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# LETTER FROM THE BOARD



Dear Members,

It is with the twin emotions of sadness and relief that I write this my last letter to you as President of the Reflexology Association of Australia. Sadness to come to the end of my term of service to you, the members and relief that the responsibility is now over and I shall have more time for other things!!! By the time you read this all the branch

ABMs will have been held and a new group of volunteers will have taken up the challenge to carry the RAA forward in its natural progression. This is as it should be, constantly emerging different energies to provide the best possible ideas.

The new Board of Directors will be formed at a teleconference on July 6<sup>th</sup> with the executive positions being decided then. These will be formally accepted by the members at the AGM, which will be held in Hobart on 15<sup>th</sup> October. At this stage it is thought that at least three of the current directors will still be in place to offer some stability and guidance.

It is with inordinate regret that I inform you that the co-editors of FootPrints, Sue Ehinger and Graeme Murray have resigned their positions, effective December 31<sup>st</sup>. Ronda McKay, the distribution person, has also indicated that she is unable to continue in her role. Sue and Graeme have been involved with the journal for nine years and their contribution to the RAA is inestimable.

Their commitment to the task has been unswerving and I have to admit that as a board we have been very remiss in not recognising their value often enough. I deeply regret that under my leadership, we have allowed complacency to exist, largely due to the quiet efficiency of this team. So, please to you all, Sue, Graeme, Val and Ronda our sincere thanks for the work you have done, without complaint, for so long.

The board now faces the challenge of finding new editors - Val has indicated that she will remain part of the new team for the time being at least. Please read the advertisement located elsewhere in this edition of the journal.

My report of the recent face-to-face board meeting held in Brisbane can be found in this edition and copies of the minutes will be made available for members' perusal at branch general meetings.

So, I come to the end of my last letter from the board! It has been an honour to serve you and to meet so many of you at the WA conference. I look forward to many more opportunities to share a collective experience and to wonder at the joy of reflexology!!

Kindest regards,

Jan Williams, President.



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### June 2005.

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*This issue:*

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# REFLEXOLOGY ASSOCIATION OF AUSTRALIA LIMITED

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## 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](http://www.reflexology.org.au)**

## Editor's Corner

We hope you enjoy this issue of FootPrints which has as its focus fertility and pregnancy.

As you will see elsewhere in this issue, Graeme and I are retiring as editors at the end of this year. It has been an enriching and personally rewarding experience for both of us. We can only encourage any member or members who are interested in taking on this role to contact Sue to discuss what is involved.

The role is certainly most suitable for a small group of people. With the advent of emails, faxes etc. the editorial team would not even have to live in the same State as each other.

Please keep your contributions coming. We appreciate every article you send.

Warm wishes from Sue and Graeme

# Report from the Association Board Meeting

(held in Brisbane, April 2005)

By Jan Williams, President

The second face-to-face meeting of the 2004-5 membership year was held in Brisbane during the weekend of 9-10 April. Due to the resignations of both NSW directors, the chairperson of that branch, Ron Major attended as acting director. Libby Stark from Queensland is acting director for that branch as Pat Maclean resigned some months ago and Margaret Brown from South Australia stood in for James Flaxman who was on a much deserved holiday. This was Jo Impey's first board meeting. She is the Victorian Director replacing Natalie Baker. Vicki Delpero, Emma Bettles, Richard Bird and I made up the rest of the board representation and Cherel Waters as book-keeper and also Company Secretary reported to the board for a short while on the Sunday. Jenn Cooper attended to take minutes and generally look after us and what a great job she does!!

It is not my intention to supply the minutes of the meeting in this report, simply to give you a general idea of how things progress with the RAA. The minutes of the BM will be supplied to each branch via your Directors and the document is available to all who wish to read it. Regional members may like to receive the document by e-mail, if so please contact Jenn Cooper, Membership Administrator.

The first items on the agenda to be agreed by the directors were that a CPT sub-committee should be formed, made up of interested members from all branches and overseen by a director. This project will start once the new board is formed and the jobs are distributed. Also agreed was the suggestion that newly graduated members should only need to acquire 10 CPT points in their first year of membership. The reason for this is that these members have only just finished their course and have spent vast amounts of money doing so. They are now required to spend even more setting up their practice and it seemed fair to expect them to only attend a few meetings. This is also a good way to encourage new members to actively join in from the beginning.

On the Saturday morning the RAA webmaster Steve Soars came to talk to us about ideas for re-designing the website. We have to make significant changes to remove all reference to the abbreviation 'RAA', so it seemed a good opportunity to revamp and modernise the website. It will be more informative and more interactive and can be accessed by members and the general public. At the moment our website is accessed 10,000 times each month - a staggering number of opportunities for us to make a very good impression! The board agreed that a total re-write of the RAA website is a much better option than trying to re-vamp the existing one and Steve was given the go ahead to start the project. James and Jenn will be in constant touch with him ensuring that our needs are properly met.

Some of the changes members can expect are: branch newsletters on-line, indexing of Footprints articles for research purposes, an index of other research articles, links to members web-pages for a small fee, clear listings for practitioners, revenue opportunities through banner advertising and a link to a help or advice line for members. Further opportunities will become apparent as the project progresses. This is an exciting move, reaching out not only to our members

but also to the public and our international peers.

It seemed obvious when discussing the website that we really do need a website administrator to work closely with Steve and James and Jenn in order to keep the website as current as possible and to run the help facilities. The board agreed to continue discussions by e-mail to reach the best possible outcome. If any member has a real interest in things technological and would like to be involved please contact your director, we would love to hear from you.

The problem of the using the abbreviation 'RAA' has been resolved. I have received a letter from the lawyers representing the Royal Automobile Association of South Australia to say they are happy with our decision to remove the letters from our website and to refrain from using the abbreviation in all printed material, especially that used for advertising. I pointed out that given the language of modern society we could not be expected to change our culture and remove the abbreviation from general spoken communication. This was agreed and the matter is dropped so long as we move on the website changes pretty quickly.

World Reflexology Day/Week will this year support the Asthma Foundation. All branches are asked to arrange their own activities with all money raised going towards this very worthy charity.

In light of the very successful Student nights held in Melbourne and Brisbane in April, it has been decided that each branch should set aside a general meeting early in the year and invite students from all colleges to attend. It is an innovative way to encourage new members and to introduce undergraduates to their future support group. Your directors will be encouraged to write letters of invitation to all local colleges once the date has been decided and to follow these up with a telephone call or personal visit. It is hoped that most teachers of reflexology are members of the RAA and that they can encourage their students to attend.

Emma Bettles from Victoria has designed some notepads, which will be available to purchase at your local branch very soon. These pads will have a foot design and logo on them and will prove very useful in your practice. Emma has also designed some new foot and hand charts a sample of each will be sent to each branch and available at very reasonable cost. Emma also proposed that an advice line be set up for members who may have questions regarding treatment protocols. No decision was made on how this would operate and the board will continue discussions by e-mail.

Finally, it is my very great pleasure to announce two new life members, Heather Edwards and Sharon Stathis both pioneers of reflexology in Queensland who have contributed to the learning of countless professional reflexologists and the early progress of the RAA.

It has been my pleasure and privilege to serve you as the national president of the RAA for the last two years, this has been a time of progress and change. I will now step down and will not seek re-election to the board. It is time for others far more talented than I to lead the RAA in its next stage. JW.

# My Reflexology Journey with Fertility and Pre-conception Problems

By Brenda Seville, Vic

As reflexologists we see many different types of people with many different reasons for visiting us on a professional basis, but sometimes I think we can often end up seeing many different clients with very similar problems. I know in my clinic I occasionally get a “run” of a particular health problem or condition. I think you would agree that most of our business comes via word of mouth and perhaps the reason for this “run” is because clients talk amongst each other about the similar problems they have and share information, particularly if it has been of benefit to them. Many of my clients see me with fertility and pre-conception problems.

Not long after I graduated in 1996 a friend of mine confided that she was trying desperately to have a baby, without much success. She asked for my help and within a few months she was expecting her first child. During this time I embarked on a journey (that I am still on, and probably always will be) to research why people were having such a difficult time conceiving a child. Since then, I have been fortunate enough to help many couples achieve their dream of becoming parents. Some became pregnant with only reflexology (some of which had previously tried IVF and given up); others did IVF in conjunction with reflexology, and I guess at the end of the day it probably works out about half and half. I have never really counted exactly how many babies have been born over that time but I can share with you that out of my clients experiencing fertility problems there were 18 new pregnancies in the 12 weeks leading up to Christmas; three of those women were 43 years old, six women were 41 years old and three women becoming pregnant naturally whilst waiting for their next IVF cycle to commence.

Whilst doing some of my research, I noticed that there was a difference in the reflexes of the feet of those who experienced conception or hormonal problems to those who did not appear to experience any such problems. I would like to share with you a couple of case overviews and some of the information I discovered.

During my research I found that there are numerous reasons for non-conception, including endometriosis, polycystic ovarian syndrome (PCOS), irregular menstruation or no menstruation at all, repeat miscarriages and men with lowered sperm counts. In many cases, pregnancies do not take place **not** because the egg is not fertilized but because the lining of the womb is not conducive to the egg sticking. I discovered several common factors between these clients. As if those problems previously mentioned were not enough, add other issues like blood clotting factors, body pH levels (that is acid/alkaline levels), and antibody problems. Most also experienced a whole range of common symptoms, which included sleep disturbances, cold extremities, and of course stress.

