

FootPrints

The Journal of the Reflexology Association of Australia



March 2014

www.reflexology.org.au

Volume 18 No. 1



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From the President's desk



I extend best wishes for a happy and prosperous New Year to all our current, past and future members and a very warm welcome to all new members. I hope you all enjoy and find exceptional benefit in your membership with RAOA. We look

forward to communicating with you whether it is through FootPrints, RAOA website, Facebook, email, phone or in person.

By the time you receive this journal Jenn and Lea will have been in the new RAOA office at 66 Daisy Street, Manly West for two months. The postal address and phone number have not changed. I wish to extend a special thanks to Lea, her husband, Glenn and my son, Scott, for their amazing help with the move.

Recently I was made aware of a natural therapies practitioner having a claim of discriminatory behavior made against them. The claim arose because of the lack of wheelchair access to their new home-based clinic. Throughout my years in training it has always been commonplace to inform practitioners that it was their choice as to the clientele to whom they provided service. In this particular situation it could be interpreted as a little more difficult because the practitioner had treated the complainant at another clinic previously. New premises having no wheelchair access should be a choice that the practitioner is able to make without reprisal.

If a practitioner can no longer provide a service because the clinic they now occupy does not have wheelchair access they should not be accused of discriminating on grounds of disability, it is for practicable and Work Health and Safety reasons. I would expect it is the practitioner's choice to put in ramps to an already existing building or private residence.

A practitioner of natural therapies is under no known legal obligation to supply treatment or services to anyone they do not wish to (for their own unstated reasons), unless they are registered as a disabilities service provider. On the other hand a medical practitioner, in some instances, may be legally required to provide service to anyone requesting treatment. The RAOA Ltd can confirm that reflexology practitioners (who administer no other services) are not "medical practitioners" under Australian legislation. Reflexology practitioners are part of the health and aging sector and come under the category of unregistered practitioners and are a service provider.

Today in many instances legislation requires that if a premises is specifically built for the purpose of supplying a service, the planning permission would not be passed until disability access was included in the plans. Owners of publicly accessible buildings are legally required to provide access but it is not clear whether a practitioner private clinic would be classed as a publicly accessible building.

Discrimination laws are complaints driven; anyone can make a complaint and anyone may have to defend a position. Please note that this is one reason why you carry Indemnity Insurance and you should contact your insurer immediately if ever you find yourself in a similar situation. It is best to remain calm, polite and definitely do not put anything in writing unless you are sure of the legal position.

As a reference the Australian Human Rights Commission website (<http://bit.ly/1eFRFXK>) will give you a variety of information including the complaints process for disability discrimination.

Let us all be thankful for the small pleasures in our lives and the pleasure that we can pass on to others.

Heather Edwards



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The Reflexology Association of Australia is an independent, non-profit organisation and is not affiliated with any educational institution. It is managed by a national Board of Directors, and has branch committees in each state. All positions are honorary.

Front cover: The feet of the Reclining Buddha, Bangkok, Thailand, November 2013. The 3 m high and 4.5 m long foot of Buddha displays are inlaid with mother-of-pearl. They are divided into 108 arranged panels, displaying the auspicious characteristics by which Buddha can be identified like flowers, dancers, white elephants, tigers and altar accessories. Photo courtesy of Helen Adendorff.

Association Awards

	Life Membership	Outstanding Achievements
NSW	Sue Ehinger	Ronda Mackay
	Graeme Murray	Judee Hawkins 2009
	Cherel-Sue Waters	Ann Jooste Jacobs 2009
	Judee Hawkins	Misha Frankel 2010
		Joan Harwood 2010
QLD	Heather Edwards	Don Stretton
	Sharon Stathis	Julie Bidwell
	Tissa Hennig	Jan Williams 2006
	Joan Boardman Smith	Glenda Hodge 2007
		Ian Gilbert
		Miranda Mann 2007
		Irene Bull
		Patricia Maclean
		Margaret Coventy 2008
		Catherine Lee 2008
		David Wong 2008
		Claire Siertsema 2009
		Jan Kiss 2009
		John Zurfluh 2010
		Sonia Bailey 2011
	Kate McKnight 2011	
	Sue Brooking 2013	
SA	Joyce Lockett	Suzanne Pfitzner
	Rosemary Urban (deceased)	Susan-Jean Ramsey 2006
	James Flaxman	James Flaxman 2008
		Marg Rowett 2011
TAS	Pamela Skeggs	Gaylene Webb 2011
	Dianne Yaxley	Vicki Delpero 2011
		Lorna Menzies (posthumously) 2010
		Shirley Lawson 2012
		Sara Blain 2013
VIC	Dee Leamon	Natalie Baker 2006
	Carol McBain	Samantha Langridge 2010
	Josie Magazzu (deceased)	Karen Fothergill 2010
	Marion Bond	Marion Bond 2008
	Trevor Steele (posthumously)	Helen McCallum 2010
	Emma Gierschick	Dani Singer 2010
		Anne Cooper 2010
		Lyn Fava 2013
		Yve Frankcombe 2013
	WA	Keith Solomon
Brigitte Johnson		Flora Toft 2006
Lynn Hatswell		Gladys Duncan 2006
		Chris Aubrey 2007
		Des Bradley 2007
		Lis Anderson 2007
		Mairead Spooner 2008
		Catherine Chandler 2008
		Judy Moyes 2011



At this Workshop I will be sharing the art of using Hot Stones while practicing various reflexology and body treatments. During these treatments we will consider the Meridians and the Body's Energy Centres for our clients, which, when not synchronized could lay the foundations for diseases.

We will examine the reasons for using Hot Stones and how each individual practitioner can apply them to their regimes regardless of the various reflexology techniques. We also have to be conscious of what the heat and stones do for the meridians on the hands, feet, face and body whilst administering a treatment.

There is no specific level required before attending as there will be something new for everyone. You do however need to attend both days to get the full benefit in your treatment regimes.

Day 1

- Qualities & Care of Stones
- Meridians in the Hands, Legs & Feet
- Various Techniques in Reflexology Treatments
- Importance of Stones for Reflexologists.

Day 2

- Placement of Stones
- Meridians in the Face, Back & Body
- Body Treatment Techniques

* Please have a look at our Website for further information on Dates & Venues.



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Sole Health Reflexology and Natural Therapy

VENUES 2014

Sydney North (NSW)
15 - 16 March

Geelong (Vic)
To be Confirmed

Darwin (NT)
26 - 27 April

Melbourne (Vic)
10 - 11 May

Adelaide (SA)
21 - 22 June

Gold Coast (Qld)
12 - 13 July

Sunshine Coast (Qld)
26 - 27 July

Cairns (Qld)
23 - 24 August

Brisbane (Qld)
6 - 7 September

Bunbury (WA)
1 - 3 November

Sydney West (NSW)
22 - 23 November

Welcome New Members— August 2013 to January 2014

First Name	Surname	Suburb	State
Graham	Cross	HEATHCOTE	NSW
Gail	Luxford	WOY WOY	NSW
Bernice	Stewart	BRONTE	NSW
Lucy	Stride	RANDWICK	NSW
Melissa	Twyford	NORTH RICHMOND	NSW
Lisa	Coote	SMITHFIELD	QLD
Mariko	Tsuda	EIGHT MILE PLAINS	QLD
Andrew	Harwood	HILLIER	SA
Ruth	Casper	KINGSTON	TAS
Tony	Miller	SOMERSET	TAS
Sally	Stubs	OLD BEACH	TAS
Shirley	Annells	WALKERVILLE	VIC
Kerry Anne	Armstrong	MALMSBURY	VIC
Zoe	Baranowski	ST KILDA	VIC
Karin	Blavo	ASPENDALE GARDENS	VIC
Sue	Ellis	STRATHMORE	VIC
Janelle	Fribence	WAURN PONDS	VIC
Carole	Hofflin	ANAKIE	VIC
Naomi	Park	CRAIGIEBURN	VIC
Kathryn	Verratti	MT ELIZA	VIC
Maureen	Wilson	WOODEND	VIC
Lysa	Churchley	WOODVALE	WA
Pamela	Deasy	QUINNE ROCKS	WA
Sabine	Demarte	Carine	WA
Shontelle	Ferguson	APPLECROSS	WA
Angela	Lambert	KINGSLEY	WA
Lisa	McClintock	BUNBURY	WA
Hayley	McEvoy	DUNSBOROUGH	WA
Sharmila	Thakrar	ALEXANDER HEIGHTS	WA
Joanne	van Staden	CRAIGIE	WA
Jane	White	KALLAROO	WA
Sharon	Wyatt	ERSKINE	WA



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Your gut is wiser than you think ...

by Peter Lund Frandsen and Dorthe Krogsgaard, Denmark



New research shows that we have two brains, not only the one we know in the head - but also one in the gut. The gut may become depressed or develop a manic-depressive psychosis. This exciting knowledge about the relationship between the nervous and digestive systems opens new possibilities for supplementing classic reflexology with specific attention to the nervous system when dealing with digestive problems.

Why do we talk about having “butterflies in my stomach” before a performance or an exam? Why does bad digestion often lead to nightmares? Why are MDs beginning to administer anti-depressive medications for stomach-intestinal illnesses?

Until very recently it has been generally accepted that the nervous system is divided into two parts: the central nervous system (brain and spinal cord) and the peripheral nervous system (cranial nerves and spinal nerves and their branches). Newer research shows that yet another component should be added, namely the “gut brain” or more precisely “the enteric nervous system”. We have two brains—the head brain and the gut, or abdominal, brain. The two brains are connected like Siamese twins, when one is irritated, so is the other.

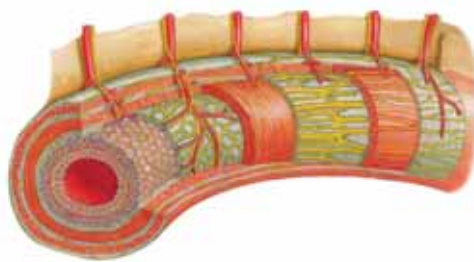


Figure 1:
Schematic view of the layers in the stomach-intestinal walls. The nerves are colored yellow.

Research supports alternative knowledge

This knowledge actually is not so new to alternative practitioners, who have known for a long time how important it is to include the digestive system when dealing with a variety of problems - some even suggesting that all regeneration is initiated in the digestive tract. But it is exciting that this knowledge now is supported by research. A completely new research field—neurogastroenterology—has been born. The prolific development of this field is driven primarily by money supplied by the pharmaceutical industry, which naturally sees great opportunities in the treatment of stomach-intestinal illnesses with new types of nerve medicines, but the connections that have been discovered can nonetheless be very useful in a reflexology session.

Some gut brain philosophy

That there are close connections between the digestive and nervous systems has been expressed in our language for centuries. We talk about “digesting knowledge”. One can be “hungry for knowledge”, and one can even be “saturated with information”. We also talk about “spiritual food” and about “feeding the brain”. On the psychological plane we

have expressions like “digesting one’s feelings”, “I have to chew on that for a bit”, or “I trust my gut.” If we look at the brain and the stomach from a morphological point of view, we also can see the strong similarity, which Hanne Marquardt and others talk about, between the convolutions of the brain and those of the small intestines.

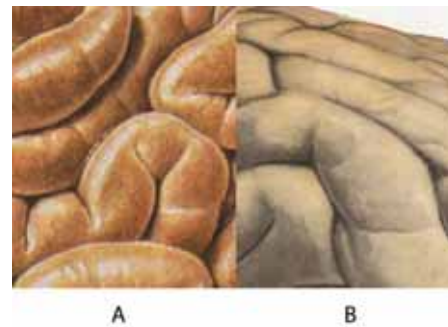


Figure 2:
Shape similarities between intestinal folds (A) and brain convolutions (B)

The gut brain and the vagus nerve

The gut brain is found in the intestinal walls, where it constitutes two layers: one between the two layers of the intestinal wall, and the other one right below the mucous membrane. It follows the entire digestive tract from the esophagus to the anus (Fig 1). It is common knowledge that the activity of the digestive system is directed by the autonomous nervous system, and that the intestinal walls contain nerve cells that coordinate the peristaltic movements of the intestines. We also know that the intestines in and of themselves can create peristaltic movements in brain dead patients or in patients who after an accident have lost the nerve connection between intestines and brain.

