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LETTER FROM THE BOARD



It gives me enormous pride to write this piece as the 3rd National President of the Reflexology Association of Australia. I know I have big shoes to step into after the mammoth achievements of both Brigitte Johnson and Jan Williams, but I am confident that with the united support of all our members, we will achieve much. I have been involved on a committee level in the Reflexology Association for 5-6 years now, but never dreamed that I would have this amazing opportunity to lead it. I take my responsibilities

very seriously, and will undertake to serve you and the industry to the very best of my ability.

My style is quite different, in many ways to our previous presidents, but I believe is indicative of the stage we are at in our association. I feel Brigitte's primary role was to unite us as one national body, create our foundations – no easy task at all. Jan's primary role I feel was to anchor us, to provide strength and stability, to increase our foundation, and provide a safe and structured platform for us to grow. I feel my primary role is to develop stronger links between each state, unite us further, develop national policies, standard proformas, and guide us to the next stage of professionalism via marketing, guidelines and promotion. I am very big on networking, communication, and team building, and I would like every member of every state to be able to visit any other branch general meeting and recognise the systems, the ethos and feel welcome there.

Membership involvement and sponsorship are also areas I would like us to focus on over the coming years. You will no doubt all have received a yellow sheet of paper in your renewal packs, discussing how you could be involved. I urge you to consider what you could do and jump on board. Thank you to those who have already sent their slip back to Jenn Cooper.

Volunteering is much more than just giving up your time. It's about teambuilding, support, camaraderie, the chance to try something you might never have had the opportunity to do - developing new skills, stepping outside your comfort zone, making new friends and most importantly knowing **YOU ARE MAKING A DIFFERENCE!**

Over the next couple of journals I will focus on this and I intend to highlight and acknowledge some fabulous achievements of individual members past and present that might ordinarily go unnoticed outside their state. I will start this process by acknowledging **Ian Gilbert in Qld who is responsible for creating the FIRST Reflexology Stroll path in Australia.** A truly amazing feat and one that will make a difference to countless numbers for many generations. Well Done Ian. On behalf of all our association **we are truly proud of you!!!!**

October 15th 2005 sees our association holding its **Annual General Meeting in Hobart, Tasmania.** Please come along and meet the rest of the board members who are working hard behind the scenes to serve you and develop our industry further. I intend to try and visit each state over the next 6 – 8 months to meet as many members as possible, at no cost to the association, and I will look forward to getting the chance to talk to you and meeting you personally.

So for now, I wish you health, happiness and sunshine.

Kind Regards, Emma Gierschick, President



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This issue:

Front cover photo of the first stroll path in Australia, by Ian Gilbert, Qld.

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National Referral Service

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

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

Phone: (0500) 502 250

Or visit our website at:

www.reflexology.org.au

Editor's Corner

We hope you enjoy this issue which has a range of interesting articles relating to your practice.

It is important to us that FootPrints shares members' experiences from all over Australia, so we are particularly pleased to be able to include articles from Tasmania, Queensland and Western Australia in this issue. Remember, anything you feel like sharing, no matter how short – please do send it.

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

Warm wishes from
Sue and Graeme

New Board Members



Libby Stark, Queensland

My reflexology training was through Australian College of Natural Medicine (ACNM) in Brisbane. I became a professional member in Jan 2002.

I became New Member Co-ordinator of the Qld Branch in 2003/04. This was a new position created at my suggestion and I had a great year

stepping out of my comfort zone; welcoming members to our meetings.

Then in 2004/05 I was elected chairperson for the Qld Branch – this was a real learning experience for me and I was rewarded with new friendships and building and strengthening my personal and business growth.

Over the three years my home based clinic has grown from strength to strength, having begun with a handful of clients and it is continuing to grow into a very successful business.

As Acting Director at the board meeting in April I was given insight into the workings of the National Board and later at the teleconference in July I found myself nominated for the position of Vice President!! This position will become official from the AGM in Hobart this October.

I attended the Australian Conference in Fremantle, Western Australia in September 2004 and I believe that played a big part in building my business to where it is today and strengthening my network within the reflexology field.

I have since become a member of the International Council

of Reflexologists and will be travelling to the International conference in Amsterdam, Holland in September this year. This is very exciting for me and I am looking forward to bringing back the latest information to share with everyone in future publications.

Having lived and worked in the country for many years plus owned and managed successful small business enterprises, it is my vision to include as many country and regional members as possible in our Association. I hope to demonstrate to new members the benefits it has to offer through business networking and personal development.

I sincerely hope that my personal input will be of benefit to the growth of our National Association.



Judee Hawkins, NSW

I have just taken over the reins of a NSW State Director on the Board of the Reflexology Association of Australia. NSW is entitled to have a second Director and you would be most welcome to join me to share some of the workload of the Board.