I found great importance in comprehensive record taking and was eventually able to ascertain where a woman was in her menstruation cycle, and usually which ovary she had ovulated from, by where the tender points were on her feet! As I mentioned before, I discovered this by comparing the feet of women who did not appear to experience any hormonal or fertility problems with those who did. I noted what worked, and what didn't. It is rather wonderful when women who attend the IVF program (and for those of you who are not familiar with these programs, patients undergo several blood tests and scans during the course of their treatments to track their progress) come in on their next visit and confirm that they have ovulated from the particular ovary I had indicated and at the time I had indicated.

I usually see my female clients once per week for their first menstrual cycle (approximately 4 weeks, and if the client has gone several months without a period then about 6-8 weeks on a weekly basis) before reducing their sessions to fortnightly for a month, then one session three weeks apart, settling on monthly sessions to maintain. I found this works extremely well. I also found that by doing reflexology every week for those first few weeks, this resulted in, with only one exception, women getting their period within 6 weeks of commencing treatment. This was also true of one woman who had not had her periods for 11 years!

The length of time it takes for conception to occur varies. Some are fortunate enough to conceive virtually straight away, some give up after a few months, sometimes becoming pregnant shortly afterwards, whilst others persist and can take a year or longer. Some do not become pregnant at all.

We all know our limitations as reflexologists (no diagnosing or prescribing etc) but I have no problem making the odd suggestion when it comes to diet and lifestyle. I do, of course, always back that up with the offer of verification from their doctor. My treatments vary considerably depending on where a woman is in her cycle, this includes the amount of times I use a particular reflex and the pressure involved.

The reflexes I pay particular attention to are not that surprising. The ovary reflexes, of course, and I also use the ovary reflex at the base of the foot that Susanne Enzer teaches in her maternity reflexology workshop. I concentrate a great deal on the fallopian tube reflexes, and the chronic uterus reflexes. I found that the changes in energy and pain along those particular reflexes actually vary during the cycle. This can indicate if a woman is low in oestrogen or progesterone and affects how I work. I use the area of the foot where the fallopian tube reflexes are to tell me where a woman is in her cycle, and can occasionally indicate pregnancy (although recorded on their sheet I do not share that information with the client until later).

The pituitary gland, hypothalamus and pineal gland reflexes

## My Reflexology Journey with Fertility and Pre-conception Problems (cont)

are vitally important and sometimes I will strike these reflexes maybe 30 times in a treatment, at other times I would use reflexology sedation techniques (learned from Moss Arnold's chi reflexology) to calm the system down. The pancreas, liver and kidney reflexes play an important part of the treatment of a client who has polycystic ovarian syndrome, which makes sense when you consider that doctors often prescribe diabetic drugs to these patients.

I have found over time that some doctors are now quite accepting of reflexology. A client told me a while ago there is now a sign in one of the IVF clinics recommending reflexology prior to an IVF cycle, and I have, on occasions, had clients referred from the clinic nursing staff. However, not all the doctors are quite so accommodating and I still believe we have a long way to go. I communicate whenever I can with doctors and refer to both doctors and haematologists if the need arises. It is my belief that we need to work together for the best outcome of the patient.

A couple of examples of success stories are as follows. One 47-year-old man, and his 41-year-old wife were referred to me by a clairvoyant. She told him during his reading that he would have two children; his reply was that it would be impossible, as this man had been told some 20 years earlier that he was completely sterile! The day he came to see me he brought along recent sperm test results which indeed showed a **zero** sperm count and of course a **zero motility** rate.

I told him I thought I could not help him. However, he was quite insistent that I could, (based on the clairvoyant's reading I guess). When you consider that although men make fresh sperm in their bodies on a daily basis, it has to go through a maturation process of approx 72-78 days before the sperm is ready to ejaculate. To explain this a little further, the sperm starts off in the testes as juvenile sperm where it spends approx 50 days, it then moves to the epididymis (a mass of small coiled tubing attached to the testes) this is where it grows its tail and if you like, learns to swim!

The sperm then moves to the van deferens where it combines with seminal fluid and sits and waits for ejaculation. If ejaculation does not take place then it is broken down and eliminated from the body in the usual way, and so the process continues. It is therefore paramount how a man treats his body 3 months prior to conception. An alcoholic binge, marijuana use, a virus and even drinking large amounts of coca-cola can all have a bearing on the health of the sperm.

Considering all of this, I decided if I were to see him I would need approx 3 months to make any difference. He had a fairly unhealthy diet and consumed large quantities of tea and cola each day. I made some suggestions to improve his diet. I also had some information with regard to arginine, an amino acid that needs to be present for sperm production and suggested he visit a naturopath with regard to this. He chose not to but decided to take an arginine supplement for 3 to 6 months (the information I had suggested long term use was not good for the kidneys).

During our sessions, I worked on the reproductive and endocrine reflexes extensively including pituitary gland approximately 30 times per foot per treatment. After 2 ½ months I sent him for another sperm test, which came back with no change...zero. Not wanting to waste the man's money I suggested he have a testicular biopsy, a procedure where the doctor removes fluid with a fine needle from the testes to see if there is juvenile sperm present (incidentally a test which had also previously been done, with negative results). The doctor indeed found juvenile sperm and suggested the man and his wife were good candidates for IVF. Later that year they had a little boy.

A 29-year-old woman with polycystic ovaries was also referred to me. Polycystic Ovarian Syndrome (PCOS) is a condition that can affect a woman's menstrual cycle, fertility, insulin production and hormone levels. Each month, in a woman with normal ovary production, an average of 20-25 eggs start to mature from the tiny fluid filled sacs (follicles). Most commonly only one becomes a leading follicle or dominant sac and will release an egg (ovulation). In women with PCOS the ovary does not make all the hormones it needs for any of the eggs to fully mature, instead some remain as cysts.

Since ovulation did not occur, the hormone progesterone is not made in sufficient quantity to allow regular menstruation. This lady had 36 cysts on one ovary and 33 cysts on the other. She wanted to have a baby and had not had a period in 15 months. She was of normal weight but often experienced sugar and starchy carbohydrate cravings. Researchers are currently looking at the relationship between PCOS and the body's ability to make insulin, usually women with PCOS make too much insulin, and it is possible that the ovaries react by making too many male hormones (androgens). With this in mind, I worked her feet concentrating on the reflexes used for diabetes (Pancreas, liver, endocrine system)

I avoided stimulating the ovaries, and performed some sedation techniques instead. I avoided over use of the pituitary gland reflex (probably 6 times per foot) and as usual, within 6 weeks she had a bleed. Approximately 4-5 weeks later she had not had another period despite the fact that her feet indicated she had ovulated. After performing a pregnancy test she found she was indeed pregnant. She also had a little boy. This lady continued treatment for a while after the birth of her son and to my knowledge, has had regular periods since.

I am still learning and the more I learn, the more I realise how little I know, and I know I will never stop learning. For me, (I know my family will agree), it has become somewhat of an obsession, nevertheless, an enjoyable and fulfilling one. I constantly feel privileged and humbled by the gratitude of these clients. I am truly proud and honoured to be part of this wonderful modality.

# Reflexology in Pregnancy and Childbirth - Sharon's Baby (A Case Study)

By Sarah Brown, MAR (UK)

I first met Sharon in 1997 when she first came to me for a massage. She liked it so much, she sent her mother along too. This was not frequent as Nancy lives in New York! In March 2000 I qualified as a reflexologist, and Sharon had heard all about my course as it progressed.

In April 2000, Sharon came for a massage and told me she was pregnant with her second child and decided to book for a reflexology session next time for antenatal treatments as her baby was due mid November.

## First treatment - 4 months pregnant June 2000

This was Sharon's second pregnancy, she already had a healthy son who was four, and he had been born by emergency caesarean section following a long hard breech labour. It had been a very tiring pregnancy and Sharon remembered feeling very anxious.

### Aim of reflexology treatment

- Relieve nausea
- Ease tiredness and help poor sleep
- Help ease constipation

As anyone who has either been pregnant or looked after someone who is pregnant will know, these are all very common ailments that may make women feel wretched. One does not get much sympathy, as pregnancy is not an illness and media images abound of superwomen who achieve great things. Most of us continue our work and childcare grinning and bearing it, if we do bloom it is a real bonus! I felt sure that reflexology could help as it is so good at balancing the body, and it would certainly help to relax Sharon.

### Feet during first visit:

Sharon's feet were very well cared for, supple and healthy

### Reflexes that seemed unbalanced:

- Mouth
- Neck - an old injury
- Shoulders
- Lung
- Stomach - really low energy here
- Transverse colon
- Kidney on right foot and bladder on both feet

I gave a full treatment with the emphasis being very much to relax Sharon. She was feeling pretty tired as she has a very demanding teaching job and a lively son. The nausea and vomiting was really getting her down. I was mindful to acknowledge the reproductive reflexes and not over stimulate them.