But it is only within the last decade that we have come to realize how inclusive this system really is. We have known for a long time that the vagus nerve (the most important parasympathetic nerve that innervates digestion) contains approximately 1000 single nerve fibers, but when recently trying to “count” the nerve cells in the intestinal system, it was discovered that there are over 100 million. That’s more than what we have in the entire spinal cord! If the sympathetic nervous system and the vagus nerve are directing the digestive processes, for what purpose are those hundreds of thousands of additional nerves?

A depressed intestinal tract

The knowledge that up till now has been collected about the gut brain or “the little brain” shows a picture of an independently working system. It contains a complex network of nerve cells, receptors, auxiliary cells, and neurotransmitters, which in many ways resembles the cranial brain in its construction. The gut brain supervises and directs all break-down and absorption of food, but it has many other functions.

Continued on page 4

The American researcher Michael D. Gershon has been studying the appearance of neurotransmitters in the digestive tract, and he discovered that the tract contains vast quantities of serotonin. We used to think this material was found only in the brain, but it has now been shown that 95% of all serotonin in the body actually is found in the nervous system of the digestive tract! Serotonin is needed, amongst other things, for maintaining a normal psychological balance and appears to be involved in depressions. This is why today anti-depressives are often prescribed for abdominal illnesses. We know now that the dozens of neurotransmitters and hormones found in the brain and the spinal cord also exist in the intestines.

Gut dreams

An interesting connection can be observed in sleep studies. It is well known that the brain function during sleep happens in cycles of approximately 90 minutes. During sleep, when the brain doesn't receive any sense stimulus, we produce slow brain waves interrupted by periods of rapid eye movements (REM sleep). Exactly the same thing happens in the intestines when there is no food to digest: the intestinal muscles make slow contractions interrupted by quick muscle movements occurring at 90 minute intervals. It is quite obvious that the two brains affect each other during sleep. It is quite common for people, with a variety of intestinal problems, to have sleep disturbances.

How do you balance the gut brain?

All reflexologists work with digestive problems. A research project in Denmark from 1993 shows that digestive problems are the second most common ailment we encounter as reflexologists, exceeded only by joint/muscle problems. Because of the placement of the enteric nervous system in the abdominal walls we automatically affect it when working on the classic reflexes of the digestive system, but with our new knowledge we have gained a few more possibilities for understanding and using the connections between digestion and the rest of the body.

Balancing via the nervous system: Nerve Reflexology

All organs are governed by the nervous system, so it is only obvious to supplement the classical organ reflexes with reflex points that specifically affect the nervous supply of the organs. This is where Nerve Reflexology comes in (see box below) Here are some examples from Nerve Reflexology for your personal experimentation:



Figure 3: Nerve points for communication between head brain and gut brain via the sympathetic and parasympathetic nervous systems.

The parasympathetic connection is treated via nerve reflex points for the vagus nerve. The sympathetic connections to the abdominal brain can be reached via the celiac ganglion and the mesenteric ganglia (superior and inferior). These are the so-called pre-vertebral ganglia, which are relay stations for sympathetic nerve fibers that spin themselves around the big arteries in the abdominal cavity and follow them into the organs. As always with Nerve Reflexology, a specific treatment technique with static pressure is applied for a maximum of 15 seconds.

About Nerve Reflexology

This method developed in the 1960's by German Walther Froneberg and his daughter Ellen is a natural extension of the classical reflexology of Eunice Ingham and (in Europe) Hanne Marquardt.

Specific nerve reflex points all located on the periosteum of the foot skeleton are worked with a very accurate technique. When the nerves absorb the impulse they react immediately and the clients experience immediate responses in muscles, organs, etc.

New research results that uncover more of the secrets of the enteric nervous system are continuing to be published, so this most certainly won't be the last we hear about our "other brain". Think gut brain the next time you work on the reflexes of the digestive system.

Dorthe Krogsgaard and Peter Lund Frandsen . . . are international lecturers and authors of a number of articles and educational manuals on various aspects of reflexology. They will be returning to Australia in April 2014, see www.touchpoint.dk for more information.

Facts about the gut brain

- ◆ Contains 100 million nerve cells.
- ◆ Contains specialized cells, which otherwise are found only in the cranial brain.
- ◆ Has receptors for mechanical movements and chemicals.
- ◆ Contains neurotransmitters also found in the cranial brain
- ◆ Functions independently.
- ◆ Communicates with the cranial brain via the autonomic nervous system.
- ◆ Is affected by nerve medicine.
- ◆ Can develop a "depression" or a "manic-depressive psychosis".

References

- Pauly, Nico: *Kompendium i Nerve Reflexology*, Touchpoint, 2011
Hansen, Mark Berner: *Neurogastroenterologi*, BookPartner, 2002
Gershon, Michael D.: *The Second Brain: A Groundbreaking New Understanding of Nervous Disorders of the Stomach and Intestine*, Perennial Press, 2000
Lewis, Ricki: "Birth of a Discipline", *The Scientist* 10[10], May 13, 1996
Association for Nerve Reflexology: www.mnt-nr.com
Workshops and more info: www.touchpoint.dk

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'Clawed' high heel scan will shock you

From: NewsComAu August 19, 2013

THE first 3D scan of a female foot in high heels has highlighted the painful price fashion-conscious women may pay for tottering around in towering Christian Louboutins or Jimmy Choos.

Consultant orthopaedic surgeon Andy Goldberg says all the body weight gets forced on to the front of the feet, eventually causing unsightly clawed toes that can become arthritic.

Wearing stilettos pushes and twists bones out of line, resulting in knobby bunions and other painful conditions.

The picture above was taken with a new \$340,000 scanner at the Royal National Orthopaedic Hospital in North London. The PedCAT machine, the first of its kind in the UK, does a 360-degree scan of the patient's feet in just 60 seconds.

Doctors can then view the resultant 3D image from every angle, spinning it around to view the foot from above, below and the side. It also takes 600 2D views of the foot.

Mr Goldberg, a foot and ankle specialist, said the technology was a major advance over traditional 2D X-rays, which could lead to misdiagnoses.

"The scanner gives us much more information" he said.



'It shows the deformity caused by wearing high heels is much more complicated than we previously thought.

"With high heels, the toes are squashed inside the shoe. The more stiletto-shaped they are, the worse it is. The toes not only get squashed, but they become clawed too."

The base of the big toe becomes 'deviated outwards', forming a bunion, while the scanner also shows how these bones can become 'rotated and dropped'.

Pea-shaped bones under the base of the big toe—called sesamoids—get dislodged by the immense pressures put on them.

"There's nothing wrong with being in this high heel position temporarily—it forms a part of your normal stride. And if you wear heels for an hour or two at an evening party, it's not a problem" Mr Goldberg said.

"But if you wear them for eight hours a day for years on end, you will develop problems."

Read more: <http://www.news.com.au/lifestyle/fashion-beauty/the-3d-scan-that-will-shock-every-high-heel-loving-woman/story-fnet01u7-1226699916786#ixzz2dMCpr6QI>



Complementary therapies for older people in care

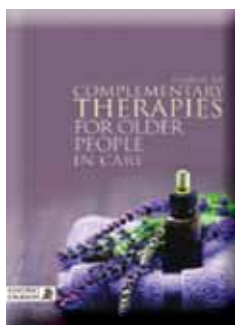
by Sharon Tay (RAoA-ATMS)

reviewed by Helen Adendorff

Sharon Tay is an RAoA member from Tasmania and is a qualified beauty therapist as well as Reflexologist. 'Complementary Therapies for Older People in Care' is Sharon's second published book. The book offers unique information and practical advice on the issues that we may have forgotten after our initial training. She addresses the common pitfalls and difficulties practitioners are likely to encounter when working with older people in care and offers encouragement and down-to-earth advice for tackling them.

With useful examples and explanatory photographs throughout, the book gives both experienced and new practitioners the confidence and practical strategies needed to provide treatments that are tailored to the particular needs of older people.

The book includes: assessing older clients for suitable treatments; communicating effectively with clients, relatives and care staff; adapting treatments for clients with particular health conditions, including dementia;



working around beds, wheelchairs and medical equipment; hygiene, safety; and ethical considerations.

Sharon also goes into detail about how to set up a mobile beauty and complementary therapy service and provides guidance on using specific complementary therapies and techniques which includes reflexology, aromatherapy and massage. The chapter on Reflexology is extensive and covers feet, hand and facial reflexology.

There is also a very useful and extensive index with links for further resources and reference material for all areas covered in the book should you wish to have more information.

At the time of writing this review the book has reached No 1 non-fiction best seller in Fuller's Bookshop featured in the Sunday Tasmanian TV guide February 9th, in Tasmania.

'Complementary Therapies for Older People' retails for \$31.95 and is a useful tool to a therapist's library. Well done Sharon.

See advert (opposite) for ordering details.



Infertility and Facial Reflexology: A case study

by Sharon Grant

My client was a 29 year old woman with an infertility problem. She had been on IVF from 2009 until 2012 when she was diagnosed with breast cancer. After surgery, which included the removal of three lymph glands in the right axilla plus chemotherapy, she went into menopause. Other issues: lymphoedema of the right arm and hypothyroidism (takes thyroxin).

The client wanted to have children and came for Facial Reflexology treatments for this purpose. I decided to give her an initial 10 treatments, 2 treatments per week .

My initial analysis of the reflexes showed a Grade 4 deposit in the hormonal area of the face and this determined the main focus of the treatment. The Sorensensistem Facial Reflexology determines treatment protocols based on 2 aspects of the client's history; firstly, the location of the most advanced deposit; and, secondly, the symptoms or known causes of the health issue.

In this case the hormonal system was the earliest imbalance so the relevant reflexes needed special attention in Step 3 of the basic treatment. It was also treated specifically with other techniques such as the Yamamoto technique, Neurovascular points and a Plexus Balance.

The symptoms, in this case—cancer (immune system), hot flushes, stress and lymphoedema—were treated using Nerve Points, Yamamoto points, Cranial Points and lines for the frontal lobe and the Intestinal Link for the thymus and ovaries.

By the third session the client was feeling a lot of activity in her ovaries and was experiencing less hot flushes. I was feeling stronger pulses in the ovary points.

At session 4 the client told me that she had had another blood test showing that her oestrogen levels were now 70 (formerly 30), LH was now 55 instead of 65 and SFH was now 170 instead of 145. The previous blood test was taken before treatments commenced, so these results were promising.

By session 5 she was feeling well and optimistic; ovaries were very active, flushes were not as often. She even wore a jumper, the first time this winter!

At session 7 she reported less activity of the ovaries, no hot flushes and 'pains like period pains' so she is very excited about that. At session 8 the Grade 4 deposit had softened and was now a Grade 3 so we were moving in the right direction

I had made small alterations to fine-tune the treatments as we went along but maintained the initial protocol focus. By session 8 there was a strong pulse in the ovary points and she was feeling well and happy.

After session 9 the client received the results of her next blood test and an internal examination from the IVF clinic. She was told that her blood test results were perfect and the internal examination showed that she was 'ready so go home and have sex'! He said that if she didn't fall pregnant this time she would get her period in 2 ½ weeks.

At session 10 I focused on relaxation. We were both really pleased and happy with the results. I did not expect to have such good results after just 8 treatments and felt

at times that I had taken on more than I could handle and admit I was trusting my intuition; allowing what I was feeling in her face and how she was feeling both physically and emotionally, to guide me.

Postscript: The client had her period as the doctor predicted. She will come once a month for follow up sessions and hopefully she will fall pregnant very soon.



Did you know ... ?

