Package** will also be under the watchful eye of **Sara Higgins**. She is already in discussion with a group who will be working on this in the future, and who have already been working on this nationally for the last couple of years.

Liaising with Schools and encouraging **Student Members** will be overseen by **Libby Stark** with more planning going into the Annual Student Welcome nights to be held nationally around March/April each year. There will be more liaising with our schools, making sure that all would-be reflexologists know and feel comfortable to come along to our meetings and have access to our brochures.

World Reflexology Week is an event that happens internationally every year and yet still manages to catch us relatively unprepared. **Anne Young** (WA) will take this project on as her portfolio, liaising closely with **Jo Impey** (Vic) and her **marketing and publicity** team to ensure that we are fully prepared with events planned nationally, promotional material available, and a clear marketing and promotional strategy in place for the build up. This is an event that needs lots of involvement from everyone, so if you have done something in the past, or have plans or ideas for the future please contact Anne to share them.

As I've just mentioned, **Jo Impey** is now in charge of **Publicity and Promotions**. She is currently in the process of organising a more updated uniform and shirts for everyone, looking at developing a promotional pack that we can forward on to other associations and would-be sponsors, and getting our name out in the public arena. We are now regularly getting requests for articles to be written, so if you are a budding writer and would like to contribute – please contact Jo, who would be delighted to hear from you.

We are also looking at **developing the Merchandise and Stationary** that we have available including creating information sheets, and post cards and I am delighted to report that 30,000 copies of our new brochure arrived this morning at my home to form another 'temporary' wall. A box of each has been posted today to each branch with the rest being couriered up to **Jenn Cooper**, along with the receipt books and note pads. Please support your association by purchasing these new brochures; they are very professional looking thanks to the very hard work of Karen Pike (NSW)

From 1/1/06 all merchandise and stock will be available directly from Jenn Cooper instead of having to make several phone calls around the country for a shirt, notepad, receipt book etc. An order form will be available on the website. Stocks will also be held in each state for purchase at branch meetings. Jenn will have a section in FootPrints to update everyone on any membership issues.

We are also working towards planning a **National Events Calendar** and setting **Budgets** for different events and promotions, to make sure that each state can really go all out on at least one big event each year to promote reflexology.

Vicky Delpero (Tas) is working on the budgets which will

give us more of an idea of what we can afford and when.

The **2006 National Conference in Adelaide** was discussed with **James Flaxman** updating us on how the planning and organising is going. It sounds very exciting. In the next few months early bird booking forms and info will be sent out.

NSW also put their hand up to hold the **2008 National Conference** which is exciting too, and as previously mentioned the International Council of Reflexology have announced that the **2007 International Conference** will be held in **Cairns**, so we all have plenty of great international speakers to look forward to over the coming few years.

I am also delighted to report that at the **2006 National Conference in Adelaide** we will be launching our own Association '**Hall of Fame**' on the website. We will be honouring our founding members and those who have made a significant contribution to the development of our industry. I am very excited about this, and as those of you who know me more personally will see the influence the AFL really does have on me.

From 1/1/06 we will also have an **Advice Line** available that will be manned by Sharon Tay (Tas) and Jan Williams (Qld). They will both provide a brief introduction in this edition of FootPrints with their contact details. I have to stress however that this Advice line is **purely for the purpose of checking out a proposed treatment protocol or advice over alternative treatment plans and nothing else**. so please respect that. If you have another issue you need to discuss please contact either your Branch Chairperson or National Director.

We really did run out of time in the end, and still had items to discuss. These will have to continue via email and maybe a teleconference, but I can report that we are steadily creating a **National Policy and Procedure Manual** thanks to Sandra Dalimore (Vic) who is collating all the policies as they are written. Hopefully we will be making some **minor changes to FootPrints** via negotiations with the new Co-Editors (when we find them) and Val Wallington.

The AGM followed this meeting and there was an excellent turnout by the Tassie members. They initially took a little coaxing to join in discussion but soon got into the throes of it, making it a very useful and enjoyable meeting. It was great to meet so many and find out what they were wanting and thinking. They were very generous with their time and energy at the end, by treating the board to a mini reflexology session each. Maybe it was our glazed expressions or the way I was ramming lollies into my mouth, but it was very generous, totally unexpected and greatly appreciated.

As there are many projects we have planned for the next couple of years **we do need your help** to get them happening. I strongly encourage you to contact one of the directors or your own branch chairperson to see how you can be involved. Every one of you is valued and what ever you can do to help, no matter how small is appreciated.

Until we meet in person, on behalf of our current board have a great Christmas and New Year.

Emma

Membership Matters

By Jenn Cooper,
Membership Administrator

Well here is the first of the membership matters coming to you from the desk of the membership administrator.

Firstly I would like to thank all of our members for being so patient during the renewal period this year. It is an extremely busy and sometimes frantic time for me here in the office answering calls, emails, completing upgrades, new member applications and renewing our existing members.

We currently have close to 1000 members with the association. The membership has 3 levels made up of Professional, Intermediate and Associate. Many of our Associate Members are in fact students and once qualifications are complete, they will upgrade to Professional level.

Being a Professional Member has many advantages for the practicing reflexologist. These include a listing on the association website, health fund, and hotline list. I have seen a significant increase in calls over the last year for the public needing to locate a practitioner. These calls are coming through via the website, the 0500 number and of course the membership office. We have a member volunteering in each state to take these calls and pass on the Professional Member's name, suburb and phone number to the enquirer.

Some necessary changes were made to the website earlier this year and these are now reflected in the increase of interest for practitioners and courses. In the coming months some more changes will be made and have added benefits for our Professional Members.

The membership office is currently situated in Brisbane. Sometime in January most of the merchandise stock available for purchase will be stored here. This will make the

New Board Member

Anne Young, WA



My primary qualification is a degree in Physiotherapy and I have worked in this field since 1978. I have been a specialist antenatal educator since 1980. Over time I have worked in all areas of physiotherapy including as Head of Department of a major teaching hospital and in private practice.

My interest in complementary health awoke in 1984 and initially was self-taught, using what I read in my various clinics and wards. I formalised my qualifications more recently in 2003/4. I have Diplomas in Clinical Aromatherapy, Reflexology and Massage. Currently I use a combination of all techniques including my physiotherapy skills in clinic.

I am currently acting chairperson of the WA branch and in both this and as a national delegate have an excellent opportunity to serve the association.

As national delegate I have been tasked with coordinating World Reflexology Day, so if anyone wants to have input, please contact me.

ordering process much simpler, particularly for our newer members who need to order a number of items. It will also allow us to track the merchandise and make sure we always have enough stock available.

Please feel free to make contact with me in the membership office. Details of days and hours are listed in the front of Footprints magazine.

Jenn Cooper, Membership Administrator

FootPrints Down Memory Lane

A History of our Magazine

By Graeme Murray, NSW

As I recall, FootPrints came about when the original NSW committee was sitting round the table in Susanne Enzer's front room in Turrumurra in mid 1992. Russell McAllister made the comment that we needed to have a newsletter to keep our members informed of what was happening in the world of reflexology and I said something along the lines of "Well, why don't you write one. Russell, ever open to a challenge, did just that, and so in the autumn of 1992, Volume 1, Number 1 edition of "FootPrints, the Journal of the Reflexology Association of Australia (New South Wales branch)" was born.

It was all of three double-sided A4 pages, stapled at the top left corner. There was an article on the ICR (International Council of Reflexologists) and its 1991 conference, a short report on the inaugural Australian Reflexology Conference held in Victoria in November 1991. The article "Reflexology Around the World" focused on Denmark. There was a cartoon and local reports relating to the NSW branch. Vol. 1, No. 2 saw FootPrints being registered as a publication with its own ISSN 1039-2092, which it still has.

By issue No. 4 in the summer of 1992, the journal had grown to six sheets of A4 paper, 12 pages in all. There were articles on the 2nd Australian Conference, the Rwo Shur Conference, held in Kuala Lumpur, the 1992 ICR Conference and articles on drugs and reflexology, tactile awareness and chronic fatigue syndrome.

The journal was printed on A4 paper, stapled at the top left corner until Vol. 2, No. 3, when it changed to A3, folded and stapled the way it is today. (The Reflexology Association of Australia logo first appeared with Vol. 2, No. 1). It was still 12 pages long.

After Vol. 2, No. 4 the journal underwent an overhaul and was reinvented as "FootPrints, the Australian Reflexology Journal", starting life as Vol. 1, No. 1 in March 1996. It had a new front and back cover, which was a creamy yellow. The journal was now 24 pages long.

Up to this point, Russell had been sole editor, but then got

(Continued on page 15)

Reflexology in the Renal Unit, Sunninghill Hospital, Johannesburg

By Anette Meyer, South Africa

A presentation to the North-West Gauteng branch of the South African Reflexology Society 2004

Background

Healthy kidneys function to remove extra water and wastes, help control blood pressure, keep body chemicals in balance, keep bones strong, tell your body to make red blood cells and help children grow normally. Chronic kidney disease occurs when kidneys are no longer able to clean toxins and waste products from the blood and perform their functions to full capacity. This can happen all of a sudden or over time.

Diabetes is the number one cause of kidney disease, responsible for about 40% of all kidney failure. High blood pressure is the second cause, responsible for about 25%. Another form of kidney disease is glomerulonephritis, a general term for many types of kidney inflammation. Genetic diseases, e.g. polycystic kidney disease, autoimmune diseases, birth defects, scarring from kidney infection in childhood and other problems can also cause kidney disease. Many times the final blow before kidney failure is emotional trauma.