Sharon really enjoyed the treatment and was surprised at how relaxed she felt. She said that she felt she had been on a guided journey! She rebooked for the following month.

## Second treatment -22 weeks pregnant

Reactions following last treatment: Sharon was very pleased that her constipation eased within a week of the treatment, and it never returned during the pregnancy. We both felt certain that it was the reflexology that helped.

Today, Sharon felt very sick and headachy. Also totally

exhausted as her son has had chicken pox. She also was experiencing cramps at night. We discussed diet and fluids, Sharon was doing the best she could but knew she had to drink lots of water.

### Reflex focus - A full treatment given

Aimed to help the endocrine system. I recommended that Sharon got as much rest as possible. At the end of the treatment, she asked me to give her reflexology during her labour, I said yes quickly, and said I would do some research through the summer. Next appointment was fixed for September following the holidays. Her headache was much improved.

### Third treatment -29 weeks pregnant

As luck would have it, our local reflexology support group had a whole evening about reflexology in pregnancy and labour. Two wonderful practising midwives and reflexologists came and talked to us about their experiences with women. It was a fascinating evening and they were both very encouraging to me. They both recommended a book by Susanne Enzer, an Australian midwife who is also a practising reflexologist, details at the end. I found this book very helpful and worth reading if you are interested in this area.

Sharon came for her third treatment, the sickness and nausea was loads better but she was now suffering from indigestion and exhaustion.

### Reflex focus - A full treatment given

I gave extra attention to the liver and whole digestive system, the colon seemed dry. Interestingly, both uterus reflexes felt puffy and remained so throughout the rest of the pregnancy - was this the baby now? I felt certain it was, and from now on, I always felt there were three of us in the treatment room! Sharon told me she was feeling far more relaxed in this pregnancy~ even though she was so tired.

### Treatments 4,5 and 6- 33, 38, and 39 weeks pregnant

Sharon was progressing well, she found the last few weeks at work difficult, but was surrounded by kind colleagues who were all very supportive. She stopped work at 35 weeks gestation - not much longer to go. Sharon said the baby would not be late and was due the day after Thanksgiving.

### Reflex focus

Sharon's symptoms were very much tied up with poor appetite due to the growing baby taking up room in the abdomen; this was also making her breathless. I worked the appropriate reflexes accordingly. This was reflected on the left foot particularly, in that there was far more dry harder skin over the lung reflex. Sharon was also getting internal abdominal pain, the midwife had reassured her that everything was fine and it was due to the baby pressing on nerves. Sharon's left foot was now significantly hotter at each visit, I wasn't quite sure why but put it down to hormones! We now agreed that Sharon would come for weekly treatments until the baby came.

At the 6th visit when Sharon was 39 weeks pregnant, all was well, the baby was now engaged. This means that the baby's head has gone down into the mother's pelvis and is good news. Sharon had a better appetite as there was more

## Reflexology in Pregnancy and Childbirth (cont)

room for her stomach to receive food and labour could not be far away. She was now having lots of practice contractions that are called Braxton Hicks contractions. These show that the uterus is gearing up for the work to come!

I was now on standby and we had agreed that if possible I would come and give Sharon a full treatment in early labour before she went into hospital

### **Treatment 1-39.5 weeks pregnant**

Two days before our arranged appointment, Sharon rang me to say she had had a "show" that morning and had been experiencing strong Braxton Hicks all weekend. I offered to go round and give her a treatment at home to relax her (and me!) And give her body the best start to labour.

It was a lovely visit for me, we sat on Sharon's bed with both her cats and I gave her a gentle treatment. Sharon was happy and excited, she had been cleaning her house like mad, and we both laughed as she was obviously experiencing a nesting instinct! Her feet seemed quite different to the prior visit; both heels were really damp. This time I knew for sure that this was hormonal as labour was just around the corner. Afterwards, Sharon said that while I was working the left foot she started to have strong regular \ contractions!

She was very relaxed and decided to stay on the bed for the rest of the afternoon. We arranged an appointment for two days time, if we had not met before!

### **Labour and childbirth**

36 hours later I got the phone call from Sharon, "my waters have gone and I'm having very strong contractions". It was 2am and the only commitment I had that day was to see Sharon; this baby had timed it just right!

As I drove along deserted streets to the hospital I was feeling very excited, but realised that I was not just there for these parents, but I was representing reflexologists everywhere! I need not have worried, as the welcome I received from all the staff, midwives, doctors and ancillary people was tremendous. Everyone was fascinated, and extremely encouraging.

At 2.30am I entered a labour room to find a happy looking Sharon and a rather tense looking husband Peter! She was being admitted by a student midwife, Nicky and her midwife mentor, Louise. We were the team! The midwives went out of their way to ensure that Sharon and Peter felt comfortable and informed and that they and I had copious tea, water etc.

Sharon and I decided that I would give her a full treatment on the bed, while she was admitted and monitored.

### **Aim of treatment during labour**

- Relax Sharon
- Give her encouragement
- Support the whole endocrine system and reproductive system
- Support the body to give birth
- Pain relief by stimulating natural endorphin release
- Help encourage natural energy release

I managed to do the full treatment, pausing when Sharon had a contraction, and just working the solar plexus points. She said that this was extremely helpful, as it gave her a point to focus on, and I think it helped her stay grounded.

The next couple of hours were spent with me working

Sharon's feet during contractions and Peter doing sterling work with the flannel, tea, and sweets and sorting out the music! My aim was very much to top up all the work I had done initially and to encourage the uterus to work efficiently and push out the baby, as nature intended.

As Sharon had experienced a previous caesarean section there was a risk that the uterus may not contract easily as there was a scar on its wall. The midwives kept regularly checking things to make sure all was working well, and that there was no danger of the uterus rupturing.

Sharon kept very mobile during this part of the labour; this was very good as gravity naturally helped the descent of the baby. I found I could still work her feet by sitting down on the floor and working the feet from the dorsal angle and the sides. I must say! wished I had attended Lyn Booth's vertical reflexology course, something for the New Year perhaps! (I have since done this workshop and I highly recommend it). The midwives had thoughtfully provided us with mats and beanbags, so I was quite happy to crawl about on the floor!! Also I am quite flexible due to my own yoga practice, therapists must remember to look after themselves as well!

### **Mid labour**

At 5.30am it was time for Sharon to be examined by the midwife, so this was a good time for me to have a banana! They told her that she was just about halfway dilated. It was at this point that Sharon got very despondent and could have lost control, however, she seemed to really calm down and find some more reserves of energy after I gave her some more treatment. I really concentrated on working the relaxing reflexes and the coping point that is between the 2nd and 3rd toe dorsal side of the foot - see Susanne Enzer book. Also I worked the diaphragm to help control breathing and emotions.

The midwives suggested that Sharon get in a bath to help soothe the painful contractions and backache. They had found that the baby was in a posterior position, which means that the baby's back is lying towards the mother's spine. This makes labour slow and very sore in the back. We found that it was helpful for me to sit by the bath and stick my hands in the water to give the feet some extra aid during contractions, I just held the solar plexus points as best I could!

### **End of first stage of labour**

It was at this point that Sharon decided to have some pethidine, as she was getting very tired with the thundering contractions. The midwives administered this at 7.15am. Sharon liked to know how we all were, and I found this so touching that she still had time to consider her team, despite it all!

### **Second stage of labour**

At 7.30am Sharon started to have a very strong desire to push, and the midwives felt that the signs were positive for her to do this. Unfortunately this corresponded with was very much one of being there for Sharon and also to help Peter. The student midwife stayed on to see the birth. During the pushing stage I was mostly holding Sharon's left leg and foot, so I worked the uterus and nervous system as best I could.

It was a very emotional time for everyone in that room, we

*(Continued on page 8)*

## Reflexology in Pregnancy and Childbirth (cont)

(Continued from page 7)

all played a part in encouraging Sharon to find the stamina to work the hardest she had ever worked in her life! She later said to me "no wonder it's called labour"!

### Delivery

In between the contractions I tried to relax Sharon by working her hands and getting her to let them go. We were all revived by the spirit and energy of the new midwife Mary. her Irish warmth and vitality really seemed to help everybody.

At 8.45am the midwife and doctors discussed with Sharon and Peter that the baby was now showing some signs of distress and that it would be advisable to help the baby out with a vacuum extraction. It was put to Sharon that she had pushed the baby almost all the way out, but it just needed a hand to be lifted the last part of the way. Things got a bit medical and technical, but the Doctor was very encouraging to all of the team, and most of all to Sharon and Peter.

At 9.13am the baby slithered out and was placed on Sharon's abdomen, a beautiful girl, welcome Saffron! The joy and relief of everyone in the room was palpable, I felt so lucky and privileged to have been there. Peter looked so relieved and overjoyed! After they had both had lots of cuddles, they gave me Saffron to hold; I stroked her foot and felt that everything was all right in the world! Her little eyes peeped out at me and they seemed to have so much wisdom in them. She arrived the day before Thanksgiving!

The rest of the delivery went fine for Sharon, and she later



told me the baby breast fed like an absolute dream. I went home to bed feeling that I had worked hard but it was so rewarding.

### Post natal

Sharon told me that she could not have done it without the reflexology, she felt that she stayed in control and as relaxed as possible. Her stitches all healed up really well and breast feeding was very successful, the baby gained 3oz in her first week!