'Pedigree' comes from Old French '*pie de grue*' crane's foot alluding to the spreading lines used in a genealogical chart.

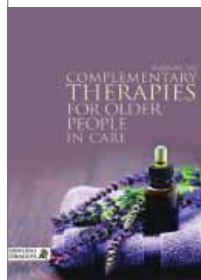
(Collins English Dictionary)

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Complementary Therapies for Older People in Care

by Sharon Tay



Published by JKP/Singing Dragon
London: 2014

An invaluable companion for complementary and beauty therapists working with older people and younger people in care and those in palliative care. The book covers a range of important topics and difficulties that a therapist may encounter when treating this group of clientele and gives practical advice on how to tackle them. This is an essential

book for practitioners who have recently started working, or who are training to work with older people and younger people in care settings and in palliative care.

In Australia/New Zealand the book can be purchased through
Footprint Books: www.footprint.com.au
Email: info@footprint.com.au

Tasmanian members can purchase their book through
Fuller's Bookshop 131 Collins Street, Hobart
www.fullersbookshop.com.au

Treating infertility and hormonal imbalances with Facial Reflexology

by Lise Plourde

In September 2013 I attended a course in Sydney on 'Hormonal Dysfunction and Infertility' with Lone Sorensen. This was a three day advanced course requiring prior knowledge of the Facial Reflexology basic treatment and did not disappoint. Lone is generous in sharing her 30 years' experience with literally thousands of clients.

When clients with pain or diagnosed disorders are not satisfied with the results of traditional reflexology treatments, reflexologists are looking for other treatment options.

Some of my unanswered questions were:

- ◆ Why are reflexology treatments ineffective for certain chronic health disorders?
- ◆ What information is missing from the client medical and lifestyle history?
- ◆ What methods would be more beneficial to the therapist and the client?

I was hoping Lone would have the answers.

Lone Sorensen claims many illnesses start with a hormone imbalance or deficiency. Is it not time we shifted our consciousness towards the hormonal system to uncover the root causes of many chronic illnesses for enhanced results?

The body is a powerhouse of hormonal activity. These chemicals send signals through the body communicating with every organ and gland. Hormones that are in a state of imbalance may be a result of lifestyle behaviour, environmental issues and emotional experiences still anchored within the individual. The hormonal system is extremely sensitive and very reactive to our emotions. These factors can eventually lead to gland and/or organ imbalances and if not attended to, disease may follow.

Lone says that each of the fifteen most important hormones can influence pregnancy, infertility, menopause and prostate issues, not just the hormones we commonly associate with reproductive disorders. This has led her to research this dilemma to a deep level and, through trial and error, proven her method of analysis and treatment to be a valuable tool for success.

On the subject of infertility in men, failures can for instance be caused by diabetes or an imbalance with the hypothalamus gland. The consumption of genetically modified food and obesity can affect male fertility too. In women, infertility can also be related to thyroid gland dysfunction as the thyroid keeps the pituitary gland and ovaries in balance.

Couples can be disappointed after trying IVF for infertility issues. Further complications, if they conceive, can be a nightmare for the parents. Babies have been born with kidney problems, some born without or with an incomplete thyroid gland, even missing parts of the occipital lobe of the brain. Many IVF children have brain dysfunction such

as autism. Therefore, considering Facial Reflexology instead of artificial infertility methods for conception could save a lot of heartache if successful.

Lone says it is vital to understand the function of each endocrine gland, the hormones it produces and what they do in the body. Aside from body clock and sleep problems, a lack of melatonin for example, can cause white spots on the skin, loss of colour in the eyes, irritability, anxiety and premature greying of the hair. Melatonin reduces the risk of cardiovascular disease and reduces the risk of cancer. It has been shown to slow the growth of cancer cells.

At the course with Lone we received detailed notes about each hormone and about the various causes of infertility. Most importantly though, we also received a 16 page questionnaire for clients to fill out to establish which hormone is most out of balance, plus the appropriate treatment protocol for that particular imbalance. This applies not only to infertility but also to ANY health condition.

It is important to analyse all the internal and external issues relating to our client's hormonal dysfunction. From diet, medicine, vaccination with high doses of aluminium, stress, electromagnetic disturbances to xenoestrogens, relevant issues can be found during the investigative process. Symptoms of imbalance vary but we now have the knowledge to regulate the appropriate gland so symptoms can disappear. As 85% of the issues are stress related, good results can be achieved with Lone Sorensen's formulated treatment plan.

The practitioner ascertains what has gone wrong with the system by examining the health history, previous medical experiences, the diet and lifestyle. The questionnaire is answered to pinpoint the guilty hormone. The basic seven treatment steps, with emphasis on the biggest deposit are followed plus the application of NP points, Nerve Points, Colon Link and Neuro foot reflexology.

The course also covered dietary recommendations to assist the normalisation of each particular hormone and these suggestions can then also be included in the treatment plan.

The treatment may take up to an hour, depending on each case. In difficult cases, give treatments up to three times weekly at first. Quite often, emotional issues are involved, so warn your client that they might experience a release while receiving or after a session. Recovery time will vary, but all cases should show improvement.

This method of treatment for hormonal imbalance is very smart; an easy tool to administer. Thanks to Lone's mix of experiences from her extensive research, facial reflexology is very effective and quick; another invaluable tool for the practitioner to satisfy their clients.



Make health your priority

Enjoy the benefits of Reflexology in a tranquil Balinese setting without leaving Warrnambool

Extract from : SouthWest Biz Magazine, Warrnambool

When Sandy Vanrenen had a purpose-built Balinese-style bungalow erected on the edge of her 1.3-acre property on Warrnambool's northern fringe 4 years ago she had a picture of serenity in mind.

"I wanted to create the perfect, relaxing environment for the health and wellbeing of my clients," the professional reflexologist explained.

The result has been a solid clientele built largely through word-of-mouth recommendations, culminating in the ultimate accolade: So Natural Reflexology took out the 'Health and Wellbeing' Award at the recent 2013 Powercor Business Excellence Awards.

While Sandy admitted that it was an "absolute surprise" to sweep the category—having completed her first-time entry in the awards at the 11th hour—she hopes it will raise the profile of the healing profession that she first trained in some 16 years ago.

The impetus came when Sandy, who lived in Denmark for 3 years, saw the enthusiastic way in which the Danes embrace reflexology as a natural approach to assisting many health conditions.

"Reflexology sessions usually focus on stimulating or sedating the thousands of nerve endings in the feet which travel back through the spine and out to all organs, glands and parts of the body", Sandy explained, "it's like having a powerful internal massage—relaxing the whole body which helps restore balance throughout.

Depending on the condition the client presents with, Sandy may find ear or hand more appropriate.

Sandy commented "It's very important to work with the client and their pain threshold level—if there is congestion in the body then clients will feel tenderness in related areas on the feet." "Generally, I can feel if something

isn't quite right having had the experience of working on hundreds and hundreds of feet over the past 16 years."

"Stress can easily become distress if not controlled. Distress can lead to dis-ease or disease. Reflexology is very effective in reducing distress, aided by good nutrition, exercise and a balanced lifestyle.

Sandy has worked with clients ranging from 6 months of age to 93. In the past she has been able to assist clients with shingles, sluggish digestion, fluid retention, depression,

poor circulation, neck & back pain, headaches & migraines, addictions, anxiety, asthma, diabetes, fertility issues, ear and eye conditions, hormonal imbalances and pregnancy to name a few. In addition to working from her Warrnambool clinic she regularly works from Health in Gray in Hamilton where she lived prior to moving to Warrnambool a few years ago.

Sandy has qualifications from the International Institute of Reflexology and is also a registered Advanced Practitioner of Reflexology with the Australian School of Reflexology and Relaxation and Professional Member of the Reflexology Association of Australia. She has participated in many reflexology-related workshops in Australia and Conferences in South Africa, Denmark and Luxembourg

as well as a Reflexology Study Tour in China in 2008.

Sandy commented that it gives her great satisfaction to see her clients enjoying improved health outcomes.

She is very keen to help raise the profile of Reflexology as a Complementary Therapy which, when applied professionally can have wonderful results for clients. She encourages anyone interested in having reflexology to look up her website in 2reflexology.com.au or contact the Reflexology Association of Australia to find a qualified reflexologist in their area.

An opportunity to promote reflexology

Sandy Vanrenen, So Natural Reflexology

Having won the "Health and Wellbeing" Warrnambool Powercor Business Award in October 2013 I would strongly encourage fellow Reflexologists to consider entering your local Business Awards.

It was purely chance that I picked up the Entry Form when visiting the local Council on other business. Having lived in Warrnambool for just on 5 years I thought there may be an opportunity to help raise the profile of Reflexology and perhaps some networking opportunities by participating.

It seems October 2013 was my month—just 2 weeks after my wedding to my boyfriend of 14 years, I was again in the limelight, winning the "Health and Wellbeing Award" at the Lighthouse Theatre, Warrnambool, sponsored by St John of God Hospital and being congratulated by the Premier of Victoria.

It was a great thrill to win, and although I gave it my best I really didn't expect to win, and would have been content knowing it forced me to prioritise having a website and also to focus on where I wanted my business to go over the coming years and take on board the judges feedback.

I believe having a strong Business Plan, proof of growing clientele, a budget and financial records, and good community participation helping to promote Reflexology, together with my website, enabled me to rise above the other Business Award participants. If any reflexologists are interested in entering future Small Business Awards and would like a few tips, please do not hesitate to contact me on 0409 185 066.



Reflexology, acupressure and other tips for acne and breakouts

by Vera Emmi – Healthy Body Healthy Skin

As Reflexologists there are many ways we can assist those who have Acne and Breakouts, however most people will endeavour to either try many over-the-counter remedies, ignore it hoping it will go away on its own, or visit their local Beauty Therapist. Whilst there are many and varied skin treatments available for Acne and Breakouts, it's not usual for the general public to think that their Reflexologist will be able to help them. So let's get out there and show them we can ... but how?

I have been in the Beauty industry since 1988 and am also a Paramedical Dermal Technician. My speciality is correction skin care so hopefully in this article I can assist you with some information that will assist you to understand Acne and with other information that you can apply to your clients or talk to them about it as they may know somebody with Acne or Breakouts, and hence a referral for you and another type of clientele you can attract.

While Beauty Therapists and Dermal Therapists will address the condition according to skin structure and skin biology, we as reflexologists can look deeper and relate it to organ and gland function. Therefore it will be important to also work with the Skin Therapist so that both topical and internal can be addressed.

The skin tells the real story of what's happening within the body, including each line, mark, colour, texture and secretion.

The skin is a reflection of what's going on within the body's organs and glands both on a physical and emotional level. It is a language in itself and learning to read it will enable you to achieve greater results.

The dictionary defines Acne as "a skin condition with red pimples" So what exactly is Acne?

Acne is a disorder of the sebaceous gland technically known as Retention Hyperkeratosis.

Acne is most common around teenage years, and the hormonal changes that take place at that time. These changes cause the sebaceous glands to produce too much sebum, which blocks up the skin pores and makes them more likely to get infected.

Acne is most common at puberty because of increased levels of the male hormone testosterone. Testosterone causes the sebaceous gland to enlarge and produce more sebum. In addition, the cells that line the skin pore produce more keratin. This combination can lead to blockage of the pores and the formation of a blackhead. With the pore blocked, bacteria can overgrow and release enzymes that break down sebum and promote inflammation. This is what is known as a whitehead or pimple.

The bacterium that seems to cause the acne is called *Propionibacterium (P. acnes)* and is present in everyone's skin and is usually lodged in the hair root (in and around the pilo sebaceous duct). *P. acnes* also cause the release of the protein digesting enzymes called proteases. The penetration of these enzymes into surrounding dermis

may further aggravate the inflammatory processes already in place. The particular bacterium can only live where there is minimum amount of oxygen. It is important when treating acne to destroy the bacterium and also create an environment in which will eventually lead to its death. This can effectively be done by performing topical oxygen treatments or alkaline treatments, both will destroy the environment that this bacteria feeds on. Equally important is an appropriate diet which experience has shown that an acne friendly diet has usually not been adhered to in the time prior to developing acne. (More on diet further in this article.)