Many of the patients had their parathyroids removed. Parathyroid hormone (PTH) is produced by several small, bean-like parathyroid glands in your neck. Its "job" is to tell your bones to release calcium into your bloodstream. Too much PTH can become a problem in people with kidney disease.

Healthy kidneys convert a hormone called calcitriol to its active form of vitamin D. Calcitriol lets your body absorb calcium from food you eat. When your kidneys are not working well, they start to make less calcitriol, so even if you eat calcium, your body can't absorb it. PTH kicks in to make sure you always have enough calcium in your blood. Over time, this can weaken your bones.

The diet of the kidney patient plays a major role.

Protein, found in meats, fish, poultry, dairy products, nuts, and some grains, helps your body form muscle and tissue. But when your kidneys are not working well, the by-products of protein breakdown can build up in your blood. This can make your kidneys work harder. So the patient has to control intake of protein.

Phosphorus is a mineral found mostly in dairy products and meats. Your body uses it to form strong bones and teeth. But with kidney failure your kidneys lose the ability to remove extra phosphorus from your body. Because too much phosphorus can harm your bones, it makes sense to eat less phosphorus.

Having the right level of potassium in your body helps all your muscles work smoothly-including your heart. So, to stay as healthy as you can, you need to keep just the right level of potassium in your blood (not too much, not too little). Keeping potassium at the right level all the time is one of the jobs that healthy kidneys do for your body. When kidneys fail, they start to lose this ability.

Many foods have potassium, but some, like avocados, dried fruits (raisins, apricots and prunes), potatoes, oranges, bananas and salt substitutes, are very high in potassium. These foods should not be taken by the kidney patient.

As we believe in holistic healing and know how important the diet is, this scenario makes it very difficult for the reflexologist to give advice.

Problems experienced by dialysis patients:

- Headaches are a common symptom during dialysis although the cause is largely unknown.
- Nausea and/or vomiting may occur during routine dialysis treatments. Most cases are probably due to hypotension (low blood pressure)
- They do not urinate as much as they once did, so fluid may build up in the system between dialysis treatments.
- Low blood pressure, or hypotension, may occur at any time during dialysis. To help maintain adequate blood pressure, the staff will frequently take blood pressure, adjust the dialysis rate (how the machine removes fluid from the blood), and give saline or other medications, as necessary.
- Muscle cramping of the hands, feet, and legs is fairly common. The cause of muscle cramping is unknown. However, three conditions that seem to increase cramping are:
 - 1) Hypotension
 - 2) The patient being below dry weight
 - 3) Use of low sodium dialysis solution
- Anaemia or blood that is weak or "low" blood. In dialysis patients, the common causes of weak blood are:
 - 1) Not enough red blood cells
 - 2) Not enough iron
 - 3) Red blood cells don't live as long due to toxins in the blood
 - 4) Some blood is lost with every dialysis treatment
 - 5) Some signs of anaemia in dialysis patients are tiredness, paleness, decreased ability to exercise and a feeling of coldness
- High Blood Pressure, especially if they have taken too much salt or drank too much fluid.
- Dialysis patients are at greater risk for infection because their white blood cells are slow to attack the infectious bacteria or viruses.
- Kidney patients often get bone disease because the body's calcium and phosphorus are not in balance.
- Itching is a common complaint among dialysis patients. While no one knows the exact cause(s), itching may be brought about by dry skin, high phosphorus levels, allergic reactions and high blood levels of parathyroid hormone.
- Some kidney patients may experience a slowing of nerve function, called neuropathy. Symptoms include restless legs, tingling or painful burning of the feet, and weakness of the legs and arms. It is often described as an irritating sensation, especially in the calf muscles that can be relieved only by moving the legs and feet. It often happens at bedtime or when the patient is resting.
- Although rare, blood leaks at the needle sites may

Reflexology in the Renal Unit (cont)

occur or a blood line can actually separate or pull apart.
Reference: <http://www.davita.com>, 2004- 05-14

With reflexology we made a major difference to all of the above symptoms. Here are a few examples:

Mrs X, a 61 year old female, was raised in Germany during the war. She was very under nourished and brought up in very bad circumstances. She had serious diphtheria - her tonsils were also removed - and suffered tuberculosis. Furthermore her father died of kidney polycystitis, which is an inherited disorder. She had a very traumatic experience about 13 years ago when 2 of her children were in a serious motorcar accident and both are incapable of working up to today. She still supports them financially and emotionally.

She has been on dialysis for the past 12 years. She had her parathyroids removed. She had quite a few arterio-venous graft replacements due to infections. A graft is an artificial blood vessel used to join artery and vein, It is used when the patient's own blood vessels are too small for fistula construction. Fistula involves a small operation to join an artery to vein, allowing arterial blood to flow directly into the vein. She battles with pneumonia from time to time and although she complains of tiredness she is very positive.

She has a very strong willpower and the fact that she must be there for her family keeps her going. She has a fairly healthy diet but is always in trouble with the renal unit. They say she takes too much potassium with her fruit and vegetables. Her work (media distributor) and family cause a lot of stress. Take note of her diet as a child — under nourished, her tuberculosis — the kidney meridian goes through the lungs, her disease is genetic — from her father and the final straw was her emotional trauma — that triggered complete kidney failure. The readings on her feet were also very much liver related. The chemicals used during dialysis must put a lot of strain on the liver.

Mrs X was very positive towards treatment. When I started treatments she was just recovering from a pneumonia attack. It was noted by herself how soon she got her strength back. Her digestive and urinary reflexes were sensitive at most treatments due to the kidney failure and poor diet. Some days she was more stressed than others. She was always very relaxed after treatments and when her blood pressure was taken it had always dropped. Also when I started treatments she showed infection in her graft and was due in 2 weeks to have a replacement. This never happened during the time I treated her because the infection got better. She enjoyed the treatments and said that she would like to continue with reflexology. Her strong willpower (positive emotion of the water element) carries her through life.

Mrs Y, a 63 year old was, as a child, very over weight, had fallen arches and knock knees. She developed lupus after emotional trauma with her son's divorce. Following the lupus, she was diagnosed with kidney failure and has been on dialysis for the past 12 years. She is very frail, has a very dry yellowish skin, walks with a limp, had a laminectomy (lumber vertebra), her left foot is in very poor condition — bad circulation and the toes are drawn up, and she is constantly complaining of pain in her shoulders. She takes a lot of painkillers which is not good for her health. She also has a problem with sleeping — she takes tablets every night. Mrs Y no longer passes urine. Overall she seems quite positive and pleasant and is still doing half a day administration work for a company.

It was very difficult to work on her feet because they were very sensitive. Her left foot was very deformed with very

bad circulation. Reflexology really helped this particular body with many discomforts. Many a time she would have a headache which subsided. She always complained of terribly sore shoulders — her own words were: "I can now go without painkillers for hours". Her sleeping problems improved. The most amazing thing was when she told me at the fourth treatment that she had the urge to go to the toilet and actually managed to have a few drops of urine. The other wonderful experience was to see how the colour of her left foot improved every week and she also said that she had much more feeling in the foot. She was always very relaxed after treatment and always very happy to see me the next time.

Considering her past of being over weight, one could say that her diet had a big influence on her health. As she is a dialysis patient we cannot change anything in her diet. It is wonderful to see she is positive and accepts her circumstances. She will definitely benefit from reflexology treatments for pain relief, circulation and relaxation.

Michelle Kirby (Therapeutic Reflexologist) also worked in the renal unit. Note how important a patient's attitude is in the conclusion on some of her case studies.

Mr Z is a young man with small children. His father was murdered when he was a young man in his twenties — causing severe emotional trauma, leading to the failure of his kidneys. He had a transplant which for three months had him on heavy medication and many hours in hospital. The kidneys rejected and he had another transplant a few years later, also rejected. One can only have two transplants in your life and then not again, so now Mr Z has to have dialysis for the rest of his life.

He does not take care of himself at all and leads a very unhealthy life. He drinks and eats what ever he wants, he exercises and takes steroids, and he truly does not care about himself. He also says that he does not want to live long — especially not on dialysis. Mr Z's heart is in a very unhealthy state. I saw X-rays of his heart. It is three times the normal size.

I suggested dietary and life style changes to him, but he did not always follow them. You will note from my detailed case study over a period of thirty weeks, how his health deteriorated and the changes reflexology made to him can barely be noticed.

Two weeks after I stopped treatments he wanted to commit suicide, as his health had really hit rock bottom. I spoke to him - but whether that made a difference, I'm not sure.

Mr Z does not want to take care of himself and I believe that no one will be able to change that in him.

Mrs R is a lovely lady who comes across as very friendly and cheerful. Although after spending some time with her, I realised that she carries a lot of grudges and seems to be angry at the world.

17 years ago she had a very bad accident at work which caused severe damage to her back — resulting in four operations and tons of medication. The medication caused her kidney failure and then a few months later her husband passed away. She then also developed diabetes. Mrs R chose to never have a transplant. She has taken very good care of herself throughout her years on dialysis and has managed to live a pretty normal life.