I graduated from Sue Ehinger's Australian School of Reflexology in 2002 and have been

slowly building a practice since then. As a student I became a member of the NSW Association and took on the role of Correspondence/Minute Secretary for the Branch. Then had a break from committee duties whilst I studied a Diploma of Energetic Healing at NatureCare College which is almost completed.

Like most busy people, I wear several 'hats'. I am a grandmother and regularly babysit my two small grandsons and other family needs; have a part time legal secretarial business which I run from my home; am involved in giving complimentary reflexology treatments to those in need in the Starlight Room at Westmead Children's Hospital; to several 'Relay for Life' fund raising days for the Cancer Council and attend weekly at the Anglican Retirement Village at Castle Hill, in Sydney, where I have the 'honour' to give my time to residents in need of touch and companionship. I am amazed at a 103 year lady, who although almost deaf and blind, has an alert and intelligent mind.

At the NSW ABM in May this year it appeared a new vibrant committee was emerging and I put my hand up to take on the present role. I am very much on my 'L's' but with the support and assistance of NSW members and the National Board, I hope to be more actively involved with our Association. I say 'our Association' because we volunteers are responsible for its continuation, from National to Branch level --- let's keep volunteering, even in a minor way. It's important for the Association and for us individually.



Sara Higgins, Queensland

I have been a reflexologist and a member of the Reflexology Association for five years. Over that time I have held different committee positions including secretary and state director. My current role as one of the two state directors for Queensland embraces the portfolio of research.

This is particularly exciting as we now have a member collating

information regarding research from all over the world and we will be making this information available to our members. We are also developing our own research vision - where we would like to be in 5-10 years' time. I'm very much looking forward to seeing where this leads.

I have a clinic in Brisbane and I also teach yoga. I join Jan Williams and Sharon Ritchey in teaching reflexology at the Australian College of Natural Medicine. I really enjoy this seeing our future members as they train to become reflexologists. There are wonderful people joining us.

I look forward to being involved in our association at this exciting time.

Intuition and Sound Reflexology

by Helen Mary Perkins, MAR RAA BTAA, UK

Intuition can be simply described as a state of heightened awareness. I use this plus all my senses - including the sixth which I believe is an extension of all five - and I will explain how I bring these senses into play when exploring the reflex areas.

The first three treatments with any new client present the opportunity to uncover the reflex areas in their purest form. This can only be achieved through the implementation of the six senses, after which the client may require only maintenance treatments.

To set the scene, I always make sure the space where the reflexology session is taking place is warm or cool enough, airy and comfortable for us both; no interruptions and all my paperwork and client record forms ready to start. I always cleanse the space after each client and mentally prepare myself for the next session by carrying out a self-preparation routine.

It is vital to have the right intention and to focus 100 per cent of my ability on the task in hand to help and guide the client. I keep my mind clear and free from distractions. I believe it to be of the utmost importance that I am well rested, fit and healthy to be a viable channel, able to access my higher mind or the wise person within and link, in some cases, with spiritual helpers.

The Sense of Touch...my touch may be firm, light or within the auric field of the reflex area. The pressure needs to be adapted for the client's comfort and will depend upon which treatment is taking place.

Touch is a great communicator. The opening massage moves enable my client to become used to the way my hands hold and support them. Variations in pressure and movement will both relax and stimulate the various systems of the body, such as the nerves, blood and lymph circulation and help the energy levels. Although there are different styles of reflexology such as 'the light touch,' which is self-explanatory, and 'classical reflexology,' where the thumb walk is used; I use the first treatment as more of an 'exploration of the reflexes' and vary my pressure. In the second and third treatments, I may apply more pressure and remain still on reflex points.

I aim to cover every millimetre of skin on the reflex area I am working; this may be on the feet, legs, hands, arms, head, face, back or hands. I often feel like a detective, as I press or lightly touch an area, checking its texture, temperature and tenderness. I explore the area, whether it is the arch of the foot relating to the spine reflex or the softness/hardness of the pad of the fingers and toes, which can relate to the meridians and zones.

I have developed sensitivity in my finger pads whereby I



can feel the vibration of the reflex area and locate the point where I need to touch. Here then, I call it, 'a holding point.' I am then able to interpret the quality of the reflex by using my intuition to explain how it needs to come into balance. Remaining in touch with a reflex may be all that is needed to allow the healing through.

Sense of Sight... I may bring in the sense of sight by physically looking at the area. For example, is the skin raised by thickness or is it discoloured?

Again, using my own eyes in an intuitive way, I see the reflexes superimposed upon the body in varying hues, textures and vibrations. With this inner sight, I may be able to sense what is going on in the body or my intuition may show me a visualisation that helps me to understand what reflex is out of balance. For example, when I am holding the throat reflex, I may 'see' a desert scene, depicting perhaps a dry or sore throat. With this information, intuition may help me to pick a colour to apply to that reflex in the form of a colour torch, application of a coloured lotion or the use of a crystal.