### Summary

I would recommend having or giving reflexology in pregnancy and labour, be flexible in mind body and soul! It will be a fantastic experience for you.

### Tips for reflexologists

- Treat in pregnancy so you get to know your client
- Stay within your personal limits - if you are unable to treat in labour tell her early
- Read around childbirth and talk to friends and midwives
- Take bananas!

### Book information:

*Maternity Reflexology, a Guide for Reflexologists* by Elsa Reid and Susanne Enzer. ISBN 0 646 31392 4, Published by *Born to be Free and Sole to Sole publishing*

*Vertical Reflexology* by Lynne Booth. ISBN 07499 21323  
Published by *Judy Piatkus Ltd.*

About the author Sarah Brown: I am a qualified nurse and midwife, although I didn't practise midwifery after qualifying. I worked as a health visitor for four years before having my two boys. I was a breast-feeding counsellor for over 6 years. My love of working with mothers and children has not gone, as I teach baby massage. As well as being a reflexologist. I trained with Rosalind Oxenford in Bath. I am fascinated by this work and feel I have found my niche!

Many thanks to Sharon and Peter for having me, and to all the staff of Southmead delivery suite, Southmead Hospital, Bristol.

*Reprinted from Reflexions, Sept 2001, Issue 64 with kind permission of the British Association of Reflexologists*

## Research

### Reflexology and insomnia

Twenty-two members of the British Reflexology Association (B. R. A.) utilized the Bayley Method of Reflexology with thirty-five clients "to test the effect of reflexology on clients suffering from insomnia and its effect on their everyday functioning."

Clients were assessed at the beginning and the end of the course of sessions with a survey asking about various aspects of insomnia and everyday functioning.

The survey was repeated a month after the end of sessions. Results showed an overall reduction of 25% of the symptoms of insomnia and a reduction of 18% for associated symptoms of insomnia (i.e lack of concentration, anxiety, stress, forgetfulness, indecision, lack of placidness, low energy levels.)

The findings are published in The 2004 B. R. A. Survey of the Effects of Reflexology on Insomnia. The editors highly recommend this published work as a very fine example of research procedure.

B. R. A. members previously conducted Co-operative Research Surveys in 2000 (stress) and 2002 (irritable bowel syndrome) "with many reflexologists working on the same condition and using the same basic method of reflexology."

*Reprinted from Reflexions, Vol 26, No 2, April. 2005  
Editors: Barbara and Kevin Kunz, © 2005 Kunz and Kunz*

# Cranio Sacral Therapy in Reflexology - Advanced Workshop Review By Kim Rusten. NSW

**D**r Martine Faure Alderson returned to Melbourne in September last year to deliver the Basic and Advanced workshops to a very enthusiastic group. We were the privileged beneficiaries of Martine's 35 years of study and research as she presented her revolutionary and extraordinary technique.

The weekend disappeared all too soon as the group absorbed and practised the extensions of the basic Cranio Sacral Therapy in Reflexology. Each new skill was individually supervised by Martine, and by the end of the workshop everyone was competent in the technique.

Research has shown this technique to be effective and efficient in addressing many systemic disorders resulting from lesions of the Primary Respiratory Mechanism including : fluid imbalance in the body, fascia restriction, skeletal problems and trauma or reciprocal tension of the membranes of the brain and spinal cord. Thus achieving remarkable results for conditions such as headaches, hormone imbalance, sinusitis, hip, shoulder, knee problems etc.

Reflexology endeavors to retrace the steps back to the primary lesion via the clients' symptoms and reactions, offering an etiological therapeutic approach. With skilled practice and a strong knowledge of anatomy, remarkable results can be achieved as illustrated by the case studies presented to Dr Faure Alderson by students having completed the

basic workshop last year.

A summary of topics covered in the Advanced workshop:

- Cranial, respiratory and pelvic diaphragms with emphasis on flexion and extension of the SBS
- Drainage of the venous sinuses – useful for head congestion of any kind
- Review of the cavernous sinuses
- Fascia and emotional points
- Chakra / hormone balancing – the connection of spine (CSF), hormones and lymphatics
- Pineal gland and the important relationship with all bodily hormones
- Occipital zones- assessment and connection of observations with the feet
- Hip/shoulder, knee/elbow – specific points for accelerated results
- Clearing emotional cysts

Dee and Carol from the Australian School of Reflexology and Relaxation were wonderful hosts, ensuring the workshop ran smoothly and that interstate delegates were comfortable. They were particularly warm, welcoming and very supportive showing a strong commitment to the development of reflexology in this country.

We look forward to the third workshop in this technique presenting further emotional and spiritual components. Martine is planning to be back in Australia in January 2006.

## FootPrints



### *Do you have Editorial skills?*

**WANTED  
NEW  
EDITOR**

The Reflexology Association of Australia is looking for a new Editor for FootPrints. Our current editors Sue Ehinger and Graeme Murray will leave their posts at the end of 2005 after 9 years producing this fabulous Journal.

The new Editor will co-ordinate a team to produce the quarterly Journal. Qualities ideal for this position are:

- good communication skills; good English language skills;
- good computer skills; good networking skills; good time management skills

Essential needs:: email connection and suitable computer.

This person may be you, or you may know someone who would be very suitable – maybe a client, relative or friend. This is a voluntary position for someone with a love for journalism, or a retired editor who wants to be involved in the production of this quality Journal.

For more details contact: Sue Ehinger or ChereL Waters who will be happy to discuss this with you, and provide a comprehensive job description.

Sue Ehinger – Ph 02 4976 3881  
Email: asrtraining@aol.com

ChereL Waters – Ph 02 4341 2209  
Email: cwreflex@bigpond.net.au

# Cranio Sacral Therapy in Reflexology – A Case Study By Kim Rusten, NSW

## *Treatment of Nerve Damage to the Left Brachial Plexus and Muscular Atrophy of Shoulder due to car accident.*

### Abstract

Cranio-sacral therapy in reflexology was used on a girl with shoulder and arm muscle atrophy due to brachial plexus nerve damage and resulting inertia after a major car accident. After two sessions she was using her arm, exercising and re-growing muscle. Within a month she had returned to work and her life had turned around.

### Introduction

Amy is an 18 year old girl who was involved in a serious car accident in May 2004. The accident rendered her unconscious and she was taken to hospital with suspected spinal injuries. She remained unconscious for about 20 hours. No surgery was performed and Amy was released after 2 days. Nerve damage to the left brachial plexus was diagnosed.

Amy sustained an injured shoulder due to the force of the accident and the intransigence of the seat belt which saved her life. There had been no voluntary movement of the left arm or shoulder and only minimal hand movement between the accident and when I first saw Amy on the November 3<sup>rd</sup> 2004. All of the shoulder and arm muscles had atrophied and Amy was consulting a surgeon who was keen to perform a nerve graft on her arm to improve her situation. No therapy had been recommended or sought until Amy had a remedial massage two weeks prior to reflexology.

Amy was not keen to have the nerve graft as there was a family history of unusual sensitivity of pressure points and numbness/ tingling in the periphery.

Amy presented determined to heal, and I felt it was the perfect case to use Cranio-sacral therapy in Reflexology.

Prior to the accident, Amy had consistent problems with her lower back but enjoyed good health.

### Session One:

#### Observations:

- Although Amy's left arm hung limply, the temperature and colour of her hand was good indicating that the circulation was not impaired.
- Amy had sciatic pain bilaterally - history of pain in this region but far more severe since the accident.
- Amy had been through a difficult time emotionally in the last 2 years.
- Listening to cerebro-spinal fluid flow on the spinal reflex showed that there was no flow bilaterally.
- I confirmed this by holding the cranium gently - no movement - left side much more stagnant.

#### Treatment

- I performed a full hand reflexology session massaging the left forearm thoroughly, and stimulating the hand reflexes.
- A full foot reflexology session followed using the cranio-sacral technique (CST) developed and taught by Dr Martine Faure-Alderson.
- Within CST, special emphasis was given to the ten-

torium cerebellum, falk, spheno-basilar synchronosis and the lumbo-sacral joint L5/S1 to reduce tension in the membranes at the cranium and sacrum.

- Other important points are at C2, T4, T9, L5/S1 – working the fulcrums to encourage the flow of cerebro-spinal fluid (CSF), and working the diaphragms of the body (cerebral or sub occipital, upper thoracic, thoracic or respiratory and pelvic). The diaphragms are of particular significance because they are areas commonly found to be sites of tension and emotional holding, restricting cranio-sacral motion and thereby preventing free expression of the breath of life leading to pathological dysfunction and disease.<sup>(1)</sup>
- The whole spinal reflex was very painful.
- I added all of the medial and lateral points (see appendix) for the hip and shoulder.
- Excruciating points were: Left side lateral- 3,4,5,6,12,13 Right side lateral-3,6,12,13 Left side medial-1,2,3,5,6,7,8 Right side medial- 4,6,7,8
- The left side was much more painful than the right and I put this down to the hip and shoulder reflex points being overlaid, and having the left side shoulder injury on top of bilateral hip problems.
- Because of the pain in the whole of the sternum/ acromion area, I decided to do some fascial unwinding. Fascial unwinding is a very subtle, barely perceptible yet extremely effective technique that restores full mobility and pain-free movement to an affected area of the body (2). I worked the whole torso, from the hip to the neck - concentrating on the left shoulder.