One year ago she lost her toes on her right foot due to a lack

(Continued on page 13)

The Importance of Introducing Visualisation to Clients

By Carol McBain, Vic

I would like to stress the importance of introducing visualisations to certain clients to help improve the outcome of their condition.

Visualisation can be explained as a scenario given to clients where they imagine a certain picture of events in their mind on a repetitive basis to penetrate the subconscious mind with a view to initiating the healing response.

Let me give you an example of what happened recently to a friend of mine.

Dianne is an old school friend and we have known each other since Primary School and High School days. There is a core group of about ten of us from school days who have been meeting twice a year for about ten years at a suburban hotel for lunch and we have a wonderful time together.

At a luncheon in April, Dianne very calmly announced that this would most likely be the last luncheon she would be able to attend because she would probably be dead by the next luncheon in six months time. Of course we nearly all fell off our seats in shock. She proceeded to relate to us that a couple of months beforehand she had a melanoma removed from the back of her shoulder and she had left it too long and there was metastasis to the lungs. The scans showed seven spots on the lungs and the oncologist informed her that it was too late for any chemotherapy and that she had, at the most, about six months to live.

Once we had picked ourselves up from the floor some bright spark at the table said, "you had better go and see Carol". I took a deep breath and slowly slid under the table thinking "Oh my goodness, what can I do about all of this".

Dianne reported that she had got her affairs in order and as a last fling she was going on an overseas trip of a lifetime with her mother-in-law with whom she had a very good relationship. She would be away for about six weeks. However she did telephone me to make an appointment to see me the week before she went away.

Before she arrived for her appointment I had made up my mind to do a visualisation with her and instruct her to do this visualisation every day whilst she was away. After doing her feet she was quite happy to do the visualisation as I had instructed.

Several weeks later I received an excited telephone call from Dianne who was back home and had just had another scan procedure which showed that the small spots on her lungs were gone and the larger spots were about half the size they were before she went away. She came to have reflexology again soon after that telephone call and said that she certainly was continuing with her visualisation.

I saw Dianne again at the next school luncheon on 1st October 2005 where she told everyone that she had another scan a few days ago which showed no trace of any spots on the lungs. They had completely gone and the oncologist was scratching his head in disbelief. His response was that he

must have made a mistake with the first scan. To my way of thinking, she must have tapped into the healing response of her subconscious mind by the repetitive nature of the visualisation.

However, to be fair to Dianne's opinion of the whole scenario, she did tell me that she had been to Lourdes in France on her trip overseas and that a friend had given her a lucky \$2 coin and some crystals to carry around in her pocket as well. If this also added to her mindset then that is good.

Below is an outline of the visualisation I gave Dianne to do every day.

1. Minimise yourself to about a centimetre tall and walk into your body and stand and look up at your lungs and look at the seven black spots.
2. Using a large knife, one by one, cut out the black spots and put them into a plastic bag. Using a scraper, go to the cavities which remain and scrape out any black residue still remaining in each cavity. Also put these scrapings into the plastic bag.
3. In you hand you suddenly find that you have a stainless steel bucket of beautiful, golden, soothing, warm, ointment. Using a scoop, fill each of the holes in the lungs with this beautiful ointment. Feel how wonderful it is and that it is doing you good. Using a plasterer's trowel, smooth over the ointment in the holes so that from the outside of the lungs you cannot see where the holes have been. The lungs look completely normal and healthy.
4. Pick up the plastic bag, walk out of your body and you are now normal size. Walk out the door of your house to where you keep the green wheelie rubbish bin, open the lid, put in the plastic bag, and close the lid. Be overwhelmed with a feeling of satisfaction and happiness and know that it is gone forever.

At Dianne's second reflexology session I gave her another visualisation to do as well, to get rid of any unwanted cells that might have travelled in the blood stream to other organs of the body. I feel that this one is too long to write about in this article. An important point to remember is that by the client minimising themselves to a "mini me", and walking into their body they are doing the work on themselves. Another important point with Dianne is that she did not have any chemotherapy and therefore she felt very well within herself to be able to spend the time to do the mind exercises.

She asked me for how long would she have to do these two exercises and I told her that her body would let her know. She related to me later that just before she went for her clear lung scan, she all of a sudden kept forgetting to do the visualisations and then no matter how hard she tried, the picture in her mind would not come. It was then that she thought her body was telling her she did not need to do them any more.

I encourage you to make up some visualisations and have a go with some of your clients.

Recent Developments in Reflexology Paths

By Nonie Farley, NSW

I was very interested to read about the construction of Australia's first foot reflexology path in Brisbane as I have been following the application and development of these paths since my family and I chanced upon one on a visit to Singapore's Bukit Timah Nature Reserve.

Nestled in a tranquil setting, the path completed an irregular circle approx 20 metres in length and was composed of patterns of large and small river stones set in concrete. The large stones were in a flowing pattern on the outer perimeter, the smaller closely packed higher stones in a pattern on the inner side with the two patterns meeting in the centre of the path. The stones were of different shapes and were laid in such a way that when walked on barefoot would stimulate specific areas of the feet.

From our experience we preferred walking on the large stones as they provided a gentle massage of the foot whereas walking on the smaller stones applied such intense pressure we found it almost painful. On closer examination we realised why. These small stones are laid upright instead of flat!

We walked on the path for about 10 minutes finishing at the same time as a group of women who had passed us on the path. They commented that they lived locally and had initially commenced with a similar period and gradually increased the amount of time until they now walked for 30 minutes on a regular basis.

Placed at the entry to the reflexology circuit, a sign provided advice on how best to use the path. I also sought additional information, which was kindly provided by Singapore's National Parks Board (including an extract from Geraldine Tay's *The Tao of Reflexology Foot Path*). Suggestions on the sign and from the Board to achieve the most benefit include:

- Relax before commencing and while walking on the path.
- Walk for five minutes barefoot on the larger stones before commencing on the smaller sharper ones.
- Keep up water intake and drink approx 500mls at the completion of the walk to help cleanse the body.
- Pregnant women and people who are suffering from serious illness should not use the path.
- Rest after walking for 30 mins or if discomfort occurs.

Geraldine Tay's article explained that certain sections of reflexology paths have specially molded rocks designed for specific functions



To grip under the base of the toes to work the neck, eye, and ear reflex zones. Also to step on for the reflex zone of the trapezoid muscle to help with shoulder pain.



Step on for reflex zones of the colon and small intestine to help bowel movements.

Following this discovery, I was interested to learn how widespread these paths were and made some enquiries. I discovered there are numerous reflexology paths throughout Singapore. They are found in the Botanical Gardens, in parks, resorts and housing estates.

A resident informed us that the Singapore government often installs reflexology paths when upgrading housing estates or building new ones, some with the addition of handrails to encourage easy use by the elderly.

The need to find suitable ways to help the elderly maintain their health is an important consideration for most countries.

In America, this need resulted in a study conducted in Portland, Oregon by the Oregon Research Institute (Li et al 2003). The researchers were seeking an easy way to perform a convenient exercise program for the elderly that would reduce health problems encountered in later life. The exercise chosen was cobblestone walking as there was considerable anecdotal evidence as to its health benefits. Mats made of a synthetic material which resembled natural cobblestones found in the paths of China were imported.

A pilot study was conducted and the results were encouraging as the experimental (mat walking group) showed a significant improvement in key health indicators. Daytime sleepiness and pain, diastolic blood pressure and perceived control over falls were all reduced.

These findings have now been built on in a larger trial by ORI in Eugene (Li et al 2005). One hundred and eight inactive adults aged between 60 and 92 years participated. Half were placed in the experimental group and half in the control (conventional walking) group. There were three 60 minute sessions (actual walking time was 30 minutes) per week for 16 weeks. At the completion of the trial the mat walkers were found to have greater reductions in blood pressure. Systolic dropped from 135.02 to 125.98 and diastolic from 78.59 to 72.83 in comparison to the control group's systolic 134.65 to 130.97 and diastolic 77.46 to 74.89 (Li et al 2005 p 1310). Mat walkers also experienced greater improvements in physical performance and balance.

With the ageing of the population here in Australia, it is interesting to note that "health surveys of older people have determined that about one third of people over 65 years and 50% of people over 80, have had a fall in the previous 12 months." (Armstrong 2002 p.13).

(Continued on page 11)



Michelle on Bukit Timah reflexology path

The Sciatic Nerve - the Nerve of Reflexology

By Dorthe Krogsgaard and Peter Lund Frandsen, Denmark

Treating sciatic pains is a true sport for reflexologists. Knowing the few most common causes, it is usually quite simple to treat. That the sciatic nerve can also be involved in knee problems, swollen legs and other leg problems is perhaps new knowledge for some – and how many reflexologists realise that the sciatic nerve is responsible for transmitting back to the central nervous system all the impulses from the sole of the foot?

Simplicity and knowledge often go hand in hand. Even though it can be straightforward to treat sciatica, it requires a good knowledge about the common causes and connections involved. Among other subjects this is included in Touchpoints upcoming workshop "Round about the Spine". In this article we will show a few important techniques to include in the treatment of sciatic pain.

Sciatica is pain radiating from the buttocks down into the leg. Somewhere along its course the sciatic nerve is entrapped, causing irritation or inflammation and thereby pain.

Fact box – Sciatic Nerve

Latin name:	Nervus Ischiadicus
Origin:	L4 - S3 (sacral plexus)
Course:	Through the pelvis into the gluteal region profound for the greatest gluteal muscle and distal for the piriform. Continues down the back of the leg where it splits into two branches, the peroneal and tibial nerves.
Motor innervation:	Hamstrings and complete lower leg and foot.
Sensory innervation:	Lower leg and foot.