Sense of Smell...The sense of smell often creates a corresponding spiritual scent. Many reflexologists in my workshops have reported that during a treatment, a fragrance appears as if from no-where! Occasionally, my intuition suggests a specific aromatherapy oil should be applied to that reflex area.



Heart reflex

Sense of Hearing... The sense of hearing is used acutely regarding the atmosphere in the room where I am working. In the workshops, I often stop the class and ask participants to 'listen' or be aware of the atmosphere. There is always a shift or change in the air pressure.

This may signify a need to alter the routine of the reflexology treatment or indicate the helpful presence of a spiritual guide. The vibration surrounding the reflexes can be helped considerably with the use of sound healing.

Different vowel sounds and pitch can be used to bring about a change or help balance the reflex I am holding. Sound travels through the body to the part that needs healing and many clients report either that pain has gone or there is great relief.

Sense of Taste... The sense of taste is another indicator, where my intuition produces a taste of metal, saltiness, acid or lemons to help me identify the reflexes that are out of balance. For example, working with a person who had mercury poisoning, a metal taste would materialise when I worked over certain reflexes. Further research into this condition showed that residues of mercury will be found in the lungs, shoulder areas and elsewhere.

I have found that other reflexologists also feel or are aware

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Researching Reflexology

By Pat Maclean, Qld

Interest in complementary therapies has been increasing in recent years in Australia and we are all noticing that more people know about and want reflexology for their health problems or simply for the feeling of wellbeing that it brings. There has been pressure on health funds to include complementary therapies in their coverage which inevitably means calls for evidence to support claims of efficacy.

For reflexology, however, the body of research that exists to date has not been of a sufficiently rigorous nature to convince potential users and medical authorities of its efficacy. In a health system that is largely cost-driven, we need evidence of how reflexology compares in terms of cost effectiveness to other forms of health care in current use, eg drug therapy. We need evidence of efficacy, safety and side effects. We also need to be able to show *how* reflexology works. Good research, well done, will help us convince people that our therapy *is* effective and that there may be times when reflexology is a better, less invasive and more cost-effective treatment than drugs that are increasingly more expensive and have unwanted side effects. Also, to be professional reflexologists, we ourselves need access to research that will help us link theory to practice so that we can apply this knowledge in our own work.

Research at present

Much of the documented reflexology research to date comes from Denmark, where reflexologists have been active in sound, well-organised research for some time, so much so that they have received funding assistance from the Danish government for some of their work. In 1991 the Danish Reflexologists' Association established a Research Committee. A world leader in reflexology research, they have received the International Council of Reflexologists' Research Award on more than one occasion. Europe and the United Kingdom have formed the **Reflexology in Europe Network**, with a subsidiary research group established in 1997 and coordinated from Denmark.

Australia, where reflexology is comparatively recent, has very little documented research activity so far. However Lyndall Mollart has been cited internationally for her research project in Gosford, NSW on the use of reflexology for ankle and foot oedema in late pregnancy.

In the UK, research within the field of complementary therapies is beginning to interest the mainstream medical profession. A landmark report in 2000 by the House of Lords in the UK states the need for "evidence-based" research into CAM (complementary and alternative medicine), acknowledging that the much-promoted "gold standard" of the randomised controlled trial may no longer be an entirely appropriate model for every CAM research situation.

In 2002 David Peters et al comment that in the UK both the public and many doctors believe that complementary therapies *are* effective, and that new research designs have also been developed with the aim of taking into account the "whole person" approach of complementary therapies. These designs are discussed in their book.

The value of anecdotal reports and case studies

The word "research" to many of us invokes an image of mysterious and complex procedures involving white coats, algebraic equations and statistics. However, research can also be as simple as asking our clients a few questions and recording their responses. We already have much valuable information stored in our case notes.

Whilst sharing our experiences through reporting what is regarded as anecdotal evidence does not stand as hard research evidence recognised and accepted outside our profession. It does provide a basis for undertaking more formal studies, so may help us gain funding to build this anecdotal material into facts and statistics. As an example, if we were to bring together all our case notes for every diabetes client we have worked with, it is highly likely that there would be enough positive outcomes to put forward a submission to Diabetes Australia to carry out a formal study.

The RAA and research

Some years ago, the NSW branch appointed Chris Atkins as Research Officer. Chris has since moved to Queensland, and is currently working on her own research project involving reflexology for a master's degree in psychology. As Research Officer, Chris began compiling an index to a collection of research studies reported in international reflexology journals, but due to her study workload has handed on the indexing role to me. Chris continues as a contact person for advice on research protocol, but due to the pressure of her project is unavailable until January 2006. I have been expanding on Chris' original work, collecting references to a range of information about reflexology from other sources, including case studies and anecdotal reports. We are also collecting examples of how reflexology is being used in institutions like hospitals and hospices. Our aim is to build a research library for the Association.