#### Summary

The session was extremely painful for Amy, but she was happy for me to continue - at the conclusion of the session I tested the CSF flow. It was flowing on the right side and in the upper left quadrant. The lower left quadrant had "lightened" significantly.

We scheduled an appointment for the next week. I recommended massage/stimulation to the arm whenever possible.

### Session Two:

#### Observations.

- After last treatment Amy felt tingling in the left arm. Pain and discomfort subsided in the lower back. These benefits lasted 4 days.
- Amy presented with a heavy cold and had a sore lower back that was painful on coughing.
- Amy was quite depressed this week, not getting out of bed until midday most mornings.
- Amy was still using her right arm to manipulate the left arm and hand.
- Amy brought her mother to comfort her during the session.
- I tested the CSF flow and found it was blocked on the left hand side, but the right side had improved dramatically since last week.

# Cranio Sacral Therapy in Reflexology (cont)

**Treatment.**

- The treatment strategy was to continue with the hand reflexology then a full cranio-sacral therapy in reflexology session.
- I decided to use some Australian Bush oils to lift the vibration and assist with movement of the energy on the left hand side. I chose ironbark oil - which is safe to apply in small quantities directly to the feet.- this was applied at the conclusion of the session.
- The session mirrored the previous week, and was found to be painful but not as excruciating as last week.
- Lateral points 4,5,6 bilaterally, were not as painful as last week
- Lateral points 12,13 bilaterally still a problem
- Due to the progress from last week I was able to add the balance of parasympathetic and sympathetic nervous systems and a full chakra balance to the treatment.
- I finished with some fascial unwinding, the only area which required it was on the left side, shoulder and neck. I felt an “energetic shift” whilst working on the left shoulder.
- I applied the ironbark oil to Amy’s feet to finish.

- This was an incredible, if not miraculous turnaround.
- I tested the CSF flow, and the energy shift was amazing. The right side was fine, the left partially blocked at the hip and shoulder.

**Treatment.**

Treatment strategy was to consolidate previous treatments.

- Full hand reflexology
- Full cranio-sacral technique in the foot reflexology
- Restoration of CSF flow
- Balance parasympathetic and sympathetic nervous systems
- Full chakra balance

**Summary.**

The pain of the initial sessions is a thing of the past. Lateral points 12,13 bilaterally will remain a problem for longer because the hip problems have been evident for a longer period of time. Lateral points 4,5,6 are also a little sensitive, but a vast improvement on the initial session.

Amy’s life is back on track, and she plans to continue regular reflexology.

**Conclusion**

The application of the cranio-sacral therapy in reflexology

*(Continued on page 12)*

Summary

Amy left feeling “freer”, and quite uplifted. The CSF was moving throughout the whole system at the end of the treatment. The application of the oil added another dimension to the treatment. Unfortunately our schedules could not find a mutually convenient time for the next session for two weeks.

**Session Three**

**Observation.**

- Amy was sitting on a chair waiting for her appointment. When the last client left I greeted Amy and to my surprise she said “Look at this” grinning, she lifted her left arm with no assistance from her right arm and used her left hand to pick up her mobile phone. I said that was amazing and felt so happy for her, tears welled up. I asked her what she thought had made this difference - she said it could only have been the reflexology, because that was the only treatment she had.

In the two weeks since I had seen Amy,

- She had regained movement in her arm
- She had visited a gym and was given a rehabilitation program to exercise the arm/shoulder
- She had started to re-grow muscle
- She was offered two jobs
- She had visited her surgeon who could not believe the improvement. He will monitor the condition before he closes the door on surgery.

**Table of Medial Points**

Point	Pelvic Girdle	Shoulder Girdle
1	Pubis	Sternum
2	Symphysis pubis	Sterno-clavicular articulation
3	Psoas	Iliac
4	Sacro iliac articulation	
5	Coccyx	
6	Medial condyle of femur	Epicondyle
7	Medial tibial plate	Radial head
8	Sternocleidomastoid muscle	

**Table of Lateral Points**

Point	Hip Referral	Shoulder Referral
1	Inguinal ligament	Acromioclavicular
2	External iliac fossa	Acromion
3	Coxofemoral articulation	Glenohumeral and greater tuberculum of humerus
4	Pyramidal pelvi-trochanter	Trochiter
5	Lesser trochanter (psoas iliac)	Coracoid process
6	Greater trochanter (gluteus muscle)	Deltoid muscle
7	Iliac crest	
8	Anterior superior iliac spine	
9	Posterior superior iliac spine	
10	Anterior inferior iliac spine	
11	Posterior inferior iliac spine	
12	Sciatic spine	Spine of scapula
13	Greater sciatic notch	Supraspinous fossa
14	Lesser sciatic notch	Infraspinous fossa
15	Ischial tuberosity	Inferior angle of scapula
16	External condyle of femur	Trochlear notch
17	Patella	Olecranon
18	Superior fibula tibial articulation	Superior radial ulnar articulation

# First Steps

## by Lucy Palmer, NSW

**M**y name is Lucy Palmer. I am a journalist and mother of three small children. Almost four years ago my husband died of cancer. I have always had an interest in alternative therapies, and after my husband's death, I tried many healing arts - acupuncture, etheric massage, Bowen, counselling - all with varying degrees of success. I had constant and major backpain, I felt depressed most of the time, and I looked for anything that could help. Last year I managed to get away for a couple of days by myself to the NSW south coast town of Huskisson. I just needed some time alone. Fate guided me to the home of Gail Blamey, an experienced reflexologist. The treatment marked a turning point for me. I really did feel the positive effects on my body and mind long after the visit. After returning home, I made my way to another reflexologist - Caro Kennewell of Mittagong, and continued my treatment with her. I made huge leaps forward during this time. Now I teach creative writing at the Petrea King Quest for Life Centre, and this is one of the many reflections I have written about my feet, inspired by the profound healing art of reflexology.

My feet look like a child's feet. Tiny pink, puffy toes like sucking piglets, complete with runt. I gaze at them, unfamiliar strangers. Just there to take me where I want to go. And sometimes where I don't want to go. They are not the slender, woman's feet I dreamed of. They betray me, the part of me that's standing still, stunted.

Part of coming to terms with grief, they tell me, is to care for yourself. Give yourself little treats. Nurture yourself. So I'm starting at the bottom.

I settle down on the rug before the fire, one unshaven leg extended, the other bent inwards to lay my foot on the towelled cushion. The cheap peppermint cream, bought in haste from a dowdy chemist shop, rubs warm in my hand. My foot flexes with anticipation.

I splay my fingers through my toes, the cool and startling sensation of skin on skin like a lover's unforgettable first touch. My hands, sure and confident, my feet wary. I squeeze my fingers down, first steps taken, tottering through the small carpeted English bungalow with its square of tight suburban lawn, the oppressive silence of lives half-lived, half-hidden. Feet wriggling into tights, black party shoes with a shine. "Keep your foot still, push down, push." Feet bound in leather, that first severing moment as they disappear. I am encased.

Then, shoes discarded, toes in mud, delighted to feel earth, squash worms, scramble up smooth bark into that old sycamore tree, its helicopter seeds spinning madly down to the earth. Crushing autumn leaves, feet jumping on the springing soil. Feet dangling defiantly over the corner of my tree house. My barefoot fortress of twining boughs and dancing light. Soccer boots, feet with punch, strike that flying ball to forever.

I rub the cream into the top of my foot, feel the bones, their lightness, strength and intricacy. A quarter of all my bones in this long, squashed triangle. Down into the instep, the

slightly arching valley, unwilling to connect. Down to the underside, the soft animal pads of heel and ball, yellowing and roughened. I press my thumb into the instep - it aches. Aching insteps, a small price to pay for those longed-for high heeled shoes, my first precarious view of a widening world. The first glimpse of that far horizon beyond this small enclosure, worn thin by resentment and simmering hostility. Higher heels to launch me upward, to face the world at last.

Both hands are holding my foot now, sliding across this forgotten landscape, this friend, this ally in flight. This ally in standing still, face to the wind.

I pause. My foot dangles from my lifted ankle, poised for movement. Stepping up the stairs to that plane bound for Australia, black nylon airline socks too large for these feet, to soothe the panic of my departure from the known. At 25, my life journey is about to begin. I am going where I have never trod before.

The blissful soft sand-powder of Sydney beaches, my feet sink into its embrace. Childhood holidays, mostly grit and pebbles. But now the bright ocean laps around my ankles, washing away the past.

I bend over my foot and push down again. I feel pain that I never even knew was there, my Achilles heel tight and unmoving.

My feet have a story to tell. The unknown paths trod and forgotten, the way taken and then abandoned. The husband loved and carried to his grave. The slow lonely steps of widowhood, the three sturdy children left to follow their hobbling, weeping mother from the churchyard, the life that continues.