The sciatic nerve is the largest peripheral nerve in the body. In the gluteal region its diameter is like the little finger.

Root pressure

Slightly simplified, one can distinguish between two main causes of sciatic pains: Entrapment of the root and muscle tensions in the pelvic or gluteal regions.

Root pressure involves the spinal nerves from L4-S3. They may be compromised by a slipped or herniated intervertebral disc, which is most commonly seen in the 30-50 age group.

Entrapment of the nerve roots may also be due to arthrotic narrowing of the spinal canal itself (spinal stenosis). This is more often the case with elderly people.

The Piriform muscle

A more common cause for sciatica is muscle tension in the buttocks. The sciatic nerve leaves the pelvis through an opening (the infrapiriform foramen) where it shares the limited amount of space with several muscles, nerves and vessels (see figure 1). The nerve has a special relation to the piriform muscle. In some people it actually passes right through the muscle. The piriform muscle originates on the ventral surface (inside) of the sacrum at the level of S2-S4 and attaches to the femur (greater trochanter). Tensions in this muscle can therefore very easily compress the sciatic

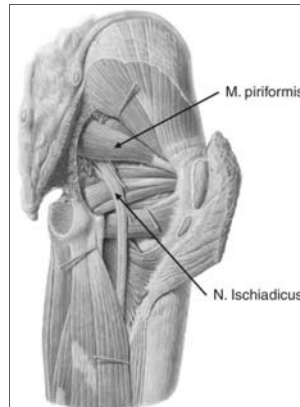


Figure 1. The sciatic nerve in the gluteal region

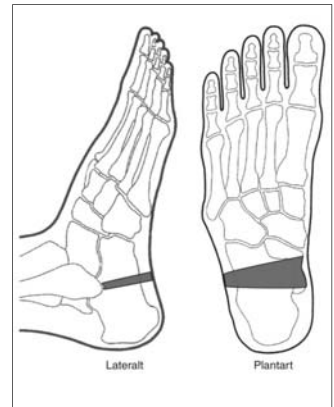


Figure 2. Reflex for the piriform muscle

nerve (piriformis syndrome) and cause pain. Luckily this condition is relatively easy to assess and treat.

Foot reflex for the piriform muscle

The reflex is treated thoroughly with slow, deep movements. It is a good idea to pay extra attention to the origin (sacrum) and attachment (greater trochanter). See Figure 2.

Nerve reflex point for the sciatic nerve

This point has a well defined location on the upper edge of the heel bone (figure 3). It should be treated using nerve reflexology technique, which is an accurate static pressure on the periosteum of the bone until pain in the point has vanished (max.15 seconds).



Figure 3. Nerve reflex point for the sciatic nerve

An extraordinary technique

An often amazingly effective technique with sciatica is the so called nerve mobilisation. This is a method devised by Australian physiotherapist David Butler. A stretch is applied to the nerve which can often help free the nerve from pressure and tension which has affected it. When the nerve lies free in its surrounding connective tissue, the circulation inside the nerve is normalised (axoplasmic flow) and its function improved.

Technique: Stand next to the table facing away from the client. Hold the client's lower leg with the arm closest to the table. Slowly lift the client's straight leg. It should be a passive movement without the client helping. Maintain a constant communication about any pains and as soon as the familiar sciatic pain is developing, you stop the movement and lower the leg until the pain stops. Then try to lift the leg again. Repeat this pattern 10-15 times and for each time try to go a little higher. You go – so to speak – into the pain and out again, and usually you will notice that the position eliciting pain is moving further and further up as the nerve is being mobilised. (See figure 4).

Mobilising while treating

A quite unique effect can be achieved by pressing the sciatic nerve reflex point and at the same time perform the mobili-

The Sciatic Nerve - the Nerve of Reflexology (cont)

sation as described above. By so doing the nerve is simultaneously being treated from the outside by stretching the tissue, and from the inside through the reflexological impulse.

In the majority of sciatica clients these techniques provide an immediate effect in the form of increased motility and pain reduction. Practically you could start a treatment session by assessing how high the leg can be raised without pain, then do the mobilisation while treating technique, then ordinary reflexology therapy – and at the end of the session, try to test the leg again. You – and not the least – the client will see an astonishing difference.

Naturally, the effect will not last after just one session, but it will help breaking the vicious circles that have maintained



Figure 4 Mobilisation of the sciatic nerve.

constant muscle tension. And it will certainly motivate the client to do more about her/his problem.

Reflexology's nerve

The sciatic nerve is of course interesting because so many people suffer from sciatic pains. But for reflexologists the nerve is of particular interest, because this is the very nerve conducting all touch and pain sensations from the feet. Each foot contains 75,000 free nerve endings registering everything we do as reflexologists. That incredible amount of information is relayed to the central nervous system via the sciatic nerve.

Therefore, it makes sense assuming that a proper function of the sciatic nerve is necessary for a good effect of reflexology, especially if you are in favour of the theories of reflexology working through the nervous system.

Website: www.touchpoint.dk

References

Nerve mobilisation: David S. Butler: *The Sensitive Nervous System*, Noigroup Publications, (2000).

Nerve reflexology: Touchpoint, Denmark with permission from Nico Pauly, Belgium

(Continued from page 9) *Recent Developments in Reflexology Paths* Hopefully, with the introduction of Brisbane's reflexology path, they will continue to spread across Australia as there are so many benefits - walking along a path is easy to perform and a natural form of exercise. It's suitable for a wide range of ages. Studies show it may help to improve your health, exercise can take place in the fresh air and sunshine, you can go by yourself or with a group, you can choose what sections to walk on and for how long. It's also a wonderful way to introduce the public to reflexology. And it's all free!

REFERENCES

Armstrong, M., Bates, A., Castell, S. & Krolik, P. 2002, 'Staying Active-Staying Safe: Development of a physical activity and falls prevention resource for older people who dwell in the community', *NSW Public Health Bulletin*, vol. 13, no.1-2, pp. 13-14.

Li, F., Harmer, P., Wilson, N.I., & Fischer, K.J. 2003, 'Health Benefits of Cobblestone-Mat Walking: Preliminary Findings', *Jnl of Aging and Physical Activity*, vol.11, no. 4, pp. 487-501.

Li, F., Fisher, K.J., & Harmer, P.2005, 'Improving Physical Function and Blood Pressure in Older Adults Through Cobblestone Mat Walking: A Randomized Trial', *Journal of the American Geriatrics Society*, vol 53, no 8, pp.1305-1312.

Improving Physical Function & Blood Pressure in Older Adults Through Cobblestone Mat Walking: A Randomized Trial

Fuzhong Li, PhD, K. John Fisher, PhD, and Peter Harmer, PhD (Oregon, USA)

OBJECTIVES: To determine the relative effects of cobble-stone mat walking, in comparison with regular walking, on physical function and blood pressure in older adults.

DESIGN: Randomized trial with allocation to cobblestone mat walking or conventional walking.

SETTING: General community in Eugene, Oregon.

PARTICIPANTS: One hundred eight physically inactive community-dwelling adults aged 60 to 92 (mean age \pm standard deviation = 77.5 ± 5.0) free of neurological and mobility-limiting orthopedic conditions.

INTERVENTION: Participants were randomized to a cobblestone mat walking condition (n=54) or regular walking comparison condition (n=54) and participated in 60-minute group exercise sessions three times per week for 16 consecutive weeks.

MEASUREMENTS: Primary endpoint measures were balance (functional reach, static standing), physical performance (chair stands, 50-foot walk, Up and Go), and blood pressure (systolic, diastolic). Secondary endpoint measures were Short Form-12 physical and mental health scores and perceptions of health-related benefits from exercise.

RESULTS: At the 16-week posttest, differences between the two exercise groups were found for balance measures (P=.01), chair stands (P<.001), 50-foot walk (P=.01), and blood pressure (P=.01) but not for the Up and Go test (P=.14). Although significant within-group changes were observed in both groups for the secondary outcome measures, there were no differences between intervention groups.

CONCLUSION: Cobblestone mat walking improved physical function and reduced blood pressure to a greater extent than conventional walking in older adults. Additional benefits of this walking program included improved health-related quality of life. This new physical activity may provide a therapeutic and health-enhancing exercise alternative for older adults. *J Am Geriatr Soc* 2005.

Key words: physical activity; balance; physical performance; blood pressure

A Foot in and out of India

By Sharon Stathis, Qld

Upon arrival in India, the sights, sounds, smells, and tastes of this populous nation assail one's senses. If there is one word to define India, it is 'diversity'. It is displayed in a huge melting pot of dialects, customs and religious beliefs. It is also a land of contrasts. India exhibits enormous affluence and also abject poverty, cleanliness and filth, ugly slums and beautiful countryside. Yet it hooks you in. Once visited, a return trip is eagerly anticipated by those who have experienced its wonders.

'Exciting' is another word commonly used by foreigners who have travelled the over-crowded streets of India's big cities. They are dirty, noisy, heavily polluted and personally challenging. I remember my first dose of India's intoxication. I observed with excitement and awe the colours and customs that are so different from ours in the West. I remember feeling overwhelmed as I tried to assimilate all that was going on around me. Yet when I first arrived in Mumbai, the culture shock was less than I had anticipated. In fact, in a strange way it felt almost 'comfortable'.