The research library

The research library at present consists of an electronic database of references and a small, hard copy collection of journal articles, papers and reports involving reflexology. Some of the electronic references also contain the full text of the documents, but in some cases the full text documents must be obtained from elsewhere. Some of the references include contact details for the author(s), as well as extensive lists of materials that the authors consulted in the course of their research work. Most of the references concern the application of reflexology to specific health conditions such as cancer, arthritis, etc. There are also some articles that describe how people have been able to carry out their research in certain situations, such as in nursing homes or hospitals, as well as other, more general information about reflexology research. The database is still under development – in fact it will always be a work in progress – and although at this stage it is quite small I can provide information to anyone who is interested. It will eventually become available through the RAA website.

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Coloured Nails—What do they Mean?

By Sharon Tay, Tas

When most people think of coloured nails it generally refers to the colour varnish used to enhance the finger or toe nails. However, to a health-care practitioner the word 'coloured nails' can mean a lot of things.©

In the FootPrints issue March 2002, I wrote an article on Nail disorders. This article, is an up-date on nail problems I have encountered when working with elderly ladies residing in aged-care facility, and from the clients who visit my clinic. Though I mainly work with finger nail problems, I do on several occasions come across toe nail disorders when I am treating the toe nails in a pedicure.



During the past few years, I have concentrated on observing the colour of the nail bed and nail plate on the fingers to understand what may be the cause of certain disorders and colour hues that appear on, or through the nail plate. In many cases, the finger nail can change colour very quickly, especially in frail elderly people. In some cases, the colour of a nail can indicate an internal imbalance long before the person is aware that something is going on. Having an understanding of the colour hues related to nail disorders, I can see this will be of advantage to any health-care practitioner, especially for the reflexologist who has the opportunity of working closely with the hands and feet.

The following disorders are some of the common problems I often see when working on elderly clients, and clients who overlook the need for nail-care maintenance.

White/pink nails

Through my observation on the finger nails, I have noticed when some of my elderly clients are on blood-thinning medication, their nails become brittle and the nail plate is white. At the top of the nail near where the nail starts to grow over the top of the finger, a thick pink line runs across the nail. The client can become sensitive especially around the cuticle area. White nails with pink near the top of the nail may also indicate cirrhosis of the liver.

White nails

White spots (leukonychia) showing through the nail plate may be caused by an infection, injury or improper manicure/pedicure procedure. Internally, white nails may be caused through lack of protein, a liver or kidney disease, or anemia. White lines across the nail may indicate a liver disorder, and white nails with dark spots or streaks at the tip of the nail may relate to a kidney disorder.

Pink/pink streaks

Heart conditions. In some of my clients with heart problems, their finger nails are either soft and flexible or hard and brittle with the nail bed showing a very bright pink and very white free edge of the nail. Where the circulation is poor, the bottom of the nail plate near the cuticle area, can show a pale blue in colour.

Blue nails

A bruised nail is generally a darker blue in colour with a touch of maroon, while light blue nails can indicate poor circulation. Blue nails can also relate to some other internal

disorder. In my work, I am only familiar with the first two.

Yellow nails

When nails look yellow, streaky (due to the prominent ridges longways) and the nail end near the cuticle appears thick, flaky and coming away from the nail

fold, this could mean a defective lymphatic drainage.

Jaundice – the nail will show a pale yellow hue and the nail itself will appear weak and split at the free edge. (some diabetic clients can show the same symptoms)

Psoriasis – this is very common in the elderly. I have seen this condition range from mild to severe in the finger nails. Clients who are on long term anti-inflammatory medication will often develop psoriasis especially where they are unable to use their hands properly. (Clients who suffer with arthritis especially in the hands, seem to have this problem also). The nails become pitted and weak and the free edge of the nail does not grow properly and flakes away. The skin underneath the nail (hyponychium) becomes crumbly (like breadcrumbs) and can cause discomfort to the client. If left untreated, psoriasis can develop into a fungal infection.

Fungal infections – fungal infections can occur in the finger and toe nails and on the hands and feet. Elderly persons who have suffered a stroke or have a severe form of arthritis are more prone to getting fungal infections in the hands and finger nails because of their inability to take care of themselves. The affected hand becomes moist and warm due to inactivity, causing the fungal spores to grow and spread if left untreated. Elderly people living alone are often prone to fungal infections. This is due to the fact that these individuals are no longer able to bend over and wipe their feet properly, leaving their feet moist and damp. In cooler weather this can be worse as feet are kept warm in stockings, socks and shoes leaving little space or time for airing, therefore allowing the warm dark damp space between feet and shoe to be an ideal area for fungi to multiply. On the feet I have seen where the fungal spores have taken over the dead skin cells on the dorsal area of the foot and grow into a green/yellow plaque. You are not mistaken when you come across a fungal infection in the hands or feet, as there is a distinct mouldy sickly smell. Fungal infections can vary in colour from yellow to brown and green/yellow. Severe fungal nail infections will damage the nail causing it to flake away and fall off.