Other acne aggravators include:

- ◆ Family history of acne;
- ◆ Stress;
- ◆ Humidity;
- ◆ Pressure/friction (constantly rubbing and touching of the skin);
- ◆ Picking/squeezing;
- ◆ Iodine;
- ◆ Industrial chemicals and exposure to environmental pollution;
- ◆ Diet high in saturated fat or fried foods;
- ◆ A fruit and vegetable deficient diet;
- ◆ Dehydration;
- ◆ Overexposure to sunlight (which will initially dry the acne and improve it for a few days, only to make it worse after that);
- ◆ Oral contraceptive sensitivity; or
- ◆ Hormonal imbalance.

The Four Grades of Acne

Dermatologists often divide acne vulgaris into four major grades.

Grade I This mildest grade consists of open and closed **comedones**. This is a non-inflamed condition. It mainly consists of closed comedones on the chin, forehead and nose wings. No pustules with the rest of skin being clear. There will most likely be congestion (pores filled with excess sebum and debris). Most people don't realise that this is the start of acne and dismiss it. If the skin is addressed at this time, it could avoid further complications including scarring.

Grade II This is where the face becomes studded with closed **comedones** (white heads), and some open comedones (blackheads). The whiteheads just continue to enlarge and the surface opening never dilates, trapping the material inside. Again most people do not consider this as acne, and ignore doing anything about it.

Grade III This is the most common acne. It consists of **inflamed papules** and **pustules** along with the milder stages of acne—open and closed **comedones**. This grade of acne will scar if not treated accordingly, however there

Continued on page 11

are ingredients that can be used as part of this persons' daily skin care routine that will assist in reducing the risk of scarring. Picking and squeezing will not only encourage more pimples, but will add to the scarring possibilities.

Grade IV This type consists of open and closed **comedones**, large **papules** and **pustules** as well as **cysts**. Grade IV acne is often accompanied by severe inflammation which becomes very red and even purplish. Although it has the potential to scar the most, this type of acne responds the most rapidly to treatment. This type of acne may sometimes need to be treated with medication as unfortunately some acne people don't get their skin treated until it reaches this stage.



Grade II Acne



Grade IV Acne

It is important to address acne before it becomes a serious problem which has the potential to effect self-esteem and confidence, leading to other complications. Young females try to cover it up by wearing heavy make-up foundations which mostly makes the condition worse. However a good quality Mineral Make-up works best for this condition. A medicated cover-up, sometimes with ingredients such as salicylic acid, also assists the breakouts while at the same assisting in reducing the redness. Salicylic Acid is on my list of ingredients when treating acne

HORMONAL BREAKOUTS

Hormonal breakouts are located in the chin and jaw line area. They can be there for years/decades if the person has long term hormonal imbalance or they could just appear a week or so before the menstrual cycle if more cyclic. I have had clients come to me who are into their 20's, 30's and 40's who have hormonal breakouts. This is a very common condition and becoming even more common.

Whether it is present most of the time or just appears one week of the month, this still indicates an imbalance and usually the family of androgens are responsible. 5a Reductase Isoenzyme type 1 seems to have something to do with hormonal breakouts in women. (5a reductase isoenzyme type 1 predominates in sebaceous glands, influencing sebum production and has an influence on hormonal breakouts).

Diet (or lack of a good balanced diet), lifestyle habits and stress are a big contributing factor to hormonal breakouts.

It is also important to check if the person has polycystic ovary syndrome (PCOS) as this will also produce hormone breakouts.

Reflexology works very well for hormonal breakouts—I have worked on many clients who have come to me for skin treatments and corrected their hormonal breakouts without the need for any skin treatments but rather by performing Foot Reflexology, Facial AcuPoint Massage and/or Manual Lymphatic Drainage instead. I usually combine two of the modalities at each treatment. In addition to this Hormonal breakouts can also be rectified by diet, herbal medicine, supplementation and lifestyle changes.

While this is a very brief summary of Acne and Breakouts, the following are some things that we as reflexologists can do to assist:

When I assess Acne, I look at where the acne is positioned, whether it's inflamed or not, and relate it to organ and gland function—liver, adrenals, pancreas, thyroid, pituitary and other hormone producing glands and organs, as well as digestive function, spleen, heat, inflammation and immunity. Then I address it with the appropriate skin treatments, homecare products, dietary changes, fluid intake, supplements, Reflexology and Facial AcuPoints. Always work within your scope or practice and training, therefore you may need to work with other professionals, e.g. Skin Therapist and Naturopath or Nutritionists.

Below is a brief outline without getting too detailed in this article.

Reflexology – Work:

- ◆ Liver and Kidneys—helps to tonify blood and release toxins
- ◆ Spleen—for blood cleansing and assist fight infection/bacteria
- ◆ Pituitary, Adrenals, Pancreas—to help balance hormones, reduce inflammation, stress reduction
- ◆ Big Toe—work thoroughly all over for acne on face, in fact I work all the toes and especially the vagus nerve on top third of the little toe.
- ◆ Spine and adrenals—for stress related breakouts. Stress related breakouts usually come and go depending on the persons stress levels or stress situations. If they appear red/pink then also work heat acupoints (below) and Liver.
- ◆ Lymphatic System—if acne is evident on side of neck, below ears.
- ◆ Stomach—if acne is prominent on cheeks
- ◆ Lungs—for acne on the lower cheeks
- ◆ Large intestine and small intestine—if acne is around mouth area and forehead. Working the Large intestine also helps clear colon which assists with releasing toxic build-up. The small intestine breakouts can be further broken down into looking for allergies/sensitivities such as wheat, foods containing salicylates, Candida Albicans, etc. This may need to be referred on to the appropriate health care professional as well as performing Reflexology/AcuPoints/Lymphatic Drainage
- ◆ Acupressure—LV 2 & 3 (located on the feet) to remove heat from the body. These acupoints are for inflamed, red pustules or reddish looking skin. Hold for up to 1-2 min, however bear in mind that LV 2 is a very strong heat clearing acupressure point and if worked for too long can result in an opposite effect.

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If you are knowledgeable in Face and Neck Manual Lymphatic Drainage, this is extremely beneficial for acne. I recommend performing this weekly or combining half/half with reflexology.

I would encourage you to give your client "hand homework" so that they can continue some form of treatment at home, which will speed results. Depending on the probable cause of the acne, you can give them the main three areas to work on.

Acupressure and Acne

TCM considers acne to be the result of:

- ◆ Wind and heat of the lungs;
- ◆ Dampness and heat of the spleen and stomach (digestive system);
- ◆ Stagnation of qi, blood stagnation, phlegm
- ◆ Toxic Bowel, Hormonal Imbalances, too fatty diet and impurities in the blood

In my experience, I always treated acne by ways of TCM pathology, including herbs, diet changes and along with clinic skin treatments and appropriate home care. e.g. look for indications of Candida Albicans, salicylate sensitivity, wheat sensitivity or excess wheat consumption, excess dairy consumption, compromised digestive system, bowel movements, androgens, stagnation, heat, cleaning of blood, heat, inflammation. Rate of growth is another way of determining if hormone related. These are just some examples of more common causes. If you are unsure of how to do it via TCM, check them via the feet. Most of this information should also be included in your Client History/ Consultation Form.

Some AcuPoints include (but not limited to as it depends on the cause):

If the breakouts are red or the skin has a general pink/flushed look—

LU5 LU9 LI4 LI11 BL13 BL16 BL20 ST36 SP6

If Candida Albicans is suspected and breakouts are inflamed, the following acupressure points can also be used :

LV8 SP2 SP9 SP10

SP 6 and LI 4 are contraindicated for pregnancy. Avoid SP10 during menstrual cycle.

Lifestyle

A balanced lifestyle including time to play, relax, adequate sleep, exercise, fresh air and 15 minutes of sunlight are all helpful for acne too, along with time to rest the mind and meditate.

Diet and Nutrition

Diet is important. Although past studies may show that chocolate, potato chips, nuts, coke, shellfish, pizza and foods with high fat content do not cause Acne these types of food have been known to make the existing acne or congested skin worse (whether you agree with the study or not ... I will leave that up to you!) More recent studies are showing a correlation between diet/nutrition/acne.

From my experience, research, study and results obtained, I have included some dietary tips:

For **cystic acne** it is best to avoid wheat, dairy, sugars, yeast foods, tomatoes and oranges, until the acne has improved considerably

A diet high in saturated fat or fried food also makes pores more likely to get blocked.

Eating pro-inflammatory foods (e.g. sugars, starches, and fried foods) can cause a dysfunction in the sebaceous glands, which in turn can make the pores appear larger. The low glycaemic anti-inflammatory diet is critical to improving the appearance of large pores.

Vitamin A deficiency produces skin congestion through over-keratinisation of skin cells. Vitamin A and zinc deficiency leads to lowered ability to fight infection, as does lack of beneficial bacteria, which can happen with overuse of antibiotics. Optimum nutrition helps by balancing hormones as well as reducing the risk of infection.

The most important nutrients are Vitamins A, B complex (especially B6), C, E (for wound healing), zinc (bacterial suppressor), niacin (for skin flushing). It is important to consume foods rich of these nutrients.

Calcium may help as it maintains the acid-alkali balance of the blood. Be careful of supplements with added iodine, which can make acne worse.

Diet Advice for Acne:

- ◆ Follow an optimum diet and drink plenty of water.
- ◆ Eat plenty of fresh salads and vegetables.
- ◆ Sulphur-rich foods such as eggs, onions and garlic are also helpful.

Increase consumption of the following foods :

- ◆ Sweet Potatoes, Leafy greens, Spinach, Parsley, Carrots, Beans

- ◆ Apricots, Cherries, Avocado, Apples, Pears, Papaya

Have a daily vegetable juice of Carrot, Celery and Beetroot
Avoid:

All salty, iodine-rich foods

Oranges and tomatoes

Commercial fruit juices

Wheat and refined carbohydrates

Dairy

Foods that are fried or cooked in trans-fatty acids such as take-out

Limit:

Alcohol, coffee, tea, sugar and saturated fats (as in fatty red meats – small serving of grass fed organic meat is acceptable)

Foods allowed include: (but not limited to)

Avocado	Apples	Legumes	Chicken	Black Pepper
Cabbage	Bananas (not peanuts)	Fish	Brown Rice	
Carrots	Berries	Potatoes	Tuna	Sea Salt
Celery	Cherries	Pumpkin	Salmon	Almonds
Cucumber	Coconut	Broccoli	Lamb	Pears
Lettuce	Figs	Brussel Sprouts	Mango	Camomile Tea/ Dandelion
		Cabbage		

Vera can be contacted on hbhs08@hotmail.com or 0407 599953 should you need assistance with any of the information above.





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What is ... Aromatherapy?

by Emma Gierschick

Aromatherapy is the use of pure essential oils to treat or influence the mind, body and spirit to promote health and wellbeing.

The oils appear in liquid form and are derived from various parts of a plant including the leaves, stems, flowers, bark, or roots via a distillation process. Although they are described as an oil, they do not have an oily texture, and while most are clear in colour several, including orange oil or patchouli, are yellow or amber.

Evidence of infused oils being used for therapeutic benefits dates back to Ancient Egypt, but it was 1910 when French Chemist Renee Gattefossé discovered how effective lavender oil was on skin after he severely burnt his hand and plunged it into a vat of pure lavender oil. This immediately reduced both the pain and the burn. Several years later he was responsible for coining the phrase Aromatherapy.

Pure essential oils are very different to synthetic fragrant oils. Fragrant oils are often much cheaper, but have absolutely no therapeutic value.

Essential oils meanwhile can be effectively used in many forms, including as a compress to help reduce swelling, as part of a massage, in a footbath, via inhalation or blended in creams and lotions.