I became interested in Ayurveda (the folk medicine of India) many years ago. My curiosity had been aroused when I saw a diagram of the marma points for the feet. Marma points are vital energy centres located throughout the body. They facilitate the flow of vital energy (*Prana*) via energetic pathways (*nadis*) to all the body organs, structures and tissues. It is of interest to reflexologists that the marmas located on the limbs are very important for treatment purposes.

At the time of my initial discovery, I was preoccupied with raising my children, running my college and teaching reflexology. Several years passed before I had an opportunity to expand my knowledge of Ayurveda. However, the Australian based training that I received was limited, and I longed to learn from an authority living in India.

Over the years I had purchased many books on Ayurveda. One of these intrigued me. It was titled "Ayurveda and Marma Therapy" by Frawley, Lele and Ranade. I remember my excitement when I received this book that specialised in Marma Therapy. I contacted one of the authors, Prof. Dr. Avinash Lele, and explained my need for further tuition. He generously invited me to visit him in Pune, and so my Indian epic began.

There were several reasons for my travel to India. Firstly, I was seeking a suitable Ayurvedic teacher. Secondly, I wanted to experience the culture first-hand, and most significantly, as a reflexologist fascinated with feet, I sought to research the traditional Ayurvedic footwork called *Padabhyanga*.

My destination was Pune, a four hour train journey from Mumbai. Indian railway stations are an unforgettable experience! The journey proved uneventful, and our arrival in Pune introduced us to the intricacies of motorized rickshaws and their colourful drivers. By colourful I refer to their personalities. Some were helpful, honest and good drivers and others were psychopaths in the midst of chaotic traffic. As there are no taxis in Pune, the only forms of available public transport are rickshaws and buses. The local buses were definitely not an option.

Dr. Lele's clinic was on the opposite side of Pune to where we were staying. So my husband and I quickly became seasoned rickshaw travellers. I can't say that I enjoyed many of our rickshaw journeys. The toxic black smoke belching from the battered buses, and the numerous near misses are remembered as unhealthy and anxious Indian city ecology.

During my first visit with Dr. Lele, I gave him my Ayurvedic Reflexology course notes and Ayurvedic Reflexology instructional DVD. As we left from that interview, I wondered what he would think of the Ayurvedic Reflexology that I was teaching.

Dr. Lele is from a lineage of Ayurvedic doctors and he is a world authority on Marma Therapy. I wanted my work to receive a favourable review. With a little trepidation I returned the next day. My fears were allayed as I received his praise for my notes and DVD. I gratefully and humbly accepted his offer to help me with my quest for further knowledge.

Dr. Lele teaches various aspects of Ayurvedic Medicine to Westerners at the International Academy of Ayurved, Pune where he holds the position of Vice Chair. He also teaches Ayurveda as he travels extensively in Western countries during six months of the year. He still continues to patiently answer my questions by e-mail from various locations around the planet. I feel deeply honoured to receive continued instruction from such an eminent professional.

In order to further my knowledge of Ayurveda, I made a booking with Dr. Lele for a personal consultation at his clinic. I filled out the mandatory client questionnaire prior to the consultation and duly arrived the next day for my first session. There were to be five in total.

After reading my form and asking the appropriate questions, Dr. Lele proceeded with the examination. He felt my radial pulse to help ascertain the state of the energy balance within my body. He then palpated some of my marma points and made a comment that there is always a lot going on in my head! I had to agree. After the physical examination, he agreed with my self-diagnosis regarding the energy imbalance that I was experiencing. He then ordered the appropriate treatments to help correct the problem.

After reading my form and asking the appropriate questions, Dr. Lele proceeded with the examination. He felt my radial pulse to help ascertain the state of the energy balance within my body. He then palpated some of my marma points and made a comment that there is always a lot going on in my head! I had to agree. After the physical examination, he agreed with my self-diagnosis regarding the energy imbalance that I was experiencing. He then ordered the appropriate treatments to help correct the problem.



A Foot in and out of India (cont)

Within the Ayurvedic tradition, the correct balance of the bioenergetic principles (*Doshas*) is the overriding factor in maintaining health. The maintenance of this energy balance relies heavily on healthy living practices which include regular internal detoxification procedures called *Panchakarma*.

I experienced my five sessions of Ayurvedic treatments over six days. My first three visits involved blissful full body massage followed by the application of steam via an enormous steam tent placed over the massage table (see photo). I literally cooked and cooked and cooked. I was congratulated on my prolific outpouring of sweat during the procedure. Apparently I had done well.

The final two sessions were a little different and definitely not as enjoyable. Enemas were now on the menu. How wonderful. This is where my nursing background kicked in. I wanted to know what tubes would be used. How were they cleaned and sterilised etc.? Of course my fears were allayed, and I proceeded to receive the herbalised oils to lubricate my undernourished system!

I also experienced a different form of heat application. My body was patted with herbalised rice poultices called *Pinda Sweda*. These hot poultices increase the capillary circulation in the skin, which in turn facilitates the absorption of the herbs. I was also given some little hand rolled pills and dubious looking sachets of powder to swallow. I remember thinking at the time that the Customs department in Australia could be very interested in these on my return!

At the completion of these intensive treatment sessions, I felt absolutely wonderful. My body felt lighter and my mind felt much clearer. I was sad to finish my Ayurvedic treatments, and I look forward with eager anticipation to further clinic visits at another time.

Dr. Avinash Lele is an Ayurvedic Surgeon. His wife Dr. Bharati Lele is an Ayurvedic Obstetrician and Gynaecologist. Their home and teaching school is located in a quieter, outer suburb. They made us very welcome in their home and Dr. Bharati prepared a beautiful traditional Ayurvedic meal for us. I was under careful instruction and the watchful eye of Dr. Avinash as I ate the delicious food. To my relief, my newly acquired eating skills were highly praised. At the end of the meal I felt like a little child who had just earned a gold star!

The Leles sang beautiful chants for us, and we were invited to sing for them in return. We sang Elvis Presley's "Love Me Tender", a song that was familiar to us as we had sung it at our wedding. It was probably not in the same spiritual realm as their traditional Indian chants, but nevertheless, it was sung with reverence and good intent, and was well received. On our arrival back in Australia, we sent Dr. Bharati a gift of my favourite CD, "Sacred Chants of Shiva" which she had enjoyed during our visit. We thought it would be an appropriate gift for a very special person.

My Indian quest was proving fruitful. I had found my Ayurvedic teacher and I was lapping up the culture that surrounded me. Now it was time to discover some traditional Padabhyanga. I asked Dr. Bharati Lele for direction. Her answer surprised and disappointed me. "Oh, not many people do it anymore" she said. To a reflexologist who had come all the way from Australia, this was devastating news.

Unconvinced, I visited a likely looking clinic on the other side of town. Surely I will find Padabhyanga here, alive and well I thought. The clinic advertised reflexology on its billboard (see photo). Inside I met a delightful young Indian gentleman who proudly explained to me how he does foot reflexology. "But what about Padabhyanga?" I asked. "No, I do only reflexology" he replied. "What about the Marma points?" I asked hopefully.

"No, I do reflexology" was his proud and repeated reply. How sad, I thought, if an ancient and valued tradition like Padabhyanga is lost.

Maybe all is not lost. Perhaps Ayurvedic Reflexology is providing us with the best of both worlds, as it successfully integrates the Eastern energetic principles with the knowledge of our contemporary reflexology. As an addition, Ayurvedic Reflexology incorporates work on the hands. This inclusion of Ayurvedic wisdom into our current reflexology regimes, provides us with a new, valuable methodology that facilitates healing in a truly holistic and dynamic way.

I will continue to share this knowledge as it evolves. I still intend to seek out the elusive Padabhyanga during future visits to India. We will be returning for the wedding of Nandan Lele (son) later this year. We also look forward to exploring other parts of the country during our next Indian adventure. I wonder what that journey will reveal?

email info@ayurvedicreflexology.com



Steam Tent

(Continued from page 7) *Reflexology in a Renal Unit*

of blood supply to that area. When we started reflexology she was battling with the poor circulation and threatening to lose her toes on the left foot as well.

I treated her for twenty weeks - in this time her diet did not change much due to the very strict diet required for dialysis. I did however recommend a few natural remedies and oils to help her relax and take care of some of the side effects she was experiencing from the dialysis.

In general the treatments were a success and Mrs R truly benefited from them. Her circulation improved and she felt very good about herself towards the end.

Ed: We were unable to contact Anette and thank her for her very informative presentation.

Reflexology in a Nursing Home

By Fiona Davis, Qld

I commenced fortnightly reflexology sessions in a nursing home three years ago. I have found it is interesting in the way everyone has their own personalities and different problems. These noble, well-respected people faced with a degenerating brain that transforms them from a healthy person into a helpless, dependant child like state. To confront a world unknown except by those trapped in the walls of their own fears, unable to complete the simplest tasks.

One resident recently said, "I am just fed up with everything!" I proceeded to engage her in light-hearted conversation about the photos that were on display around the room. The elderly figure, once young with fresh ideas, now lay on the bed withered and tired out by time. During this session I found the responses were good! Comments such as, "That feels good," as I passed over the reflexes on the plantar side of the foot. This person seemed to have regained the inner spark of light to bear yet another person colliding with the world that a degenerating mind has come to know.