Yellow nails can also relate to diabetes and respiratory problems.

Red nails

Redness in the nail or around the nail and finger can indicate inflammation or the beginning of an infection. Infections are often caused through external injury such as: improper manicure procedures, poor hygiene care in manicure equipment and hand washing, careless gardening pro-

Coloured Nails—What do they Mean? (cont)

cedures and from unsafe practices in other manual activities.

Brown/black

Any pigmented longitudinal streaks that appear in a nail could indicate a melanoma and the client should have their nails on the feet and hands checked out by their medical practitioner. If a dark brown/black spot appears at the base of the nail near the cuticle, and the nail plate begins to peel away, clients should also have this checked. Dark/brown spots could also indicate an external stain, from smoking, or from constant use of colour nail varnish. External marks or stains caused through neglect and improper use of nail-care products are most noticeable on the nail plate, whereas internal disorders show through the nail plate coming from the nail bed.

Brown nails

This often indicates that the client has been using colour nail varnish without giving time or space for the nails to breathe. Constant use of colour nail varnish can weaken the nails causing them to split and become very discoloured. Colour nail varnish can cause allergic reactions to a client and leave them with a red rash on the neck and chin. The ingredient toluene sulphonamide-formaldehyde resin found in nail varnish can cause these reactions, especially in those with a skin sensitivity.

Another reason for brown nails is from smoking, which stains the nail plate and fingers.

Other nail disorders

Beau's lines

Shows as a ridge in the fingernail with a prominent line across the nail plate. This may be caused by a severe illness, interruption of protein formation, chemotherapy or external damage.

How long should nails grow?

Nails normally grow about .05 to 1.2 millimetres a week. They can grow faster in the spring/summer season. Finger nails grow more quickly than toe nails. Nails are made up of keratin, protein and sulphur. Nail abnormalities are often caused by nutritional deficiencies. To maintain a healthy length of finger nail, allow the nail to grow above the top of the finger so that when you have the palm of your hand facing you, you can see the top end of each nail (like the first appearance of the rising sun coming up behind the mountain). If you cannot, your nails may be too short. Short nails become weak and cause splitting, flaking and the top layers of the nail plate to shed. Short nails are a common problem among the elderly as they prefer their nails very short and will continue to cut them or have them cut poorly by untrained persons, causing most the problems to the nails that I have previously mentioned.

It is important for a health-care practitioner working in 'body work' to have clean healthy nails. For the reflexologist, massage therapist and beauty therapist, keeping finger nails in good order is a simple daily task which can be carried out before, or between client appointments. Using a long file (not metal), will help prevent the nail from splitting and flaking.

File along underneath the free-edge of the nail in one direction using the rough side of the file, then file again using the smooth side of the file until the nail feels smooth.

Apply either a cream, essential oils or cuticle hand lotion around the nail folds, over the nail plate and cuticle area, this will help strengthen the nail, shed away dead skin from the cuticle area and maintain a healthy nail.

Buff the nails using a criss-cross movement to give a them a shine and help to keep them from forming deep ridges (furrows).

Vitamin and mineral deficiencies

Lack of vitamin B: the nail may show to be dark in colour, thin, flat or spoon shaped.

Iron deficiency: may show the nails to look and feel brittle. Brittle nails may also relate to a thyroid or kidney problem and poor circulation.

Zinc deficiency: the nail will have furrows running across the nail.

Lack of protein, minerals in a diet: will cause the nails to split, peel and chip easily. This is very common among the elderly as many suffer nutritional impairment.

These nutritional problems in the elderly can be related to:

- living alone and unable to shop or prepare food properly
- poorly fitting teeth and sore gums
- long term medication that impairs the sense of taste
- unable to feed properly
- depression
- dementia
- illness
- medication
- lack of appetite
- unable to eat sufficiently

With so many problems among the elderly, finger and toe nail disorders will always be a on-going problem. However, in my experience, those clients that do have regular manicure treatment seem to maintain a satisfactory outcome in nail-care, and remain free from infections and from injury caused by improper manicure procedures.

Essential oils for nail treatment

Helps strengthen the nails and cuticles

1 tbs almond oil
1 drop sandalwood essential oil
1 drop lavender essential oil
1 drop cypress essential oil

Helps combat infections (will also strengthen nails)

1 tbs almond oil
1 drop oregano ess. oil
1 drop lemon ess. oil
1 drop tea-tree ess. oil
1 drop lavender ess. oil

Keep oil in dark bottle and it will keep well for months.