As essential oils are highly concentrated they should only be used in small quantities for best results. One or two drops is usually all that is required to generate a healing effect, so a small bottle will certainly go a long way. When oils or blends are applied to the skin they are absorbed into the bloodstream, but they should not be applied to the skin neat, and never taken internally.

Most people use essential oils indirectly without even realizing as many household products contain them including soaps, shampoos and cleaning products.

But there are many other simple ways of consciously introducing Aromatherapy into our lives; a few drops of Lemongrass oil in an oil burner by a door or open window will repel flies and mosquitoes.

A couple of drops of Lavender oil on the pillow will help induce sleep. Eucalyptus oil on a hanky or tissue will help with a blocked nose or cold. A couple of drops of Peppermint oil in a footbath will soothe those tired aching feet, and for those with pets, a single drop of any of the afore mentioned oils onto your pets collar could help prevent fleas.

There are many uses for essential oils, and tips can often be found in good Aromatherapy books. Alternatively why not seek out the advice of a local Aromatherapist, or contact the Aromatherapy Association of Australia www.iaama.org.au.



Very often, what you are not expecting is exactly what you needed.

Anonymous



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Thanks Vera for your presentation. It was easy to follow, very practical and I have now gained additional skills to add to my Reflexology sessions. I can also pass on some "self help" tips to my clients. On top of that I have a "pain free" partner again! Very much appreciated.

Pamela Nish Reflexologist – Shorncliffe Qld

'Somatotopical relationships between cortical activity and reflex areas in reflexology: A functional magnetic resonance imaging study'

(see following pages)

by Christopher Seville; Bachelor Physiotherapy, Bachelor Biomedical Science

Reflexology uses points on the feet, hands and ears to create beneficial effects on the health of the rest of the body.

Using functional magnetic resonance imaging (fMRI) a study by Nakamaru and colleagues (2008) examined the effects that stimulating reflex points on the feet had on brain activity. This study was performed to assess whether the proposed effects of reflexology could be validated using modern science. Functional magnetic resonance imaging (fMRI) is an imaging technique that measures brain activity by detecting changes in blood flow. This technique has been used since the 1990's and is integral to measuring brain activity in vast amounts of scientific related research. An understanding of the organisation of brain cells into functional areas that correspond to the rest of the body is called the homunculus and has been used in this study to assess whether stimulating reflex points on the feet had measurable effects on brain activity at the corresponding points on the homunculus.

In this study three reflex areas on the left foot corresponding to the eye, shoulder and small intestine were chosen for assessment. These areas were chosen because their reflex points on the foot are distinctly different from each other, so too their representation on the homunculus. 25 healthy subjects between the ages of 18 and 41 were selected for the study. The reflex points on the foot corresponding to the eye, shoulder and small intestine were stimulated and the fMRI was performed

during this stimulation for a total duration of 11 minutes and 45 seconds.

The results of the fMRI studies for the 25 subjects were collated and statistically analysed to establish relationships between the findings for each of the 25 subjects. The statistical analysis showed that when the reflex points on the left foot corresponding to the eye and small intestine were stimulated there was a consistent, statistically significant response on the right side of the brain that demonstrated activity at the corresponding areas on the homunculus. Stimulation of the shoulder reflex point indicated a relationship at the corresponding area for the whole upper limb but further investigation is required to establish a statistically significant relationship between stimulation of this point and brain activity at the corresponding point on the homunculus.

This study therefore shows that by stimulating reflex points on the foot, areas on the homunculus (mapping brain activity) corresponding to these points were activated. For example, this is similar to saying that stimulating the reflex point for the left eye registers similar brain activity as if the eye had been touched itself. It also suggests that using fMRI is a valuable method evaluate the potential effects of stimulating reflex points on the feet, hands and ears has on the corresponding target areas.

Reference:

Nakamaru, T., Miura, N., Fukushima A. & Kawashima R. Somatotopical relationships between cortical activity and reflex areas in reflexology: A functional magnetic resonance imaging study, *Neuroscience Letters*, 448: 6-9, 2008.



South Australian State Director Susan Ramsey at the *foot* of the Statue of Liberty on her recent trip to New York



Somatotopical relationships between cortical activity and reflex areas in reflexology: A functional magnetic resonance imaging study

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ARTICLE INFO

Article history:

Received 2 May 2008

Received in revised form

29 September 2008

Accepted 1 October 2008

Keywords:

Functional magnetic resonance imaging

Reflexology

Sensory stimulation

Somatotopy

ABSTRACT

We examined the somatotopical relationship between cortical activity and sensory stimulation of reflex areas in reflexology using functional magnetic resonance imaging. Three reflex areas on the left foot, relating to the eye, shoulder, and small intestine were stimulated during the experiment. A statistical analysis showed that reflexological stimulation of the foot reflex areas corresponding to the eye, shoulder, and small intestine activated not only the somatosensory areas corresponding to the foot, but also the somatosensory areas corresponding to the eye, shoulder, and small intestine or neighboring body parts. Thus, the findings showed that reflexological stimulation induced a somatosensory process corresponding to the stimulated reflex area and that a neuroimaging approach can be used to examine the basis of reflexology effects.

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Reflexology is an alternative medical practice that obtains beneficial effects on the human body by applying pressure to specific points or areas on the feet, hands, and ears, which are called “reflex areas.” Each reflex area is believed to correspond to various parts of the human body or organs, and these areas are mapped on the hands and ears and soles of the feet [11]. Reflexology is considered to help eliminate stress, improve blood circulation, and restore the psychological balance of the body. Although this practice has shown positive effects on the human body in some clinical studies [10,12], how reflexology works medically is not yet fully understood. Likewise, the physiological relationships between the reflex areas and the body parts or organs have not yet been investigated.

Recently, fundamental research on alternative medical practices such as acupuncture has progressed using neuroimaging techniques. A previous neuroimaging study suggested that different areas of the somatosensory cortex were activated during stimulation of several acupoints related to different functions [4]. Moreover, Cho et al. reported that part of the visual processing areas was activated when an acupoint related to visual function was stimulated [3]. With regard to reflexology, a previous electroencephalographic (EEG) study investigated the relaxing effects

of reflexological treatment [5], but whether sensory stimulation of a reflex area is perceived as stimulation in the corresponding body part by a cognitive process in the somatosensory area is unclear.

In this study, we investigated the somatotopical relationship between cortical activity in the somatosensory area and sensory stimulation of reflex areas on the foot using functional magnetic resonance imaging (fMRI). For this purpose, three reflex areas related to the eye, shoulder, and small intestine (SI) were chosen as stimulation points because these areas are separated from each other in the reflexological foot chart and the projection areas of the somatosensory cortex as defined by Penfield’s Homunculus [9].

Subjects: Twenty-five right-handed subjects (22 men and 3 women aged 18–41 years; mean age 22 years) were enrolled in this study. All participants were healthy (no signs or history of medical or neurological diseases) and were native Japanese speakers. We assessed their handedness based on the Edinburgh Handedness Inventory [8].

Written informed consent was obtained from each participant in accordance with the guidelines of Tohoku University School of Medicine and the Helsinki Final Act of 1975.

fMRI data acquisition: All fMRI measurements were carried out using a 1.5T Siemens Magnetom Symphony scanner (Siemens, Munich, Germany) at the Research Center for Language, Brain and Cognition, Graduate School of International Cultural Studies, Tohoku University. Slices ($n=33$, slice thickness=3 mm, gap=1 mm) covering the entire brain were acquired by gradient-echo echo-planar (GE-EPI) MRI [repetition time (TR)=3000 ms,

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E-mail address: miura.naoki@kochi.tech.ac.jp (N. Miura).

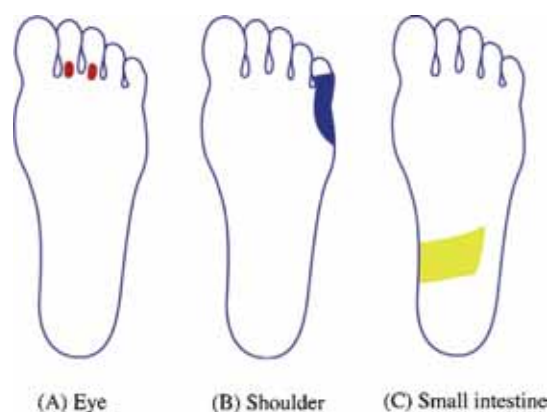


Fig. 1. Reflex areas for the (A) eye, (B) shoulder, and (C) small intestine.

echo time (TE)=50 ms, flip angle=90°, FOV 192 mm × 192 mm, voxel size=3 mm × 3 mm × 4 mm, matrix size =64 × 64]. In addition, anatomical whole-brain images were obtained by T1-weighted three-dimensional MRI (TR=1900 ms, TE=3.22 ms, FA=15°, FOV=250 mm × 250 mm, matrix size=256 × 256, 160 sagittal slices of 1.25 mm thickness).

Experimental design: Brain activity was measured using a block design consisting of three sensory stimulation tasks of the reflex areas, corresponding to the eye, shoulder, and SI. The duration of each block was 5 s and the interval between each block was 10 s; each task was repeated 15 times and a 30-s rest period was imposed before the first stimulation. Therefore, the total time of fMRI scanning was 11 min, 45 s. The order of tasks was counter-balanced among the subjects. Before the fMRI measurements, an experimenter marked the three reflex areas corresponding to the eye (Fig. 1A), shoulder (Fig. 1B), and SI (Fig. 1C) on the sole of the subject's left foot. The experimenter entered the MRI scanner room together with the subject, and the experimenter wore a pair of headphones to receive experimental instructions. In the fMRI environment, the subject was placed in a supine position in the MRI scanner. A semi-lucent screen was put in front of the subject's face, and the subject was instructed to gaze at the fixation-cross on the screen during the fMRI measurement. The experimenter stimulated each reflex area using a wooden stick with the right hand in accordance with the auditory instructions in each block, and touched the subject's left instep with the left hand throughout the experiment.

Data analysis: Image processing and statistical analysis of the fMRI data were conducted using the statistical parametric mapping software (SPM2; Wellcome Department of Cognitive Neurology, London, UK). The coordinates of all analyses were in Montreal Neurological Institute (MNI) space. The five initial scans for each subject were dummy scans to equilibrate the state of magnetization and were discarded from the time series data. The effect of head motion across the scans was corrected by realigning all scans to the first scan. The slice timing was corrected by adjusting all slices to the sixteenth slice. Then, the data were normalized spatially to the MNI-T1 template, using the T1-weighted anatomical MR image for each subject, and each scan was smoothed with a Gaussian filter in a spatial domain (10 mm full-width at half-maximum) to minimize noise and the effects of normalization errors.

The collected fMRI data were analyzed using a conventional two-stage approach. First, the hemodynamic responses to the different experimental conditions were assessed at each voxel using a general linear model on an intrasubject basis. A hypothesis was made for each intrasubject model in which the hemodynamic responses of the activation fields to the stimulation of the reflex areas corresponding to each eye, shoulder, and SI were

assumed to be the canonical hemodynamic response function with a block length of 5-s duration. Global changes were adjusted by proportional scaling, and low-frequency confounding effects were removed using a high-pass filter with a 94-s cutoff. Multiple regression analysis was performed for each voxel to detect the regions in which the MR signal changes were correlated with the hypothesized model. To identify the specific activation associated with stimulation of each reflex area, we generated subtraction images from the parameter estimate of each condition as follows: eye-specific [(eye × 2) – (shoulder + SI)], shoulder-specific [(shoulder × 2) – (eye + SI)], and SI-specific [(SI × 2) – (eye + shoulder)] activations. In addition, a subtraction image used to evaluate the common activation for stimulating the sole of the left foot (common: eye + shoulder + SI) was also prepared.