When a client I get to know well behind all those wrinkles passes away in the nursing home, I like to think that they are not gone, but just gone ahead. With a mixture of problems like dementia, osteoarthritis, hiatus hernia, hypertension, stroke, anxiety, Parkinson's disease, diverticular disease, peptic ulcers, glaucoma, angina, prostate problems just to mention a few, these people are expected to have a happy disposition, and to go on living despite the unpleasant idea that their house has been sold, and their belongings limited to the personal items needed to live in a nursing home. Their spouse may have passed on. Their children who have grown up may not visit often as they have lives of their own so they are visited by none other than yours truly... a reflexologist!

After a reflexology session on one client who was bed ridden, a lady in the next bed said, "That was a good session." I said, "Thank you," while realizing the contact I have doing reflexology touches not only the nerve fibres of the person I am working on, but other people looking on. They also respond to the good deed of someone who still cares.

One amusing story was about what people should do for a sore throat. One remedy is to rub a piece of ice on the lateral side of the thumb, relating to the throat reflex. One client I was working on had crystals under the great toe on the throat reflex, so I asked if there was any problem with the neck or throat. The client said, "Yes, I have a sore throat." Next time I visited the nursing home, one of the nurses stopped me on my way to a client and said, "Nearly all the residents are asking for ice!" The nurse, who also had a sore throat had discovered that ice on that particular reflex of the thumb really does work. I said, "It won't cure a sore throat, but it will take the burn out of it." It was cold winter weather and a sore throat was not uncommon.

A client with emphysema, who had been exposed to certain



chemicals in his profession, shared with me that it was not the fact of dying soon that was frightening, but the most fear lay with not being able to breath. Working the diaphragm reflex seemed to help with the man's breathing because he asked what that area was because he felt he could breath a little easier. It was not by much but he noticed there was some relief between gasps of air through the oxygen mask he was wearing. He seemed amazed as I spoke about how reflexology relieves the stress and tension via working the reflexes in those areas on the feet/hands to release blockages in those areas. He commented by saying, "That's bloody marvelous!" He seemed impressed with his first

reflexology treatment.

For the past twenty two months I have been working with a client and paying attention to the tip of the great toe opposite side from the paralysis. Recently I have been able to move my client's feet without them feeling so heavy and solid. The feet feel less cold to the touch which tells me the circulation has improved. I found the reflexology technique, the Metatarsal Waltz most effective in breaking up the congestive solid feeling in the feet. I used the Chinese Reflexology technique over the shoulder and hip/knee/leg reflexes. From this technique my client said she experienced feeling some nerve impulses from her foot up the left leg. I used the thumb slides technique over the soles of both feet leaving a pale pink colour on the dorsal side of both feet, showing once again the circulation has been improved.

At the end of every session, the feet now felt cool to warm and looked pinkish in colour. I used the lymphatic drainage technique to help eliminate any fluid in the ankles. I used the diaphragm relaxer more often to help relieve the stress and tension. I used (VRT) Vertical Reflex Therapy and Synergistic Reflexology using knuckle dusting and a harmonizing technique to help balance the body, giving my client a wonderful feeling by the end of the reflexology sessions. After twenty two months my client said she could feel those areas on her feet that I was working, especially when I worked the pituitary gland on the great toes. The feet feel to be less solid and more flexible than when I first started. After two years of giving my client reflexology, her feet are appearing to become more sensitive to my touch.

Through these reflexology treatments, the circulation in my client's feet has improved. Evidence of this is the colour and temperature change in her feet after a reflexology session. The plantar side of her feet feels less tight and she is sleeping better at night. With these relaxing reflexology techniques and friendly conversation, further relaxation is achieved to help to ease any emotional and physical discomfort. I find my clients eagerly look forward to my regular visits, because of the reflexology treatment being of such a good help to them.

One client benefited from reflexology sessions as I improved the circulation, so the nutrients in the blood helped

Reflexology in a Nursing Home (cont)

in the healing process so the breakages in the skin began to heal. The corn on the left little toe appeared very dry and sore and within six months the corn had completely healed. Even with the onset of dementia, I feel I can still communicate with my client through the gentle touch of reflexology. This client appears to also enjoy the reflexology sessions to the point of not only joining in with the ankle rotations but soon falls into a very deep sleep, which is beneficial because it's our aim as reflexologists to administer relaxation and stress release. In conclusion, I feel reflexology, although not widely understood by everyone, is a method of touch which sends a universal message, from the first cuddle of a new-born baby to the gentle caress of an elderly

person's hand. My clients in the Nursing Home really enjoy the reflexology sessions and look forward to the next session. Since I have been practising reflexology in the nursing home, I have noticed changes in the people there. They appear happier. They sleep better at night. The circulation in their feet improves. I find I am picking up problems in their body via their feet and reporting it so the medical people can keep an eye on it. I see reflexology very much as a back up system to the brilliant work the nurses and doctors are already doing in nursing homes. We are all ageing and the kind and gentle touch of a reflexologist is something not to pass up. This tranquil technique is truly the light at the end of the tunnel.

Reflexology—A Poem by Yvonne Collier

Reflexology every week
Will really keep you at your peak!
Less stress, good health & balance too
A must for all friends, old & new!

Relax, restore, rejuvenate
Speed up healing – why wait!
Good health is just 2 feet away
So use your roller every day

Now focus on 3 areas
Words and actions of intention
To create the best experience
Referrals for greater client retention.

Make affiliations great and small
And market to your world
Give incentives to them all
And let your business become unfurled!

And love your clients,
Connect so well
Grow your business
And your coffers will swell!

Yvonne Collier, People Skills Expert
www.maddisontraining.com.au

(Continued from page 5) *History of FootPrints* an assistant in the very able form of Sherryll Thomas, and for the first time, *FootPrints* was able to be received “on line” via the internet. Subscription costs for four issues was \$24 domestic and \$36 o/s.

Vol. 1, No. 2 of June 1996 was the last McAllister/Thomas production of *FootPrints* as Russell decided to call it quits and go it alone to launch his own reflexology magazine.

Sue Ehinger and I decided in a moment of “Oh, what the heck, let's give it a go” to take up the reins, with the very able Val Wallington as our publisher.

Vol. 1, No. 3, 1996 was our first issue. Amongst other things we returned the logo to the front cover. This had been missing since Vol. 1, No. 1. Other changes that were introduced were: “State Matters” – a report from each state on their activities, and the start of the “A-Z of Terminology”.

Vol. 4, No. 1 of March 2000 saw the appearance of a brand new cover with shiny paper and colour! Well, blue and sand. We also had the full-page cover advertisements which helped to reduce publication costs. At this time, book reviews were also introduced.

We have tried to maintain the high standard of *FootPrints* in the nine years we have had the privilege of looking after the journal. It hasn't always been easy to source articles, and we would have liked to have the front cover in full colour, but costs were against us.

This is the last issue of *FootPrints* that Sue and I are doing. It takes a great deal of work to put this publication to bed, and as Sue does most of the work, and has a school to run,

her time is very limited and she felt it was time to move on and focus her time more on her school.

On a personal note, I would like to thank Sue for all the work and hours she has put into this magazine. The emails back and forth securing articles, phone calls galore, sourcing and acquiring advertising for the covers, proof-reading and spending hours on the phone to Val, our publisher, going over the layout, etc. Without Sue, this magazine would not be published on time, or possibly at all, and all credit must go to her.

On behalf of us both, we need to thank the following: firstly Russell for starting *FootPrints*, but our main thanks go to Val Wallington our ever patient and long-suffering publisher who somehow manages to fit all the articles and ads together to form the finished product. Thanks too to Ronda McKay, who until recently was our diligent mail-out queen. To all our advertisers, in particular our inside cover advertisers, we thank you for your support.

To you, loyal readers, we thank you for your continued encouragement by way of your articles, the highly successful photo competition, in which so many of you participated, and your general feedback.

Last but not least, thank you to all the people, too many to mention individually, who helped us over the years with producing *FootPrints*.

At the time of writing the board has not as yet found new editors. Hopefully it won't be long before they do.

So as they say in the classics (with a twist), it's goodbye from me, and it's goodbye from her. Goodbye.

State Matters

SA

SA is continuing to work on the 2006 conference. We have had an unfortunate event with Hanne Marquardt needing to pull out of the conference. This is due to changes in circumstance for Hanne. It is very unfortunate but at this stage Hanne has suggested that she will be able to visit Australia at sometime in the future and will remain in contact with us. The main task at the moment is to get the booking information out into the public arena. We currently have three main speakers and have a list of other people who are interested in presenting at the conference in 2006. The conference dates are the weekend of October 21-22, 2006.

We are continuing to set up fund raising events thanks to Pauline Trent our fund raising coordinator. The last fund raiser made \$200 and we have 2 upcoming events before the end of this year.

We are currently setting up a reference library in memory of Rosemarie Urban. Rosemarie left us a large amount of quality student assignments to add to the library. These will be for reference only and not allowed to be borrowed. The National Board has also donated \$200 in order that we can buy some more reference books and help set up the library in memory of Rosemarie.

James Flaxman

VIC

Well September and October has seen a flurry of activity here in Victoria. We've had many members volunteering their precious time during World Reflexology Week in various capacities such as, treatments at the Positive Living Centre (a day centre for people living with HIV) and MECWA (a group of young brain impaired people). More recently the RAA been seen at the ASIC Melbourne Marathon and a Healing and Wellbeing Festival at Flemington...Not to mention a Trade Show at the Natural College of Medicine in the city.