One drop of oil should be enough for one hand or foot. You only need a very small amount to give the full benefit of nail-care enhancement.

Structure of the Nail

Nail plate – visible part of the nail that protects the nail bed on the toes and fingers.

Nail bed – the skin beneath the nail plate.

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Coloured Nails—What do they Mean? (cont)

(Continued from page 7)

Matrix – the area under the cuticle; the hidden part of the nail unit where growth takes place.

Lunula – this is part of the matrix, the moon shape at the base of the nail, usually more visible on the thumbs.

Cuticle (eponychium) – skin tissue that overlaps the nail plate and rims the base of the nail.

Nail folds – the folds of skin that frames and supports the nail on three sides.

Free-edge – the visible part of the nail that grows above the top of the finger.

Hyponychium – the skin underneath the top part of the finger close to the free-edge join.

Reference:

Dermatology, 3rd edition by David Gawkrödger, publ by Churchill Livingstone, 2002

Sharon Tay works as a reflexologist, massage therapist, beauty therapist, who operates her clinic in Lenah Valley TASMANIA. For the past nine years a large percentage of Sharon's work has been visiting the elderly, and infirm in nursing homes, hospitals and private homes on a regular basis. The core of her work has been dealing with problems in finger nails, and researching for ways to overcome the difficulties that occur from internal disorders such as: the effects of long term medication, illness, trauma and nutrition impairment. As well as manicures, Sharon incorporates hand reflexology and face reflexology in beauty treatment when working on her clients. In the past eighteen months Sharon has been giving talks and holding workshops in nail-care for health-care practitioners in nursing homes, women's centres and to the general public.

Sharon is available by email to reflexologists who would like to know more about nail-care for themselves or for a client. Email: sharontay@dodo.com.au

(Continued from page 5) *Researching Reflexology*

A final word

At present many of us lack the necessary education and training to carry out research, but in time this will be addressed by the training colleges and through professional development activities, not necessarily to make us all into researchers but to help us understand better how to co-operate with researchers and to recognise opportunities for research. This will help us gain a wider professional consciousness about research, and also find new approaches and ways of thinking about what forms of research might be relevant in evaluating the effects of reflexology on the health conditions we encounter in our daily work. As reflexology develops as a profession, our body of research will grow.

There is no time like the present. Perhaps you have been harbouring a secret wish to investigate a condition that has attracted your interest, or would like to be involved in something but don't know what, or how. Talk to your colleagues, your teachers, your National Research Co-ordinator Sara Higgins, your branch committee members. Explore the literature available in the research library.

Contact information

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Chris Atkins Chris is unavailable until January 2006 due to her research project.
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(Continued from page 4) *Sound and Intuition Reflexology*

that they use intuition of some kind, whether it is a 'gut feeling' or something more tangible like a tingling sensation or a change of temperature in the reflex area and it is this ability that I like to help fine tune and deepen in my workshops.

Helen developed and refined the principles of her 'Intuition and Sound Reflexology' through research and full-time practice, first when she lived in outback north Queensland and worked within the Royal Flying Doctor Service clinics, and later when she moved to the UK, where she now lives. Her expertise and reputation in this area led to her being invited to join the Council of the Association of Reflexologists (AoR) where as area groups co-ordinator she travels the country offering personal and professional support as well as running her workshops.

For more information see www.helenperkins.com or send an email: helenmaryperkins@hotmail.com

Reflexology in the UK

About the Association of Reflexologists

By Polly Hall, MAR

The Association of Reflexologists (AoR) is the largest membership body in the UK for reflexologists. It is a non-profit making organisation with its own constitution, codes of ethics and practice and a disciplinary procedure to govern the conduct of its 8000 plus members.

The mission statement of the AoR is 'Delivering Excellence in Reflexology' and it aims to do this through all aspects of its activities. Its aims include the promotion of reflexology, distribution of information, support of its members and the provision of a valuable service to the public.

The AoR was set up in 1984 to create a network of support for practicing reflexologists and to enable them to meet and exchange ideas and advice. This quickly grew into a more established organisation with a register for members of the public to refer to, provision of insurance cover, set up of regional support groups and promotional material to help individuals in their practice.

The AoR today is a proactive organisation consisting of voluntary Council Members, all practicing reflexologists, who alongside an Executive Council are responsible for different areas of the association. A centralisation of the administrative office over the past 18 months has resulted in a streamlining of services to members who now have the added benefit of contacting one office for the majority of enquiries ranging from membership issues to training & education advice; previously this was contracted out to several companies around the UK.

There are an estimated 15,000 practicing reflexologists in the UK however this number has not been officially confirmed. Most reflexologists are self-employed as the therapy is not yet regulated which means that anyone can call themselves a reflexologist then set up and practice on the general public. This is why there is a need for a membership body with a good reputation to which the public can refer to in confidence when they are seeking out a reflexologist.