Second, intersubject activation maps were constructed by performing a one-sample *t*-test on each subtraction image. Since we focused on the relationship between the stimulation of a reflex area and the activity of the corresponding somatosensory area, we used a mask image of the postcentral gyrus using the Automatic Anatomical Labeling Atlas provided by WFU_pickatlas [14]. Furthermore, to remove false-positive activation in the statistical testing of each subtraction image, we excluded the voxels that did not reach the level of significance using task versus task contrast (e.g., eye – shoulder) from each statistical test of the subtraction image. We created mask images from activation maps of task versus task contrast, such as “eye – shoulder” and “eye – SI” for the statistical test of eye-specific contrast, “shoulder – eye” and “shoulder – SI” for the statistical test of shoulder-specific contrast, and “SI – eye” and “SI – shoulder” for the statistical test of SI-specific contrast. The level of significance for each mask image was set at $p < 0.05$ (uncorrected). The statistical threshold of each activation map was set at $p < 0.05$ [corrected for multiple comparison using family-wise error (FWE)] [6] by voxel level]. Finally, the resulting activation maps were constructed and superimposed on a MNI single-subject template.

To evaluate the effect of sensory stimulation of different reflex areas on cognitive processes, a region of interest (ROI) analysis was performed to inspect local changes in the hemodynamic response of the observed activation peaks. We defined a ROI as the peak location of each ROI that appeared when the statistical threshold was set at $p < 0.05$ (corrected for multiple comparison using FWE) in the eye-specific, shoulder-specific, and SI-specific situations, and the parameter estimates of each condition were extracted. A paired *t*-test was performed to examine the differences in local signal changes between conditions at each ROI.

Table 1 shows a summary of the peak locations and *t*-scores of activated regions in each contrast, and Fig. 3 shows the peak position of activated clusters in each contrast. Activation in the eye-specific contrast was detected in the middle part of the left postcentral gyrus (Fig. 2A). In the case of the shoulder-specific contrast, although no significant activation occurred, the superior part

Table 1
The peak location of each activated region in each contrast.

Area	x	y	z	T
(A) Eye-specific (FWE $p < 0.05$)				
Left postcentral gyrus	–62	–20	30	4.55
(B) Shoulder-specific (uncorrected $p < 0.05$)				
Right postcentral gyrus	34	–48	70	2.42
(C) SI-specific (FWE $p < 0.05$)				
Left postcentral gyrus	–18	–32	62	3.21
(D) Common activated region (FWE $p < 0.05$)				
Left postcentral gyrus	–60	–22	30	6.86
Right postcentral gyrus	20	–44	72	5.97

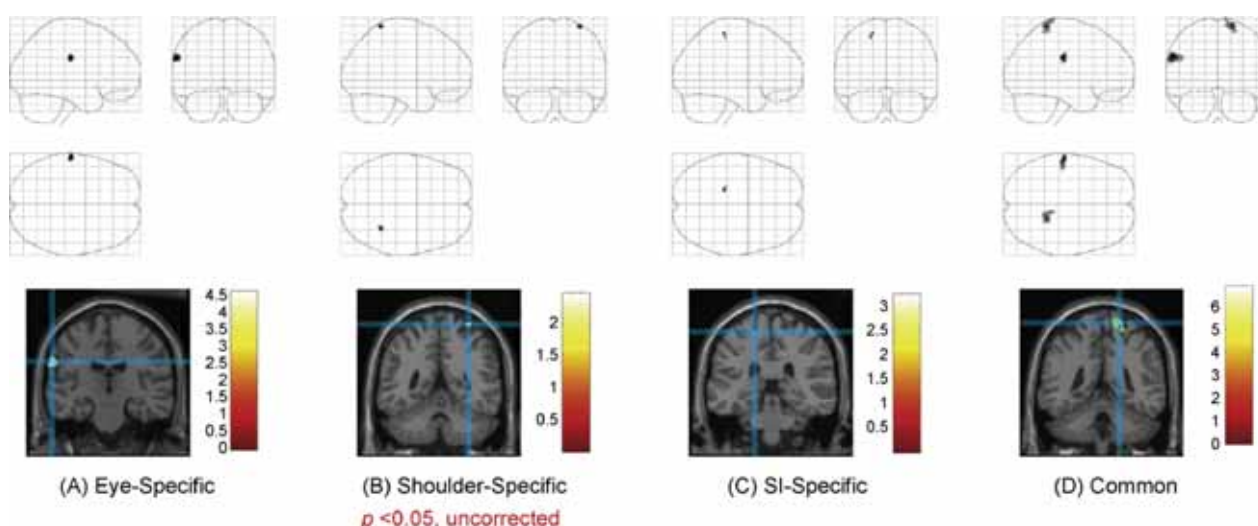


Fig. 2. Activated regions in (A) eye-specific, (B) shoulder-specific, (C) SI-specific and (D) common conditions. The upper row shows activated regions projected on the SPM glass brain, and the lower row shows the peak location of each activated region. The activation peak of the left postcentral gyrus under the common condition was the same as the activation peak under the eye-specific condition.

of the right postcentral gyrus tended to show increased local activity (Fig. 2B). Activation in the SI-specific contrast was observed in the superior part of the left postcentral gyrus (Fig. 2C). The superior parts of the right postcentral gyrus (Fig. 2D) and the middle part of the left postcentral gyrus, the same location as that in the eye-specific contrast, were commonly activated during stimulation of the left foot. Fig. 3 shows the parameter estimates of each ROI that was obtained from the eye-specific and SI-specific contrasts.

The parameter estimate under the eye condition was significantly greater than those under the shoulder and SI conditions for the ROI in the middle part of the left postcentral gyrus. In the case of the ROI in the anterior part of the left postcentral gyrus, however, the parameter estimate under the SI condition was significantly greater than those under the eye and shoulder conditions.

The purpose of this study was to examine the relationship between cortical activity in the somatosensory area and reflexological stimulation of reflex areas. From the results of the subtraction analysis, sensory stimulation of the reflex areas corresponding to the eye and SI induced different foci of significant activation within the somatosensory area. A sensory nerve for each body part projected on different parts of the somatosensory area, similar to Penfield's Homunculus [1,9]. A previous fMRI study showed that the representation of cortical activity on the somatosensory cortex associated with nociceptive hot and cold sensations in the right hand and foot was consistent with Penfield's Homunculus [2]. Moreover, an EEG study has shown that the areas corresponding to those in Penfield's Homunculus in the primary somatosensory cortex were activated when brief, painful stimuli were applied [7]. Eye-specific activation was observed in the middle part of the postcentral gyrus. The tactile sensation of the face part, including the eye, is affected by the trigeminal nerve, and its signal finally projects to the middle part of the postcentral gyrus. Therefore, sensory stimulation of the reflex area corresponding to the eye was considered to have induced the processing of tactile sensations of the eye or the neighboring area. SI-specific activation was observed in the more superior part of the postcentral gyrus. Somatotopic representation of the visceral sensation projects to the very lateral part of the somatosensory cortex, while tactile sensations for the trunk part project to the superior location. A previous fMRI study reported that visceral pain for the intra-abdominal region induced signifi-

cant activation in the bilateral intra-abdominal region and slight activation in the right trunk region of the somatosensory cortex [13]. Therefore, our results indicate that sensory stimulation of the reflex area corresponding to the SI was related to a tactile sensation of the trunk. In addition, its perception was not necessarily limited to visceral sensation and may include cutaneous sensation in the trunk. Furthermore, these activation clusters from the eye-specific and SI-specific contrasts were located in the left hemisphere, generally meaning that tactile information came from the right side of the body. The theory of reflexology alleges that the reflex area on the left foot reflects the left side of the body. Investigating this inconsistency of laterality will be necessary. The shoulder-specific contrast showed no significant activation, only a tendency for activation in the superior part of the right postcentral gyrus, the location of which was almost consistent with the projection of the tactile sensation to the upper limbs. The difference in the degree of local signal increase under each condition was not clarified in this study. Because this will likely depend on the condition of the subject, it will require more detailed experiments.

Regarding common activation under the various conditions, two significant activated clusters were observed: one in the superior part of the right postcentral gyrus, while the other was the same as the eye-specific activation cluster. The former cluster is related to the tactile sensation of the left foot because a tactile sensation from the lower limb projects to the superior part from the medial part of the somatosensory area. Regarding the latter activation, increased local activity under each condition was considered to have affected the contrast of the common condition. From this result, the middle part of the left postcentral gyrus may play a specific role during perceptions of reflexological stimulation of the left foot.

In conclusion, the activated area during the stimulation of each reflex area was consistent with the somatotopic representation of the corresponding or neighboring body parts in the somatosensory area. Previous fMRI studies of acupuncture revealed the somatotopic mapping of acupoints on the forearm, hand, leg and foot [4], and part of the visual processing areas, which were activated when an acupoint related to visual function was stimulated [3]. Those results indicated that reflexology had some effects that were not simply sensory stimulation. Our results support that claim and indicate that a neuroimaging approach may be a useful procedure for examining the underlying effects of this alternative medical practice.

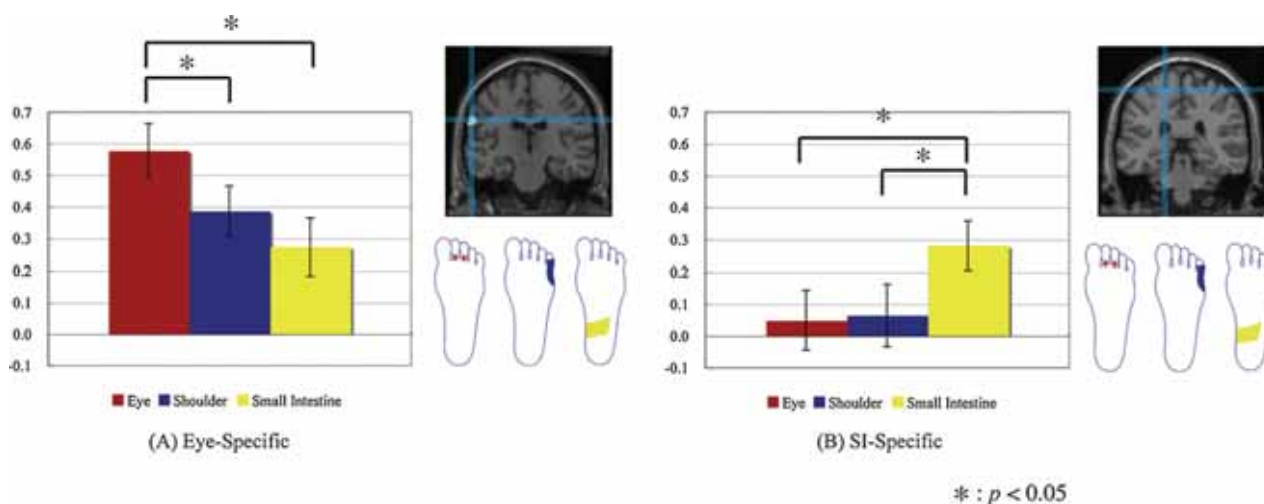


Fig. 3. The mean parameter estimates under each condition at the activated cluster under the (A) eye-specific and (B) SI-specific conditions. The error bar shows the standard error of the mean. The * means that there is a significant difference between two conditions ($p < 0.05$).

Acknowledgements

This research was supported by JST/RISTEX, R&D promotion scheme for regional proposals promoted by TAO, and Research Center for Language, Brain and Cognition, Graduate School of International Cultural Studies, Tohoku University.