We are also looking forward to a reflexology day for staff at Bethlehem Hospital here in Melbourne and possibly another walking marathon along the Yarra River later this month. I feel that we have been lucky to get the numbers of volunteers we've had in recent times considering how busy people are these days. So we are now having to look at different ways and means of promoting Reflexology.

Behind the scenes many of our members have been working diligently, taking our Association to the next level as a professional body. Sandra Dallimore for one, has been busy writing and collating policies and procedures for our National body (not to mention editing our September newsletter) while Jennifer Rigby has recently coordinated the first meeting of the Victorian Medical Liaison Group.

Over the past few months we have also seen another footswap run in the Western suburbs of Melbourne. So now we have Footswaps in the East and the West and are happy to see both students and professional members attend.

We are also very proud of the fact that our records of attendance to our Branch meetings are averaging 50-60 people these days. We place emphasis on supporting our new members and encourage their participation as a way of getting started. We have also had some interesting key note speakers such as Jack Lim (Qigong master) and more recently two podiatrists called Claude Tobgui and John Sfinas enlighten us on gait analysis and some commonly seen conditions of the feet. Emma's note pads have been selling like hot cakes and I am excited at the prospect of modernising our RAA shirts and wardrobe in the future.

Our education calendar continues to be popular with some interesting workshops such as Metamorphosis (with Emma Gierschick), the Alexander Technique for Therapists (with Paul Cook) and our biannual First Aid Update (The Green Triangle) being held over recent months.

Unfortunately, as with all committees and key people, we have seen some recent changes. I wish to thank Natalie Baker, Lillianna, Olive lane and Lyn Fava for their voluntary services and wish them all the very best. We now welcome Sandra Limpick and Julie Morton on board.

Cheers, Katy Hannah



VRT Workshops 2006

Vertical Reflexology as developed by Lynne Booth is a powerful NEW way of working. In the Basic and Advanced workshop you will learn :

- to use the dorsum reflexes on the client's feet
- new synergistic hold technique
- new diaphragm rocking technique
- to work Zonal Triggers and Neural Pathways

BASIC & ADVANCED WORKSHOP

W.A. - PERTH

When: 25th & 26th MARCH 2006 (Sat & Sun)

Where: Barry Harwood Study Centre WEMBLEY

Cost: \$240 for 2 days Benefits: 15 CPT Points

ADVANCED VRT WORKSHOP

QLD – GOLD COAST & BRISBANE

In this workshop you will consolidate your Basic techniques and learn the Advanced techniques.:

- working with Zonal Triggers and Neural Pathways
- Plantar Stepping & Palming
- working routines for specific conditions (Pre-requisite – Basic workshop completed)

When: Gold Coast – Friday 17th February 2006

When: Brisbane – Saturday 18th February 2006

Cost: \$110 per day Benefits: 7.5 CPT Points

For further details or application forms

Contact Cherel Sue Waters – 02 4341 2209

Email : cwreflex@bigpond.net.au

State Matters (cont)

NSW

Our NSW Branch meetings have taken on a different format to encourage more members to attend. Last month Mark Ninio, an holistic podiatrist, gave a talk to a keen group of listeners, covering such topics as foot function and how it affects upper body balance, foot mechanics, pronation/supination, treatments and plantar fasciitis. One member said *"I felt it was the recap we had to have—he is so progressive, professional and looks at the whole body picture."*

Our new committee (elected in May this year) are vibrant and enthusiastic, with new ideas to discuss. Our Christmas party is an event eagerly awaited, particularly with a laughter therapy session included.

NSW is still looking for a second Director to work with me, so please consider this role. Last month I travelled to Hobart for the AGM and it was timely for me to meet the other Board members and to observe the dynamics of the Board. I have taken on the role of Sponsorship and Secretary to take a more active part in the running of the Association.

On a personal note, I do voluntary reflexology for the Anglican Retirement Village at Castle Hill, in Sydney and in appreciation the volunteers were afforded the opportunity to meet the Governor General of Australia, His Excellency Major General Michael Jeffrey and his wife Mrs Jeffrey at Admiralty House, which is on the shores of Sydney Harbour. His Excellency spoke in glowing terms of the volunteer spirit in our country. Champagne and excellent nibbles followed but my special moment was when I met the Governor General who spoke about a shoulder problem and I was able to demonstrate on his hand the reflex points for the shoulder. Is this promoting reflexology, or what ????

Judee Hawkins, NSW State Director

WA

Well there has been a fair bit happening over here in the West since the last issue of Footprints. We enjoyed a fabulous study day on Chi Breathing with Robyn Hudson in September. Even though this took place on Father's Day, we had a good turnout and everyone enjoyed Robyn's guidance through a couple of techniques. I don't know about anyone else, but I have used one of the techniques designed to make exercise less 'lactic' with great success!

A special workshop was conducted in October by Swiss priest Father Joseph Eugster, who presented his Rwo Shur method to about thirty lucky participants. Anyone who attended his presentation at the 2004 National Conference will know what a treat this was.

Brigitte mentioned in the last WA update that The Cancer Support Centre at Sir Charles Gairdner Hospital is highly involved in presenting complementary therapies to cancer patients. The next stage in the development in this has been to include 'Complementary Therapy' stickers in patient ward notes. This is a huge step in the acceptance of complementary therapies in main stream medicine, as the hospital is a major teaching hospital in Perth.

On a final note, Brigitte Johnson has resigned as chairperson of the WA Branch and currently I am filling that role.

Anne Young

QLD

Ian Gilbert's Reflexology Path at Stretton on the south side of Brisbane was officially opened on 20 September with the local member and Brisbane's Deputy Mayor and a large gathering of local residents and reflexologists attending. It was a fantastic day with clowns, balloons, face painting, ice-creams, sausage sizzle, music and reflexology. Members of our Association volunteered to provide reflexology treatments for all. This of course was extremely popular.

The success of the official opening was followed by a Reflexology in the Park Morning as part of the Brisbane City Council Active Parks Program on 16 October to introduce people to reflexology and the new Reflexology Path. Volunteers will again be on hand to provide reflexology to all and guided tours of the path will be conducted as well. A second morning as part of this program will be held in early December. I'm sure this will continue to be a popular part of the Active Parks Program.

Foot swaps were the order of the evening for the August and October meetings. As always these evenings where we can care for each other are very popular and enjoyable.

The September meeting was very different and very interesting. We had two guest speakers to introduce us to the wonders of Binaural Sound Therapy. These gentlemen have developed sounds – not music – that relax the human brain and hence the body on a number of different levels. After an explanation of this intriguing therapy, we had the opportunity to try it out ourselves. Each member received a set of headphones through which we could hear these remarkable sounds. We were asked to close our eyes and just relax as the sounds played through our headsets.

The chance to try a second CD had some of us lying on the floor for complete relaxation as we drifted off with these unusual sounds. This is a very profound relaxation experience and we could see application for clients that have difficulty relaxing in our clinics. Clients could listen to these sounds as we are working on their feet. It certainly would lead to a greater relaxation and hopefully a more effective balancing of the body. All in all an exceptional experience.

As the festive season approaches, we in Queensland wish all a Blessed and Happy Christmas and New Year. We look forward to more exciting times with reflexology in 2006.

Maxine Kohn

~~FACIAL REFLEXOLOGY~~
With

Lone Sorenson Lopez
From Denmark and Europe
4 Days - Modules 1and2
Her own development over 23 years

Don't miss
this wonderful opportunity

===Perth W.A.===

July 13,14,15,16, 2006

Enquiries and Bookings:

Robyn Forshaw 08 9272 2931

Book Review

by Graeme Murray

Title: Auriculotherapy Manual

Author: Terry Oleson, PhD,

Publisher: Health Care Alternatives

ISBN: 0-9629415-5-7

Price: Approx \$90

This 260 page spiral bound book would possibly not be the cheapest book on your bookshelf, but it is definitely up there with the best.

The ear reflex points in the book are based upon extensive research conducted at the UCLA Pain Management Centre. The text provides a standardised auricular nomenclature system for designating different anatomical zones of the ear. Each ear point is represented by both a number and an auricular zone location.

Treatment plans are listed for over 250 medical conditions. It combines the best work of both the Chinese and French systems of auriculotherapy and has been successfully used by many different therapists to relieve chronic pain and treat addictions, etc.

To say the subject of auriculotherapy was covered comprehensively would be an understatement and there is just not enough space here to do it justice. An overview of the subjects covered include the history, theoretical basis of auriculotherapy, anatomy of the auricle, auricular zones and somatropic representation of the ear. Nogier phases of auricular medicine look at the zones for different phases of mesodermal, endodermal and ectodermal tissue. There are also auricular diagnosis procedures, auriculotherapy treatment techniques and treatment protocols.

Nearly every page in the book is illustrated either with drawings or photographs. These include different tissue types, frequency rates of the auricle, depth view of the ear (represented by open and solid squares and circles) and anatomical regions of the ear as well as auricular landmarks and their relationship to each other. A full page illustration shows all the zones representing different areas of the body and whether the points are either raised, hidden, deep or posterior. Each somatropic area of the ear is extensively illustrated, often with photographs showing the points. This makes finding the points on a client's ear relatively easy.