Many reflexologists in the UK work from home or within a health clinic alongside other therapists. Most work is initiated by the reflexologist themselves who will secure a place within an establishment but normally on a contractual basis rather than as an employee. There is an increased understanding of what reflexology is but many people in the UK have not tried it yet and it is only just beginning to be accepted within hospitals, hospices and other mainstream medical establishments.

The integration of reflexology is important for its recognition as a valuable therapy for good all round health and preventative treatment. Research being conducted into the efficacy and benefit of reflexology will help towards this acceptance but this is a long process and one that will not be quickly reached without increased funding and more support from established faculties.

The work ethic in the UK is perhaps the worst in the world with the highest number of hours worked per head and ever

increasing stress levels, so it is surprising that not more employers would openly encourage a way of retaining staff and offer ways to keep them fit and healthy. Some reflexologists will be fortunate enough to secure a place within a workplace where they can treat employees during work time. This is a difficult arena to get into and even the most marketing savvy reflexologist will find that there are still many barriers to establishing a practice in a workplace.

Full membership of the AoR is open to practitioners of reflexology who have trained on accredited courses or who have satisfied the AoR that their training and practical skills meet the required standard. The minimum training standard required includes 150 course hours.

Membership of the AoR also includes a Friend Membership category and a number of reflexologists in other countries have joined as Friend Members to receive the AoR's quarterly journal, Reflexions.

Benefits of Membership - Full Members

- Use of the initials MAR (Full Members only)
- Receipt of the quarterly Journal, Reflexions
- Free event listing and advertising in Reflexions
- Free legal and tax telephone helpline
- Free technical and professional support
- Low cost insurance cover
- Attendance of low cost AoR seminars and conferences providing access to internationally renowned speakers
- Access to, and support in setting up Reflexologists Area Groups
- Provision of leaflets and services designed specifically for members.
- Financial support and provision of exhibition packs for local events
- Availability of research reports and support in developing research projects
- Mail order service of books, charts, equipment, leaflets, visual aids
- Personalised membership card
- Access to reduced cost advertising in Yellow Pages in the AoR corporate box
- Listing in the register of practitioners and on the AoR website
- Access to the members only area of the AoR website. Where there are many excellent features such as the industry leading discussion forum
- Offprint service of articles and information
- Provision of AoR logo for use by members
- Support and provision of information for World Reflexology Week
- Access to the "create your own webpage" service which allows you to have a webpage linked to the AoR site
- Access to the WebHealer web-design service with huge discounts

(Continued on P10)

Cranio-Sacral Therapy with Children

By Teresa M Bran, UK

I am writing to you to let you know of an ongoing success story that may be of interest to your readers.

Bradley is now 10 years old and I have been treating him since May last year, having successfully completed Martine Faure-Alderson's basic course in Cranio-Sacral Therapy in Reflexology. I took this course specifically because I thought it may help Bradley.

Bradley was born in 1993 with chromosome depletion, specifically the long arm of C9. This condition has resulted in:

- Epilepsy - 4 to 5 drop fits a day, even on Lanstrogen. Measurements of his brain activity show that he is always in a state of epilepsy.
- Frequent absences and constantly fidgety.
- Impaired balance and motor skills - he moves around with a gorilla-like gait, bent over with arms hanging whilst constantly bumping into things. He can just about feed himself with his head close to his food, due to poor muscle control.
- Learning and language difficulties - sentences are thrown at you and he is generally unable to answer simple requests. Lack of attention span and he will never be able to read or write.
- Behaviour - throws tantrums, bites others when excited.
- Visual impairment - very short sighted, requires glasses.
- Poor elimination system - incontinent and suffers with severe constipation. As a result, his skin is very yellow, eyes muddy and generally feels unwell most of the time.

When he was 2 years old his parents took him to BIBIC, the centre for brain damaged children. They were taught exercises designed to stimulate Bradley's brain. These worked very well but took 3-4 hours a day and required two adults to work with him. This meant that in the long term the approach would be unsustainable, but it did help and it is felt that his condition now would have been worse if they had not done this.

When I saw Martine's advert I felt that this could be the answer to helping Bradley as it meant stimulating his brain from his feet

As soon as I completed the basic weekend course, I started treatment on Bradley with his mother, Rosie, in attendance. He did not like his feet being touched, as we had tried before. I suggested that she play a game which would involve tickling his feet - stroking and massaging them whenever she thought of it for a week. This helped Bradley when he came for his first treatment. Rosie held him on her lap tight and distracted him with food, stories and songs. It was very difficult but we had to persevere. He frequently pulled away, pushed my hands away and was very agitated, physically twitching. Martine had suggested a twice-weekly treatment and we were always exhausted afterwards.