In all these years, I have overlooked my feet, tried to disguise their childish puffiness, hobbled them into ridiculous shoes, forced them to move at improbable angles. I have asked too much, and given so little in return. I swap my feet over now, the caressed foot extended to the floor, glowing in the amber light, grateful. As I meet my other foot for the first time, I wonder how many other parts of me have survived such indifference.

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*(Continued from page 11) Cranio Sacral Therapy in Reflexology*

technique has proven successful in re-establishing cerebrospinal fluid flow in the cranio-sacral system, replenishing it and restoring energy flow through an injured area, thereby promoting healing of the left shoulder and arm in this case. Amy's surgeon has now closed the door on surgery (March 2005) and she is steadily regaining strength and mobility of the left arm and shoulder.

Dr. Martine Faure Alderson will be conducting courses in Australia in January 2006.

### References:

1. *Tip to Toe - a Basic Course in Cranio-sacral Therapy in Reflexology - Seminar Manual*, Dr Martine Faure-Alderson.
2. *Reflex Therapy Total Cranio-sacral Therapy in Reflexology (Advanced) Manual*, Dr Martine Faure-Alderson.

# Taking Baby Steps

## First Encounters with the Reflexology Association of Australia

Students of reflexology enjoyed the RAA - Annual Student Welcome night in Melbourne, Victoria on 1<sup>st</sup> April 2005. Opportunities arose to meet qualified and experienced reflexologists, develop knowledge and gain insight to the association and new ideas.

The two most popular items on the agenda were a talk on 'Setting up your own Business' by Catherine and 'The Buteyko Method of Breathing' by Paul O'Connell. Catherine's own experiences were informative and interesting giving the students inspiration and confidence. Paul O'Connell was an interesting speaker on an alternative method of managing asthma and breathing problems that is now recognized worldwide.

There were opportunities for everyone to make purchases of La Fuma chairs and books. More merchandise will be available at the next meeting. Students were invited to seek out mentors and participate in organized events.

At the end of the evening, the students felt welcome, were able to participate and look forward to the next of the meetings that have become a National event.

### Linda Price

The annual Reflexology Association student night was recently held in Melbourne, and as a future member, I thought it would be worth while for me to go along and see what the association is all about.

I must admit that I felt a little awkward when I first entered the room, which was buzzing with people all keen to catch up with one another. I kept thinking that all these people were professional reflexologists, they had their own businesses and there were definitely more there than I expected.

Once seated it was refreshing to see that I was not the only student there, in fact over 20 other students who were in the same position as I all came along, curious to see what we were joining up for.

The meeting was very interesting, and I found myself absorbing lots of valuable information from other members who spoke at various times throughout the evening. The guest speaker, Paul O'Connell gave us an insight into the Buteyko Method and I was impressed by the quality and professionalism of the information delivered.

What impressed me most about my first visit to a Reflexology general meeting was the open welcome I received by all members. It is comforting to know that there is a huge support network in place for all members to call on at any time.

I'm only a mere 10 weeks away from graduating, a daunting but exciting time awaits. I know the process of beginning my career as a reflexologist will be a lot easier because the Association and its members are there to help out along the way.

### Genevieve Latham

What I recall the most and that which has lingered despite brain overload was the feeling of being welcomed wholeheartedly by people I hope to call peers and colleagues one day. People were keen to hear our stories and share theirs even though time was fairly restricted.

The inservice lecture was particularly relevant and interesting for the students who attended. It gave an overview addressing the hows, whats, where etc of setting up a practice once qualified [the mind mapping was also a great way to demonstrate this process].

To see what I am able to access through the association library was quite inspiring and I look forward to being able to view new additions to merchandise at upcoming meetings.

The guest speaker was fantastic as was my winning the raffle for the night [an extremely rare occurrence in my life]. I left feeling highly motivated with a sense of pride that this would be part of a new career path and world for me. Inspired enough to say I became an associate member the week after.

### Simone

My not being used to driving in the city it was a big effort, especially in the dark, for me to make the trip. I now know every road in the Camberwell junction as well as all the side roads around and after a few "U" turns I parked a car. Another car did the same and parked behind me. I got out and enquired "are you a reflexologist"?

Thank God she said "yes" and she showed me the place.

We got into the building, me with my big bag with all my notes in case I was asked to perform any reflex points of which I only know a few as I am not long into the course.

I sat down beside a lovely person named Jenny who is a member of the Association.

The proceedings began and I thought "no, it's going to be one of those meetings with reading of minutes and the formal meeting type procedure, and I have put my life in danger and all those around Camberwell Junction just to listen to a stuffy general meeting".

I sat back thinking I could have been on my balcony enjoying the evening but to my surprise the boring stuff went really quick and we were all privileged to be given some of the best knowledge to help students, and probably also the more experienced. The first speaker gave a great contribution on mind mapping and how to conduct your business.

We had a short break and then a talk on The Buteyko Method of Breathing. This talk was truly amazing.

The whole evening, the network of people, the help, no matter how young or mature in attitude was to help us to succeed. I was so inspired by it all. Every reflex student should become a member. You will never feel isolated with all the knowledge, new ideas and the networking.

### Isabelle Sutherland

# The Buteyko Institute Breathing Method

By Paul M O'Connell BSc, Dip Ed, MBA, MBIBH, Vic

## Background and Development, Introduction to Australia

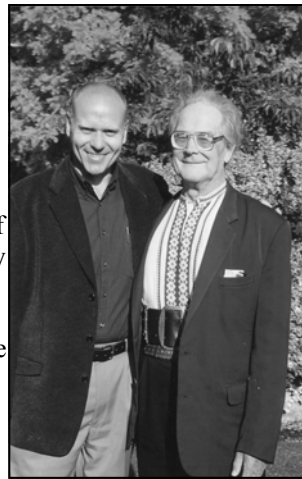
The Buteyko Method is a breathing retraining program which was introduced to Australia in 1990 from Russia. It was developed by the Russian medical scientist, Professor

Konstantin Buteyko in the 1950's. After years of suppression under the communism, it was finally endorsed by the Soviet Health Ministry in the early 1980's. The method quickly achieved significant anecdotal success in Australia during the early 1990's for its ability to provide asthma sufferers with quick and sustained relief from symptoms, and significant decreases in the need for medication. Hundreds of media stories have been featured, including over 30 television news and current affairs items. In the last 3 years there has been an increase in the proportion of people attending Buteyko courses for sleep disorders. The latest television feature on Buteyko (Channel 9's *A Current Affair*) focused specifically on sleep apnoea.

As the public and media awareness increased in the early 1990's, a clinical trial was eventually organised in late 1994 by the Australian Association of Asthma Foundations and Buteyko Australia. The results showed that 12 weeks after learning Buteyko, people were able to reduce reliever medication by an average 96 %, preventer medication by an average 49%. They also experienced an average reduction of 71% in asthma symptoms and reported many quality of life improvements including better sleep patterns. The control subjects in the trial who remained on conventional asthma management alone showed no improvement. The results of the trial were published in the Medical Journal of Australia in December 1998, and have been widely acknowledged both in Australia and internationally. The call for further significant research fell largely on deaf ears in Australia, but resulted in trials of the Buteyko Institute Method in New Zealand 2000-1 and Glasgow in 2001-3 (see publication details below).

## Scientific Principles of the Buteyko Institute Method

The Buteyko Institute Method is based on correcting an individual's breathing back to the physiological normal level. It recognises the critical importance of carbon dioxide (CO<sub>2</sub>) levels to respiratory efficiency, smooth muscle relaxation and acid alkali balance. Breathing above the normal level of 4-5 litres per minute causes loss of CO<sub>2</sub> from the lungs, which in turn causes the bond between oxygen and haemoglobin in the blood to tighten. This results in a lack of oxygen at the cellular level and leads to various conditions depending on the individual's genetic predisposition. The body's natural self corrections and compensations for the overbreathing and CO<sub>2</sub> loss – airway narrowing, mucous production, inflammation, breathing cessation in sleep, just to mention a few - typically get labelled as diseases in western medicine and are treated symptomatically. With the Buteyko Institute Method these self corrections and compensations are quickly reduced and then eliminated by normalising the breathing pattern. So instead of dealing with the symptoms over and over again, the main cause of the problem (overbreathing or hyperventi-



Paul O'Connell and  
Professor Buteyko

lation) is addressed immediately so that the symptoms do not keep recurring. It is dissolved CO<sub>2</sub> in the blood that induces the release of oxygen to the cells (Bohr Effect).

An understanding of basic respiratory physiology tells us that hyperventilation (breathing above the normal level) becomes chronic largely through a process of accommodation by the respiratory centre to lower levels of CO<sub>2</sub>. The Buteyko Institute Method involves a reversal of this process, resulting in an accommodation of the respiratory centre back to normal levels of CO<sub>2</sub>. It involves breathing retraining exercises and the application of efficient breathing to all activities from rest through to intense exercise. It involves learning to breathe less litres of air per minute, correct use of the diaphragm, return

of CO<sub>2</sub> levels to normal, post effort breathing recovery techniques, breathing techniques to achieve the reduction of heart rate to rest level, and enabling more oxygen to be supplied to the working cells.