References

- [1] A.K. Afifi, R.A. Bergman, *Functional Neuroanatomy: Text and Atlas*, second edition, McGraw-Hill Medical Publishing Division, New York, 2005.
- [2] H.H. Berman, K.H. Kim, A. Talati, J. Hirsch, Representation of nociceptive stimuli in primary sensory cortex, *Neuroreport* 9 (1998) 4179–4187.
- [3] Z.H. Cho, S.C. Chung, J.P. Jones, J.B. Park, H.J. Park, H.J. Lee, E.K. Wong, B.I. Min, New findings of the correlation between acupoints and corresponding brain cortices using functional MRI, *Proc. Natl. Acad. Sci. U.S.A.* 95 (1998) 2670–2673.
- [4] A. Nakagoshi, M. Fukunaga, M. Umeda, Y. Mori, T. Higuchi, C. Tanaka, Somatotopic representation of acupoints in human primary somatosensory cortex: an fMRI study, *Magn. Res. Med. Sci.* 4 (2005) 187–189.
- [5] K. Natarjan, R. Acharya U, F. Alias, T. Tiboleng, S.K. Puthusserypady, Nonlinear analysis of EEG signals at different mental states, *BioMed. Eng. OnLine* 3 (2004) 7.
- [6] T.E. Nichols, S. Hayasaka, Controlling the familywise error rate in functional neuroimaging: a comparative review, *Stat. Method Med. Res.* 12 (2003) 419–446.
- [7] Y. Ogino, H. Nemoto, F. Goto, Somatotopy in human primary somatosensory cortex in pain system, *Anesthesiology* 103 (2005) 821–827.
- [8] R. Oldfield, The assessment and analysis of handedness: the Edinburgh inventory, *Neuropsychologia* 9 (1971) 812–815.
- [9] W. Penfield, T. Rasmussen, *The Cerebral Cortex of Man: A Clinical Study of Localization of Function*, Hafner Publishing Company, New York, 1968, pp. 21–25.
- [10] I. Siev-Ner, D. Gamus, L. Lerner-Geva, A. Achiron, Reflexology treatment relieves symptoms of multiple sclerosis: a randomized controlled study, *Mult. Scler.* 9 (2003) 356–361.
- [11] N.L. Stephenson, J.A. Dalton, Using reflexology for pain management. A review, *J. Holist. Nurs.* 21 (2003) 179–191.
- [12] N.L. Stephenson, J.A. Dalton, J. Carlson, The effect of foot reflexology on pain in patients with metastatic cancer, *Appl. Nurs. Res.* 16 (2003) 284–286.
- [13] I.A. Strigo, G.H. Duncan, M. Boivin, M.C. Bushnell, Differentiation of visceral and cutaneous pain in the human brain, *J. Neurophysiol.* 89 (2003) 3294–3303.
- [14] N. Tzourio-Mazoyer, B. Landeau, D. Papathanassiou, F. Crivello, O. Etard, N. Delcroix, B. Mazoyer, M. Joliot, Automated anatomical labeling of activations in SPM using a macroscopic anatomical parcellation of the MNI MRI single-subject brain, *Neuroimage* 15 (2002) 273–289.



Balance

The mind sees with clarity
When the heart is open to speak
It delights in the freedom

To flow with love
To grow in depth
To expand in space

Each moment is a bud waiting to bloom
Each space of silence
The grace to full experience

Nourishment is love in full expression
Pleasure the inner smile which encompasses all life
Peace that point of balance that harmonises all actions

Misha Frankel

IT'S OFFICIAL!

The Natural Medicine Register Limited Constitution and Company details are now lodged and accepted by ASIC as of 12th November 2013

The Inaugural Annual General Meeting of the founding member organisations:

- ◆ AAMT Australian Association of Massage Therapists
- ◆ AHA Australian Homeopathic Association
- ◆ AKA Australian Kinesiology Association
- ◆ ATMS Australian Traditional Medicine Society
- ◆ BAA Bowen Association of Australia
- ◆ ICANT International Christian Association of Natural Therapists
- ◆ PAA Pilates Alliance of Australasia
- ◆ RAOA Reflexology Association of Australia
- ◆ STAA Shiatsu Therapy Association of Australia

was held on February 28 at Holiday Inn Melbourne Airport, at 11.00am–12.00pm with an Agenda inclusive of Acceptance of the Constitution, Election of current directors for a further 12 months, Appointment of an auditor and General Business. It was followed by a General Meeting 12.00pm–4.00pm covering the agenda items: Video production quote, NMR Ltd Directors Expenses, Member Associations Requirements, Registrant Model and General Business. Thank you James Flaxman for being the RAOA representative at this meeting!

“It is expected that further groups will come on board as the register develops.

“The primary aim of NMR is to strengthen the self regulatory framework in health services through maintaining a publicly accessible register of natural medicine practitioners across many modalities and to provide input into consistent codes of conduct nationally.” (NMR e-newsletter)

For further information on NMR go to www.nmr.org.au.



Face it

Facebook news—Social networks for the now moments

by Kate McKnight

Dip Reflexology, Dip Holistic Counselling, Reiki Master, Teacher, Meditation Facilitator

I have just come back from holidays, but by the time you read this my vacation will be but a distant memory. It had been 18 months since I last had a rest or holiday. I vowed to never let that happen again.

It is so important to nurture the soul. Practitioners are ‘givers’ and although we know how to protect our energy and work with healing intentions for ourselves, we must understand that when working in the caring professions, we need to take extra care of ourselves. It is vitally important to receive treatments from others, care for our own health and spend time away on vacation.

Not everyone can afford a vacation, but everyone can create space here and there to renew and restore. My trip was two weeks; the next one might only be a few days. The important thing I’ve learned is to ‘get away’ from the routine of everyday life once in a while. Last year I took a week off at home thinking I was having an ‘at home retreat’ but all I did was house cleaning and bookkeeping. Fail!



A great way for a practitioner to rest and recover is to change your scene, to get away from current stresses, environments or pressures. What I learned is that this temporary separation from ‘stuff’ cleansed my mind, body and spirit. I felt restored again.

Whilst away I still checked in on the RAOA Facebook page. How dedicated! Facebook is an organic experience, alive and very much of the present moment. It is so important to keep checking in and being part of the reflexology social network experience.

I’d like to remind everyone, while at work, home or on holiday, you can always check in on the RAOA Facebook page and connect with us. Please like the comments and share your views. The RAOA Facebook page really is the hub of where professional practitioners meet for help, information and inspiration.

Kate

You can send me copy/pictures for Facebook, but please no PDF files. kemcknight@bigpond.com



Melbourne Conference

17–19 OCTOBER 2014

What a journey it has been. Our preparations started a while back, in October 2012 to be precise.

A group of enthusiastic members met at the Novotel Melbourne in Glen Waverley to discuss the first steps of the 13th Bi-Annual Conference. Since then the Conference Committee has got together most months and we have made great progress.

Our theme changed a few times but with *'The Professional Reflexologist branching out'* we believe we have found the right one.

Our vision statement: *'To integrate the Professional Reflexologist into the community and the Allied Health Care System'*.

The aim is to inspire and empower all of us to integrate our profession into the community and become recognised in the Allied Health Care System. You can expect the Conference to be a showcase on how to do exactly that. Many of our members (Nationwide) are already working alongside the medical world and we are tapping into their experience and learning from them.

This Conference will help build your confidence and teach you ways to build your business in a professional manner. As Reflexologists we have so much potential and talent amongst us, and we need to align ourselves with the business side of our profession.

We believe that it is time for change and a different mindset.

Your Conference Committee is planning to provide you with speakers who will show you how to increase the value of your Reflexology business professionally and quickly. We are very excited about the energy and the quality of these speakers and we are confident that you will be excited too.

How many of us Reflexologists earn the basic wage which is \$660.00 a week? With a Certificate or a Diploma we should easily be able to earn \$1,200 a week from our own businesses without working anywhere near 40 hours a week. Unfortunately many of us do not earn at least \$1,200 a week because we do not have enough clients.

Please have a look at our website <http://www.conferencedesign.com.au/raoa2014/> and check out our Face book page <https://www.facebook.com/ReflexologyAssociation2014Conference>. And yes ... 'like' us! Spread the word as we need you to be involved and help us to make this Conference a successful one. So please come on board with your ideas. We would love to hear from you.

Warm regards,

Monique Poppelaars

On behalf of the Melbourne Conference Committee 2014



Reflexology Association of Australia (Melbourne Branch)

Proudly presents the

2014 National Conference

The Professional Reflexologist—Branching Out

17th–19th October 2014, Novotel, Melbourne, Glen Waverley, Vic.

**Submissions for abstracts have now closed—
Speakers will be announced shortly**

Registrations are open on the website: www.conferencedesign.com.au/raoa2014/

	Early-Bird	Standard
	before 23 June 2014	after 23 June 2014
Member	\$440	\$490
Non-Member	\$470	\$530

Visit & "Like" our Facebook page to follow the event:

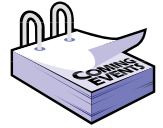
Reflexology Association 2014 Conference



For enquiries email Monique Poppelaars: 2014conference@reflexology.org.au

APRIL 2014						
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

CPT Education—Calendar of Events



Inclusion in the CPT Calendar of Events is a further bonus for advertisers

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2014	PRESENTER	TITLE	LOCATION/CONTACT
March 21-24	Sue Ehinger	Facial Reflexology 1&2	Epping, VIC Sue Ehinger 02 4976 3881 sue@reflexologyaustralia.com
April 4-5	Dorthe Krogsgaard and Peter Lund Frandsen	Touchpoint workshop, Round about: Stress	Perth, WA www.touchpoint.dk
April 6	Dorthe Krogsgaard and Peter Lund Frandsen	Touchpoint workshop, Round about: Digestion	Perth, WA www.touchpoint.dk
April 12-13	Dorthe Krogsgaard and Peter Lund Frandsen	Touchpoint workshop, Round about: Stress	Sydney, NSW www.touchpoint.dk
April 23	Dorthe Krogsgaard and Peter Lund Frandsen	Touchpoint workshop, Round about: Digestion	Brisbane www.touchpoint.dk
June 21 & 22	Sue Ehinger	Chinese Reflexology	Willoughby, Sydney, NSW Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com
July 4-7	Sue Ehinger	Facial Reflexology 3 & 4	Sunshine Coast Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com
8-11 August	Sue Ehinger	Facial Reflexology 3 & 4	Willoughby, Sydney, NSW Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com
August	Martine Faure Alderson	Treatment of the Hormonal System in Cranio Sacral Reflexology	Tas, Vic, NSW, SA, WA, Qld Heather Edwards 0424 678 450 reflexca1@bigpond.com
8-9 November	Sue Ehinger	Japanese Cosmo Face Lifting	Willoughby, Sydney, NSW Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com
Various dates	Linda Williams	Hot stone reflexology with meridians and body work	Various locations—see website http://solehealth-reflexology.squarespace.com/ Linda Williams solehealthreflexology@gmail.com

World-Wide Conferences (Courtesy of Reflexology World)

October 17-19th	Reflexology Association of Australia	The Professional Reflexologist Branching Out	Victoria Novotel, Glen Waverley www.conferencedesign.com.au/raoa2014/
May 2-4	Reflexology Association of America Biennial Conference		Santa Fe, New Mexico infoRAA@reflexology-usa.org www.reflexology-usa.org



Reflexology Association of America
Biennial Conference
Santa Fe, New Mexico
May 2-4, 2014

Questions:
infoRAA@reflexology-usa.org

Website:
www.reflexology-usa.org

STATE MATTERS

Hi all.
I hope everyone had enjoyed their Xmas and are at the start of a wonderful New Year.

The year ended on a hot note but fortunately we had a break between the hot days.

In October the Annual General Meeting was held at Regal Park Motor Inn located in central Adelaide and was well attended. Many thanks to all who attended and especially our interstate visitors who took the time to travel to Adelaide. It was a great opportunity to meet with other Reflexologists and share insights of our professions and a good opportunity to 'meet and greet' the current Board members and welcome new Board members into the Association. I find it good to put a face to names and be able to vote and have a voice in the organization.

We had two excellent presenters: Dana Hookings talking about Optimun Health & Wellbeing and Bernice Vergou with 'Access Bars'.

A big thank you to Pauline Trent for organising two sausage sizzles to raise funds for the RAOA.



SOUTH AUSTRALIA

There was a small turnout for our final meeting in November but it was enjoyable and productive with a practicum exchange review on Access Bars.