Different treatment techniques are described, such as acupuncture, electrotherapy, ear magnets, etc. etc.

The treatment protocols are extensive with excellent coverage of various conditions, and the auricular points to be worked for each condition. The book comes with a full colour chart of the auricular microsystem points and anatomical zones of the ear.

This book is so comprehensive I can't think of any other book on the subject that would come anywhere near it in subject matter. So if you are interested in adding auriculotherapy to your CV, start by getting this book.

For information on where you can buy this book, please phone 02 4976 3881.

**Pharmacology —
Commonly Used Drugs****Musculoskeletal System****Nonsteroidal anti-inflammatory drugs**

ACTIONS: interfere with the production of prostaglandin and have anti-inflammatory analgesic effects.

USES: Inflammatory forms of arthritis (osteoarthritis, rheumatoid arthritis, ankylosing spondylitis, acute gouty arthritis), dental pain, dysmenorrhoea, acute and chronic inflammatory pain states, headache, post-operative bone pain.

ADVERSE EVENTS: GI upset, rash, pruritis, dizziness, headache, nervousness, tinnitus, oedema.

EXAMPLES: Voltaren, Brufen, Nurofen, Indocid, Naprogesic

**Letters to the
Editor**

I would like to express my deep appreciation to Sue and Graeme for an extraordinary effort in their roles as editors of FootPrints. They have created a very professional product and have extended themselves for the benefit of all for nine years.

As I said, an extraordinary effort.

Nita Kent, NSW



Bringing the Balance back to the Meridian Channels

Health & Vitality are an effective aid to the body's aid of compliance.

Ever more, today with our lives ever so busy, continually on the go and becoming more in need of equilibrium.

Esparo solutions are proud to introduce as part of our range the Meridian Monitor®. The Monitor allows for a very effective way to record the functional state of Meridian Channels and the Organs of the body in terms of energy excess or Deficiency. By testing the 12 Meridian Channels you can quickly identify the Imbalances in the Human Body and then proceed to treat those imbalances accordingly. The machine is:



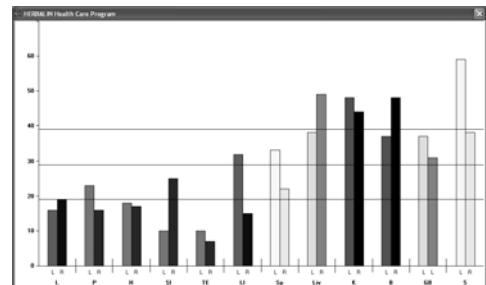
- Non invasive patient test
- Faster, Easier health Assessment (10 minutes) with easy to read Graphs (sample below)
- Faster improvement in your patients' health and wellbeing resulting in:
 - Increased patient confidence in you
 - Increased patient commitment to you
 - Increased client base through referrals
 - Improved patient/practitioner relations
- Increased confidence and ability as a health Care professional

The system is simple to use and comes with an accurate manual containing diagrams of measuring points, explanation of Rydoraku, Traditional Chinese Medicine, Meridians, Yin and Yan Organs & Qi Circulation, Five element chart, Zang-Fu, Organs and their Correspondences, Functional Inter-relationships, etc.

Options:

Outright purchase:	\$3,300 (ex gst)
1 day rental option	\$ 150*
1 week rental option	\$ 500*

* conditions apply



Call us today

Rebecca - 0410-779217

Gab - 0411-606050

www.esparo.com.au

REFLEXOLOGY ASSOCIATION OF AUSTRALIA PRODUCT GUIDE

THE REFLEXOLOGY ASSOCIATION OF AUSTRALIA
COMMITTED TO SUPPORTING
PROFESSIONALISM IN REFLEXOLOGY



Official Receipt Books
Places for information
required by health funds
\$15.00 + \$3.00 P&H
(GST incl)



Jute & Calico
Carry-all
\$8.50 ea (Incl P&H/GST)



Reflexology Association
Bumper Sticker
Spread the word with
Reflex blue attention grabbers
\$1.00 ea (Incl GST)

ALL MERCHANDISE
CAN BE ORDERED
THROUGH
THE REFLEXOLOGY ASSOCIATION
ADMINISTRATION

PO BOX 253
WYNNUM CENTRAL
QLD 4178
OR PHONE
JENN COOPER
(07) 3396 9001



Reflexology Association
Brochure
Increase your professional profile.
Information on basic principles,
benefits, history & what to
expect from a session.
100.....\$27.50 200.....\$37.50
300.....\$37.50 400.....\$57.50
(Incl P&H/GST)



Reflexology Power Point Presentation
PC based - a must for any presentation or promotion
of reflexology. Designed for use with laptop
or overhead projector. Information includes overview,
history, and benefits with space for inserting specific
information for your audience.
\$20.00 ea (Incl P&H/GST)



Reflexology Association
T-Shirt
Smart, professional appearance
in crisp white with navy
embroidered detail.
65-35% poly/cotton mix
Sizes 10-18
\$32.50 ea (Incl P & H/GST)

Continuing Professional Training Requirements 2005-2006

Professional Membership as outlined by the Association Constitution requires the maintenance of current first aid, indemnity and liability insurance as well as evidence of on-going professional training; professional members must accumulate 20 CPT points per annum 1 July to 30 June. CPT provides a simple assessable means where members can provide evidence of having undertaken annual further training since graduation. It serves to bridge the gap between student status and being recognised as having updated clinical skills and professional knowledge in line with current practice. Further information can be obtained from the Membership Administrator if required.

Annual CPT must include at least one of the first five activities

Activities	Allocation	Limit
1. Attendance at any Reflexology seminars / lectures / workshops	1 per hour	20
2. Participation in Association meetings, groups, regional, practitioner exchange sessions or regional meetings with learning objectives / speakers	1 per hour	15
3. Attendance at a National or International Reflexology Conference	20	20
4. Volunteer Reflexology work or promotion of Reflexology in the Community	1 per hour	10
5. Bona Fide current Reflexology research projects leading to a published paper	1 per hour	20
6. The publication of case studies, articles or reviews for state newsletters or other professional journals specifically related to reflexology	3 per article	10
7. Attendance at any seminars / lectures / workshops specifically relevant to Professional Practice	1 per hour	10
8. Volunteer presentation of a reflexology paper / workshop / seminar to the public or peers	5 per hour	10
9. Involvement at Association Board or branch committee level	10	10
10. Participation on Association sub-committees or working parties	5	5
11. Paid subscription to a Professional Journal relevant to current Practice or Electronic subscription to online journals / research sites related to Reflexology practice or purchase of Reflexology books	1 per subscription	5
12. Travel to attend any CPT activity	1 per 100kms return	10

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

HAND REFLEXOLOGY
[A Text Book For Students]
Kristine Walker MAR [UK]
A prominent English Reflexologist who has developed techniques and understanding with Hand Reflexology - not only for students. **\$35 p&p**

SUCCESSFUL PRIVATE PRACTICE
Andrew Parr
A step by step guide to setting up, running & building a successful private practice, & attracting more clients.
Tapes and Workbook \$80 p&p
Robyn Forshaw Tel/Fax: 08 9272 2931
1st time in Australia



THE ASSET PROTECTION SPECIALISTS

LEGALLY PROTECT YOUR ASSETS NOW BEFORE IT'S TOO LATE!

FREE REPORT & DVD VALUED AT \$59 AVAILABLE CONTACT YOUR ASSET PROTECTION CONSULTANT

HELEN HOFF

HT INVESTMENTS

FOR SALE REFLEXOLOGY CENTRE AUSTRALIA

Ideally situated between Brisbane and the Gold Coast This government accredited training organization is for sale on a WIWO basis.

All registered course materials and on-going student registrations are included in the price of \$75,000 + SAV.


Initial enquiries from genuine, interested buyers to

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 the Reflexology Association of Australia?

Phone: **07 3396 9001**
and request a membership form
or download one from our website (see p2)

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*)

Associate & Intermediate membership also available

Events 2006-7

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

- Feb 2006 South African Society Biannual Conf., Durban. www.sareflexology.org.za
- May 2006 Reflexology Association of America Biennial Conference, Tuscan, Arizona, USA www.reflexology-usa.org
- Sep 8-10 '06 RiEN Conference, Ireland www.reflexeurope.org
- Oct 21-2 '06 Reflexology Association of Australia, National Conference, Adelaide, SA suzannep@esc.net.au
- Jul 5-7 2007 Association of Reflexologists National Conference, Coventry, UK www.aor.org.uk
- Sep 15-6 '07 ICR Conference, Cairns, Qld www.icr-reflexology.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	\$200
Half page	13 cm deep x 18 cm wide	\$110
Quarter page	13 cm deep x 8.5 cm wide	\$ 60
Eighth page	6.5 cm deep x 8.5 cm wide	\$ 40*
*If booked in advance for a full year without copy change,		\$120

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

Inserts

Per A4 sheet: to all States \$200; to an individual State \$0.50 per copy

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
Camberay 2062
NSW
Australia

Editors

From January 2006 there will be a new editorial team.
Please contact Jenn Cooper on 07 3396 9001
or reflexologyadmin@tpg.com.au for contact details

Desktop Publisher

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

Mailout

Kerrie Baldock
Ph: 02 9371 4380
1 Chaley St,
Rose Bay, NSW 2029
*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
September issue: August 1

June issue: May 1
December issue: November 1