Specific Buteyko Institute Method exercises are effective in unblocking acute and chronically blocked noses and in restoring nasal breathing. The Buteyko Institute course follows best practice medication guidelines - reliever medication taken according to need, and preventer medications and any other prescribed medication to be taken as prescribed by the doctor. The onset of asthma symptoms is avoided or controlled by applying the Buteyko Institute Method. If not successful at overcoming symptoms then reliever medication is taken as needed. Experience in Buteyko courses since the early 1990's shows that it is rare for people to need reliever medication after completing a Buteyko course.

## The Buteyko Institute of Breathing and Health (BIBH)

In 1996, advocates and practitioners of Buteyko in Australia formed the BIBH, a not for profit incorporated association and an Australian Registered Body. The BIBH was endorsed by the Australian Taxation Office as a Registered Charity in 2002, and is grateful to legal firm Allens Arthur Robinson for their guidance in achieving this and for all their pro bono assistance since 2001. The BIBH is the professional body representing the method and practitioners. It acts as a regulatory body by way of establishing codes and standards, and by providing professional development. The BIBH is committed to improving health by correcting asthma, sleep disorders and other breathing related conditions through research, development, promotion and application of the Buteyko Institute Method. The BIBH has grown in recent years to the extent that it now has over 100 members in fourteen countries around the world. The BIBH is actively involved in research and has had its training system and practitioners chosen by medical professionals and academics for clinical trials in New Zealand and the UK.

## Clinical Trial Publications of Buteyko

*Australia – Medical Journal of Australia (Dec 1998)*

Clinical trial results published in the Medical Journal of Australia for the first clinical trial of Buteyko outside Rus-

## The Buteyko Institute Breathing Method (cont)

sia (Brisbane November 1994) showed that after 12 weeks, people who learned Buteyko had an average 96 per cent reduction in reliever medication, an average 49% reduction in preventer medication, and an average reduction in asthma symptoms of 71%. The people in the control group after 12 weeks showed no significant changes in these parameters.

United Kingdom - Thorax Medical Journal (Dec 2003 Vol 58 Sup III) "Health Education in Asthma Management - Does the Buteyko Institute Method make a difference?"

This report describes the results of the Glasgow trial - the largest clinical trial of Buteyko yet conducted. The Glasgow trial was designed for 600 adults with asthma aged between 18 and 69 years. 384 of the initial 600 participants (64%) completed the trial. The results for the Buteyko group show average reductions of over 90% for reliever medications, preventer medications and asthma symptoms after 6 months, which were maintained at 12 months. The Glasgow trial was conducted by (BIBH) member Jill McGowan, who also presented these results at the British Thoracic Society Winter Conference in London on 4 December 2003.

New Zealand - New Zealand Medical Journal (12 Dec 2003, Vol 116 No 1187) "Buteyko Breathing technique for asthma: an effective intervention"

A blinded randomized controlled trial comparing Buteyko with control was conducted on 38 people with asthma aged 18 to 70 over 6 months. The Buteyko group exhibited reductions of 85% in beta 2 agonists (reliever medications) and 50% in inhaled steroids (preventer medications). The conclusion was that Buteyko is a safe and efficacious asthma management technique and has the clinical and potential

pharmaco-economic benefits that merit further study. The researcher on this trial was Dr Patrick McHugh from Gisborne, New Zealand.

### Trials in progress

A clinical trial of Buteyko for adults with asthma began in September 2004 in Calgary, Canada. The trial is being conducted by Professor Robert Cowie, who is the head of the Asthma and COPD program at the Calgary University. The trial was designed for two groups – one Buteyko and one control – each with just over 100 participants. The world's first clinical trial of Buteyko for sleep apnoea commenced in November 2004 in Gisborne, New Zealand. The researcher on the trial is Dr Patrick McHugh, who previously conducted the Buteyko trial for asthma mentioned above.

### **About the author**

Paul O'Connell had asthma for 27 years before learning the Buteyko Method in early 1994. He subsequently studied and trained with Alexander Stalmatski (who introduced the method to Australia) to become a Buteyko Practitioner. He also received advanced training from Professor Buteyko in New Zealand (2000) and the United Kingdom (2001). He is a founding member of the BIBH and was the initial Executive Secretary, and has been the Chief Executive Officer since 2000. He has taught the Buteyko Institute Method to over 3,000 people in Australia, the UK, the US, Europe and Cuba. He has represented the BIBH on many key projects.

### **For more information:**

Freecall 1800 001 700 or

Email: [poconnell@buteykoairways.com.au](mailto:poconnell@buteykoairways.com.au)

Web: [www.buteyko.info](http://www.buteyko.info)

## Forging a Professional

By Juan M. Puebla, NSW

**L**ong, long time ago, in a place whose name is now forgotten, there lay a rusting piece of metal, by the side of the road. A blacksmith, who happened to be passing by along the road on his way to home, saw it and took it into his workshop. He threw it into the furnace. The rusty piece of metal gets hot, red hot; it curved, bent, twisted around itself, as the red coal embers crackled, shedding away its rusty scales. With a set of pincers, the blacksmith, took it out of the furnace, placed it onto the anvil, hit it up with the hammer, once, twice, many times. The beaten piece of metal rang out onto the floor smoking, shrieking, shattering!

As the light of the dusk faded away, and the white-hot embers slowly lost their glow, the battered piece of metal looked blackish, compacted, flattened.

The blacksmith, with his large tweezers took it out of the furnace, threw it onto the anvil, put it under the hammer and into the water, to cooled down... Later,

he returned it to the fire, where once again, the piece of metal arched, warped, and coiled around itself, and onto the anvil. The shaping and moulding of the steel started to take place.

This process was repeated over and over again, long into the night, until the rusty and tough piece of steel began changing its shape.

Finally, weary by his long effort, the blacksmith looked at the piece of steel and saw its transformation into a beautiful statue. As the first sunrays hit the sculpture, he marvelled at his own creation and taking it in his hands held it aloft. And wonders of wonders, the statue leapt from his tarnished hands and bowed gracefully before his master!

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Email: [jmpueb@bigpond.com.au](mailto:jmpueb@bigpond.com.au)

# State Matters

## QLD

As expected our February meeting was a great success with our guest speaker Dr Ruth Cilento. Members of the International Federation of Aromatherapists were invited to join us for the evening. Our library now has a copy of each of Dr Cilento's books available for borrowing.

Libby Stark has kindly accepted the position of acting Director following Pat MacLean's resignation late last year. We thank Libby for taking up this challenge and wish her well in this important role in our Association.

The April meeting saw us holding a Student Night where students from the various reflexology colleges around the Brisbane area were invited to find out more about our Association and what we can offer them. Jan Williams and Jenn Cooper spoke to the group and following a lovely supper, all enjoyed a foot swap.

Some Brisbane Area members hosted a Reflexology in the Park day one Sunday morning recently. The atmosphere was very relaxing under the trees. It is hoped that this event will grow as time goes by.

While on the subject of Reflexology in the Park, we have a very exciting development here in Brisbane. One of our student members, Ian Gilbert, is employed by the Brisbane City Council. After much research, planning and consultation with the staff responsible for Parks and Gardens in the Brisbane City Council, Ian has instigated the construction of a Reflexology Pathway in a park on the south side of the city. Construction commenced in April. We are all very excited and look forward to the grand opening day in the near future. Ian will give us an insight into this fabulous journey along with photographs in a future edition of Footprints.

Libby Stark is travelling to Amsterdam in September 2005 where she will attend the Reflexology Conference. Anyone who would be interested in travelling with Libby or joining her in Amsterdam could contact her on 3376 2240 or STARKrags@aol.com.

Maxine Kohn

## NSW

On Saturday, 28 May, 90 enthusiastic RAA members attended our annual Speaker Day and ABM. As in the past the committee provided us with a number of excellent speakers on a range of topics relevant to our practice of reflexology. Verdel MacLean talked about the use of aroma oils to balance the chakras. Through prayer and mediation she has developed an amazing range of oils for this specific use including oil for the Soul Star, Earth Star and Transpersonal point. Generously she allowed each participant to select an oil and experience its use personally.

Yvonne Collier past president of the NSW Speakers Association and coach in People Skills who, as you can imagine was an excellent speaker, gave us ideas on how to keep our clients coming back.

Patricia Clune spoke on how crystals can combine with reflexology, to be used on the chakra points and meridians on the feet. Norma Weaver gave an illuminating

## VIC

Greetings from Victoria. Our state appears to be moving from strength to strength with many new initiatives coming to light over the past few months.

Our annual student night was again a huge success thanks to the perseverance of Emma Bettles who I believe came up with the idea in the first place. We had many excited newcomers come along to our general meeting in April, a total of 25 students indicating that the interest in learning the craft of reflexology continues to be high. On this night all attendees were blessed to hear a talk from Paul O'Connell on the Buteyko Breathing Technique. I must say, we continue to attract speakers from a wide array of disciplines to our meetings.

Natalie Baker and Catherine Spratley and other willing helpers have begun to organise reflexology demonstrations for several Fun Runs around Melbourne this year. It would seem that the key to these events is to approach the organisers with plenty of time to spare. Most of these runs will take place later in the year and members will be able to earn CPT points for their participation. The events include fun runs at Puffing Billy (a much loved steam train tourist attraction in the picturesque Dandenong Ranges), The Olympic Dream and possibly also the Melbourne Marathon. We are not sure if the state will undertake all three of these events but it is likely demonstrations will occur at two events.