The South Australian Committee needs a Secretary. Rhiannon Loukes has agreed to be Minutes Secretary until next ABM, 4th May 2014. The duties of Minutes Secretary is to record minutes, type minutes and distribute minutes to all committee members. For secretarial duties other than minutes, we will continue to require volunteers for documents on website.

The committee has been busy organizing dates for 2014 —so South Aussies, put these in your diary: 9th February – Committee meeting; 6th April – Committee meeting; 4th May – CPT Event and ABM – 1 day; 3rd August – Committee meeting; 2nd November = Practicum exchange and committee meeting. Xmas drinks.

Heather Edwards is seeking members interested in Research. If this is you, please contact Heather. Happy New Year to all from South Australia

Marion Rackebrandt

VICTORIA

Melbourne has launched itself into 2014!

Our Education Co-ordinator Margaret Meyer has made the massive decision to resign from the position this year. We thank Margaret so very much for her hard work and dedication on many levels and we will miss her enthusiasm and input and we thank her for everything she has done for the Association over the last couple of years.

We do however have a new Secretary, Kathleen Buttigieg and Dani Singer has agreed to take on our newsletter again for this financial year. Many thanks for volunteering your time to our Committee and Association.

Victoria was faced with financial dilemmas late last year and as a result we have decided to do some cost cutting. One of the cuts is that we will no longer be sending out a paper version of our newsletter to members or interstate



committees as the newsletters are readily available on the Association website. Those who wish the paper version will be asked to pay a small fee for the service. We are also still looking for a new venue for our general meetings.

We are getting very excited with the National Conference to be held in Melbourne in October. I know it will be a great time had by all, and it is a fantastic effort by Monique Poppelaars and her team of dedicated helpers. The Victorian members are looking forward to greeting our Interstate members and hope to see you all there.

Amanda Barnett Wood

Well, I think I would start in wishing all our members and practitioners a very blessed New Year 2014.

As the year has only just started there is not much to share, however it is important to note that the Mind Body Spirit Expo has had a change of venue this year. It will be held at the Brisbane Convention Centre and the dates have changed for this year. They will be 28 Feb till 3 Mar 2014. If this event usually plays a role in your CPT portfolio it should be noted.

There are also some wonderful workshops and speakers headed to Brisbane this year and for personal growth as



QUEENSLAND

a practitioner, members should consider attending these enriching experiences.

Dates, venues and speakers will be available in the annual calendar in the back of this Foot Prints.

As I travelled this past year, I have seen many of Qld regional members being very pro-active and positive in arranging and maintaining their own Educational meetings as well as community work.

Wishing everyone a wonderful few months forward and may we be energised to keep our modality alive and growing in our surrounds.

Linda Williams

The final Branch Meeting for 2013 was held in November and members were treated to an informative and instructive presentation by Daniel Fitzpatrick from Alternative Foot Solutions on '5 Keys of Foot Mobilisation Therapy'. Daniel demonstrated a quick and gentle approach to heal the feet without the use of orthotics or surgery.

In December members of the NSW Branch of the RAOA celebrated the festive season at the Neutral Bay Club. A lovely lunch, a secret Santa, and a few friendly games of barefoot lawn bowls on a warm sunny day were enjoyed against the background of the quintessential sounds of a Sydney summer—the cicadas.

It was a great opportunity to enjoy the company of fellow colleagues and to wish each other a happy and prosperous 2014. We would like to extend that wish to all our members.

2014 is shaping up to be a busy year in the NSW branch ...

Thanks to the tireless efforts of Yeen Ng the 2014 Speakers Programme is scheduled through to July. The



NEW SOUTH WALES

Members for Members Workshop Program already has 3 x 2 day workshops planned. These events will be detailed in Feetspeak, Newsflashes and listed on the website.

Planning for the 2014 ABM is progressing well, under the capable guidance of Janet Burgess. Janet would welcome assistance in preparing for this, so please feel free to offer your services.

Ann Jooste-Jacobs is pursuing the option of an on-going reflexology service, for the over 18 graduates from Bear Cottage, when they have returned to their hometowns.

As well as producing a media strategy, our publicity officer, Prue Proctor, is developing an Awareness Event Diary for 2014 to establish links with other associations and promote awareness of Reflexology through articles and research relevant to the promotion selected for that month. For example in April—Autism Awareness.

An inspiring and positive start to the 2014 calendar.

*Anne Treadwell
and Anne Moorcroft*

Here we are entering into another new and exciting year. Our little State has been trialling a new meeting/workshop format that seems to be working well. We have managed to shorten our meetings down to one and half hours, leaving the rest of the meeting day for a four hour workshop. This way we all have the opportunity to earn our CPT points. Some members choose to come to the meeting only and this is fine. I know that some members have also not been able to attend as travel for such a short meeting is not viable, but these members are kept up-to-date with our minutes. We may also become adventurous enough to start a State Forum discussion page!



TASMANIA

Our last meeting was in November and we learnt how Pilates' movements can ensure that we have good posture whilst working on clients and to stretch properly after a full day of working. It was interesting to see how connected all our muscles and movements are. This is something that we all 'know' but to have it explained and demonstrated was an eye opener for all that attended.

We are looking forward to another year of exciting professional learning, including the wonderful national conference being organised by Melbourne. (Thank you to the Conference committee of 2014 and we wish you all the best as the pace fastens over the next few months.) We hope you all had a wonderful beginning to the year and look forward to catching up with our fellow reflexologists—both state and national—over the coming year.

Lynda Kidd



WESTERN AUSTRALIA

No Western Australian report was received for this edition of Footprints.



FootPrints Journal

ISSN 1039-2092

Published by the Reflexology Association of Australia, Limited

Copy deadlines

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

Subscriptions—\$50 for 4 Issues

Contact: Lea Brown—accounts@reflexology.org.au

General Contact: Jenn Cooper—footprints@reflexology.org.au

Advertising sizes and rates

Display:		Current price:
Full page	29.7 cm deep x 21 cm wide	\$255.00 per issue
Half page	13 cm deep x 18 cm wide	\$148.50 per issue
Quarter page	13 cm deep x 8.5 cm wide	\$75.00 per issue
Eighth page	6.5 cm deep x 8.5 cm wide	\$50.00 per issue

Inserts

Per A4 sheet to all States	\$255.00
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Inside back cover only available @ \$400 per issue

Contact Heather Edwards—president@reflexology.org.au

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www.reflexology.org.au/fp-contributors

The Reflexology Association of Australia is committed to the belief that reflexology can be of great benefit to the health of all Australians. It publishes a referral register on its website (www.reflexology.org.au) and has a referral phone service (1300 733 711) for members of the public who wish to consult a qualified practitioner.

Reflexology Association of Australia Limited

The Reflexology Association of Australia Limited was incorporated in 2002
as a company limited by guarantee
(ACN: 101 412 319)

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1. CRANIO SACRAL HAND REFLEXOLOGY

No one has ever tried to position the zones and reflex points according to the bones, Martine is the first one to do so.

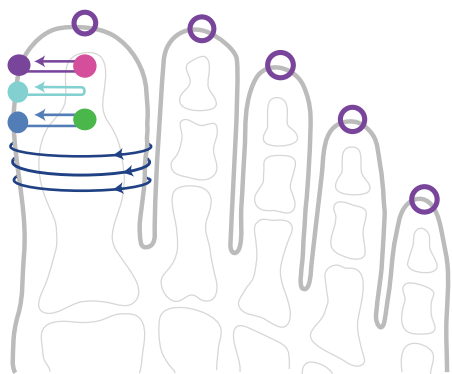
- The bones of the hand are similar to the feet but as there is no calcaneum in the hand where do we position the pelvis?
- How does supination to pronation, when man moved from being on all fours to the upright position affect the reflex points?
- How does the angle of the occipital hole and the cord position with man standing change the development of the brain?
- How the hand influenced the development of the brain?
- How the Therapist can re-enforce Feet Reflexology with Hand Reflexology?
- How patients can be shown self help through the hands?



THESE ARE SOME OF THE QUESTIONS YOU WILL HAVE THE ANSWERS TO AT THE COURSE PRESENTED BY DR MARTINE FAURE-ALDERSON

In the two day course the **General Hand protocol** taught, covers all systems of the body.

2. TREATMENT OF THE HORMONAL SYSTEM IN CRANIO SACRAL REFLEXOLOGY



- How to treat with ease Puberty, Fertility and Menopause?
- How to understand the hormonal mechanism of retroactions?
- How to control efficiently the addition to sugar?
- How to control your metabolism?
- How to control the effects of DHEA and Somatotropine (GH)?
- How to prevent rapid ageing?

THESE ARE SOME OF THE QUESTIONS YOU WILL HAVE THE ANSWERS TO AT THE COURSE PRESENTED BY DR MARTINE FAURE-ALDERSON

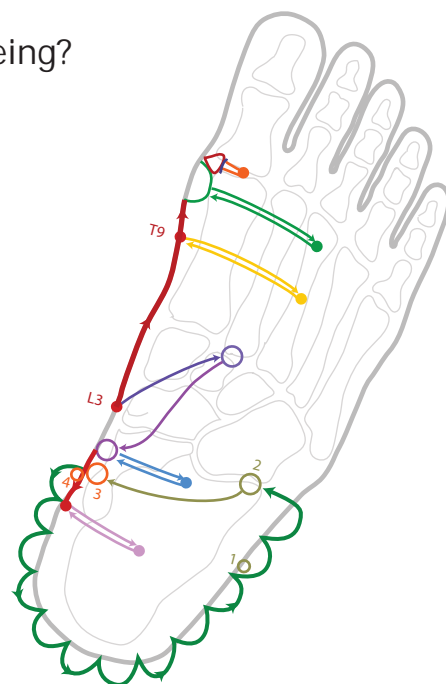
The two day course covers the **Neuro-Endocrine System** through a **new ground-breaking protocol**.

Martine will also demonstrate a special hormonal protocol for babies/children and for pregnancy. It is so new it will first be demonstrated in Australia in August!

COURSES in Australia, August 2014

PRICE of each course – \$625

Please advise Heather of your interest: reflexca1@bigpond.com



Reflexology Association of Australia

VISION for Reflexology: Reflexology is to be recognised as a major component of an integrated health care system.

VISION for the Association: The Reflexology Association of Australia is a leader in integrated health care systems.

MISSION: To maintain a viable and sustainable association in order to advance the reflexology profession and to be of service to members.

We will achieve our mission by:

- Maintaining a viable and sustainable association.
- Maintaining high levels of training and qualifications.
- Promoting awareness, understanding and usage of reflexology in the general community and the health sector.
- Providing a professional support structure for members.
- Representing and advocating for members in the public, government and health arenas.
- Facilitating, supporting and engaging in research.
- Increasing membership and retaining existing members.

Did you know that the Research Committee meet every month via Skype. We have had representation from Western Australia, Northern Territory, Victoria and Queensland. If you wish to join, contact research@reflexology.org.au and Miranda will respond. We would love to have someone from New Zealand or even farther afield join!

POSITION VACANT

The National Board needs a new FootPrints Advertising Coordinator.

It is a satisfying role with the primary involvement being to obtain advertisements for insertion into FootPrints four times a year.

It is a voluntary position but does earn you CPT points. FootPrints organising is done by email, so anyone in Australia can take on the role.

We have four positions on the FootPrints team—the Editor (Helen Adendorff) and Co-editor (Sharon Tay); Advertising Coordinator (was Jenn Cooper) and Desktop Publisher (Margaret Clift). We support each other and work together to publish FootPrints.

All enquiries to Heather Edwards
National President
president@reflexology.org.au

Reflexology Association of Australia Conference

17–19 October 2014,
Novotel MELBOURNE
Glen Waverley

The Professional Reflexologist Branching Out

Our Reflexology Tree of Life is made up of a golden trunk & branches and lime green leaves. The trunk represents strength, structure and support and the colour gold represents good flow of energy and great wisdom.