Our committee appears ready for a reshuffle with several key committee members stepping down from their positions. However we have had a strong interest from a number of experienced and new members to take on all the vacant positions and so we look forward to our next meeting in June to see whom our new committee members will be.

On a very sad note, we learnt about the recent passing of Daryl Mckinlay's father earlier this month. As a branch we wish to send Daryl our love and support and thank him for continuing in his role during what must have been a very difficult and exhausting time. Thank you Daryl.

Looking ahead, many students and long-term members wished to hear more discussion about "Building a Better Business" at our last meeting. A workshop is being run later in the year to offer this advice to members.

Until next time, Jo Impey and Emma Bettles

talk on Ortho-Bionomy, and Sue Ehinger demonstrated how Auriculartherapy combined with Foot Reflexology can successfully manage the severe pain of Trigeminal Neuralgia.

We were fortunate to have Jan Williams in attendance. Her talk on Board matters and the new CPT system was one of the highlights of the day and was very well received. It was great to be able to meet her and ask questions about national matters.

Our ABM was also very successful with all State Committee positions being filled. Jill Baker, our new Chairperson has an enthusiastic group which includes a lot of new faces. Our thanks go to the outgoing committee, in particular to Ron Major, Janet Evans and Heather Helmy. Also many, many thanks to Joan Harwood and her team for organizing such a great day.  
Sue Ehinger

## State Matters (cont)

### TAS

Reflexologists need to be constantly promoting reflexology to get the word out on how brilliant our therapy is. Massage was an obscure profession 10 years ago and now it is as commonplace as hairdressing, reflexology will be the same.

We have been a bit quiet as a group in the last couple of months yet business is good. It is inspiring for the students who finished their clinics and gained their Diploma of Reflexology and who are now able to go into the workforce and use their skills. Two of the new professionals from our Island Health College have rented rooms and are building up their client base and getting into business. I wish them well in their new ventures.

It is encouraging to see new faces at meetings as well. We will be holding our ABM at the end of May and will be likely to see some new committee members and have a change of energy for our State Branch. There is so much growth potential for a person when they join a committee. For people to become inspired we have to provide a need and this will only happen when we get out there and promote the benefits of reflexology. Maybe at the next meeting we can organise a big day out and get the public excited, they deserve it!

Be kind to yourselves.

Gaye Webb



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### WA

This will be my last report as Chairperson, Branch Director for the WA Branch and Board Secretary.

The last two years have flown since I put my hand up for the Chairperson's role and I have learned so much in that time that I would recommend the role to anyone who is thinking of stretching themselves and setting goals to move on in life. The portfolio of a Director is a challenging but interesting one and gives the person who can commit totally to this role, a chance to move the association forward in its challenges and goals. Unfortunately my other commitments have proven too much to do the roles justice and I resigned formally at the Board Meeting in Brisbane in April. I would like to stress that if any of you are interested in taking on Office Bearer or Board positions, please give it a go as we are very short on volunteers. The more positions that are filled make the work much easier and things get done faster.

The WA Branch has had some very good fund raising events lately and I hope this continues as it not only brings financial support to the association but gets people together. The *Menopause Naturally* study day was a great success and practitioners and general public were treated to a few hours of very interesting speakers.

We await our new venture in July, namely the **Every Woman Expo**. This should be a great opportunity to get reflexology out into the corporate community. Our swap

days are becoming more popular by the minute and these are proving to be good value for the practitioners who attend. We need this type of nurturing by our members, a little goes a long way!! Channel seven news did a small promo on reflexology and soon will go to air. Hopefully I said all the right things!! Don't forget to watch the ABC on Tuesday evenings for a show called Second Opinion. It looks at a couple of modalities each week and a little birdie told me that we may be seeing a gal from Tassie doing her bit for reflexology. Go Tassie!

Our ABM is coming up in May and we will be electing a new committee. This is always an exciting time as new ideas and directions present themselves for the good of the members ultimately. By the time you read this we hopefully will have a new Chair and committee with a new Branch Director also. If by any chance the positions have not been filled, please consider what you may like to offer to do.

Remember that **Father Josef** will be in Perth in early October 2005 and his merchandise will be available.(see State Branch contact numbers).

My grateful thanks to all of you who helped me along the way over the last two years, you all know who you are!

Cheers, Richard Bird.

## Book Review by Graeme Murray

### Title: **Reflexology—An Introduction**

Author: Denise Whichello Brown

Publisher: Silverdale Books

ISBN: 1-85605-688-0

Price: \$14.95

This is a 128 page book a little larger than an A4 sheet of paper, full of colour pictures (up to post card size) which makes it very clear to follow and thus good for beginners, or is it?!

Very often, I suspect, people will look at a book like this in the shop and think “Wow, look at all these fantastic pictures, this is going to be really easy to learn”.

This is done without the person looking further at where organs, glands etc. are placed on the feet or the techniques that are being used. For a beginner, unless they have done a reputable course or read a “good” book on the subject, they wouldn’t have a clue what is good or not good in a book, and therein lies the danger. It’s that “beauty is only skin deep” trick again. One has to look further.

Not to say this book falls into this category, but it does have a few holds and working techniques I would never dream of teaching a student.

There are six chapters covering such topics as: the benefits and theory of reflexology, the warm up, treatment technique, step by step guide and the systems of the body. These chapters are then broken down into sub-headings like: creating the ambience, soft lighting, music, burning oils, positioning the client as well as personal preparation. Under the heading of contraindications/precautions, the author has not clearly defined which is which. This could lead to confusion with a person who has little experience.

Though the pictures are clear, as are the working descriptions, some directional arrows would have helped to back up the descriptions with the treatment techniques. The author also covers how to hold the foot and how to thumb walk. With the step by step guide, the age, fitness and sensitivity to the treatment are explored, as are reactions, both during and after a session.

The author then goes through the working sequence of the right and left foot, starting with a thirteen point pictorial warm up before commencing with the toes and working down the foot to the heel, including the inner and outer edge and around the ankle.

Chapter six looks at the systems of the body with pictorial reflexology techniques for working each system, as well as a chart showing which organs/glands etc you are working, together with a brief description of the anatomy and the treatment benefits for the client.

The book is easy to follow and well laid out, with clear pictures, though some of the working techniques are different to what I am used to and I think it could lead beginners into bad habits, so for that reason, it wouldn’t be on my “must have” on by bookshelf list.

# Pharmacology — Commonly Used Drugs

## Respiratory System

Bronchodilator aerosols and inhalations

### Short-acting $\beta_2$ Agonists

**ACTIONS:** Stimulating  $\beta_2$  –receptors on airway smooth muscles, resulting in bronchodilation. These drugs may also activate  $\beta_2$  –receptors on mast cells, inhibiting the release of mediators.

**USES:** Relieve wheezing in patients with asthma and chronic obstructive pulmonary disease. The drugs also afford protection if inhaled immediately before an antigen challenge.

**ADVERSE EVENTS:** Palpitations, tachycardia, tremor, restlessness, headaches, hypotension,

**EXAMPLES:** Ventolin, Bricanyl, Alupent

### Long Acting $\beta_2$ Agonists

**ACTION:** Stimulate  $\beta_2$  –receptors on airway smooth muscle resulting in long lasting bronchodilation, usually in excess of 12 hours.

**USES:** For regular treatment of patients with asthma who are inadequately controlled despite moderate doses of corticosteroids. Prophylaxis and treatment of bronchospasm in chronic obstructive pulmonary disease.

**ADVERSE EVENTS:** Tremor, palpitations, headache, dizziness

**EXAMPLES:** Symbicort Turbuhaler, Oxis Turbuhaler, Serevent

### Muscarinic Receptor Antagonists

**ACTION:** Bind to muscarinic receptors on airway smooth muscle, antagonizing the constrictor activity of acetyl choline thereby resulting in brochodilation.

**USES:** For the treatment of dyspnoea in chronic obstructive pulmonary disease and asthma

**ADVERSE EVENTS:** Dry mouth, throat irritations, tachycardia, urinary retention, constipation, bronchoconstriction.

**EXAMPLES:** Atrovent (short acting), Spiriva (long acting)



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 Fremantle.....30, 31 July  
 Brisbane.....26, 27 November

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## Continuing Professional Training Requirements 2004-2005

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	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	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

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# 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 2005-6

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

- Aug 12-15 11th International Holistic Health Care Conference, Sunshine Coast, Qld  
[www.aima.net.au](http://www.aima.net.au)
- Sep 16-18 Intl. Council of Reflexologists Conf., Netherlands. [www.icr-reflexology.org](http://www.icr-reflexology.org)
- Sep 24-30 World Reflexology Week  
.....
- Sep 8-10 '06 RiEN Conference, Ireland  
[www.reflexeurope.org](http://www.reflexeurope.org)

### Advertising in FootPrints

Rates (all include GST)

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

#### Display advertisements

	Size	Cost per Issue
Full page	26 cm deep x 18 cm wide	\$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

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## Postal address (publisher)

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 Australia

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 advertisements to this address.*

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## Guidelines for Articles

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

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

## Copy Deadlines

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