From his first treatment we saw changes in Bradley - it was thrilling to observe! He walked upright for the first time ever and this improvement has continued. He now looks almost normal when he walks, except when he hurries.

Ten minutes after his first treatment, his bowels opened and this response has continued after each subsequent treatment. He was also more alert, his expression less dazed.

During the following weeks, improvements continued to be made. His speech improved and he became more coherent. He had a bowel movement every day. His skin changed from yellow to normal and his eyes cleared beautifully.

The school he attends also noticed the difference in Bradley describing him as "happy, communicative and full of fun". Probably the most significant impact, which occurred after only two treatments, was the cessation of his drop fits. He still has absences, but the number of these has reduced.

After about ten treatments, he was having only the odd tantrum and had stopped biting. His muscle tone was greatly improved, he sat upright, ate his food and attempted to draw at school. His occupational therapist thought she was seeing a different child. His doctor reduced his Lamotrogen as he was no longer having fits. Martine also treats Bradley homoeopathically and he takes Linoforce for his bowels.

Currently he is calm instead of constantly agitated, quiet not at all jittery. As long as we are regular with his bi-weekly treatments he sits ready for me to treat him, smiling, putting my hand on his foot and asking me to tickle his feet.

Setbacks only occur if we lapse in his treatment due to sickness or holiday interruptions. Unfortunately I was unable to treat Bradley for a few months and this resulted in a setback with his bowels, but most other improvements remained stable. Whilst not being treated, his fits returned, albeit not so many. Back on regular treatment his fits have stopped again and he is relaxed and happy.

I am convinced that the cranio-sacral treatment through the feet has made the tremendous difference. It has filled in the missing links as regards the detail hidden in our toes. I have improved the success rate with many of my clients, especially those with mental health issues, such as phobias, stress and depression.

I have completed the advanced course and am now looking forward to the third in the series. I cannot believe how much I have learned and continue to learn. One can only wonder at what might be achieved with this method of reflexology with other mentally and physically challenged children.

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In addition to the direct benefits, members gain indirectly from the work the Association carries out on their behalf in many areas. The Association is a member of the Reflexology Forum, Reflexology in Europe Network, the International Council of Reflexologists and the Parliamentary Group for Integrated and Complementary Healthcare.

Further information can also be found on the AoR website www.aor.org.uk or email tande@aor.org.uk

Podiatry—Discussion Of Specific Foot Problems

By Siobhan Vosnacos, WA

When looking at the feet from a podiatrist's point of view, most foot problems are the result of physical damage, disease process or a hereditary condition. Each of the following conditions discussed can be the end result of: -

1. Several forms of physical damage.
2. Several disease processes.
3. Often have a hereditary predisposition.

This abstract is only to give the reader a guide as to the most common causes for these particular problems and a starting point for research, and to give the reflexologist an idea of when a referral is required.

In order to understand how a podiatrist assesses the foot, makes a diagnosis and forms a treatment plan, a basic understanding of foot biomechanics or foot motion is required. To make a generalisation, two foot types will be used to demonstrate how pathology or problems occur in the foot. The first is a supinated foot type. This foot type generally has a high arch and is quite rigid, producing problems with shock absorption. The second is an excessively pronated foot type. This foot generally has a low arch, the inside ankle rolls inward and the forefoot has a tendency to splay or become broader. For a more in depth look at biomechanics see reference list.

When looking at foot pain, take into consideration the person's activities that cause the pain, what footwear they use, any previous injuries, what eases the symptoms, is there a family history and does the foot look "normal" in your opinion.

1. METATARSALGIA

"Metatarsalgia is a general term denoting pain in the metatarsophalangeal area and it is symptomatic of many different conditions" (Boyd, Neale and Rendall, 1993, pp.83).

Some of these conditions include: -

- Arthritis – osteoarthritis, rheumatoid arthritis, ankylosing spondylitis etc.
- Poor circulation - peripheral vascular disease, diabetes.
- Nerve damage – diabetes, leprosy, Morton's neuroma.
- Soft tissue injury – capsulitis, ligament strain, plantar plate tear.
- Loss of plantar fat pad – due to age or trauma.
- Stress fracture – repetitive pressure or motions.
- Excessive load – pregnancy, obesity, high heel footwear.

Biomechanically, a supinated foot type often produces claw toes as the tendons have further to stretch over the dorsum of the foot. As the toes retract, the metatarsals become more prominent thus more prone to damaging forces especially when walking on hard surfaces or a repetitive movement. Often callous or corns develop over the 1st or 5th metatarsophalangeal joint (MTPJ) regions. Treatment ranges from cushioning shoes or innersoles, to orthoses to redistribute the weight off the forefoot and through the arch.

An over pronated foot type causes the forefoot to splay and excessive pressure is placed over the 2nd to 4th MTPJ region, which can produce extra friction and a burning sensation. Nerve impingement between the 3rd and 4th metatarsals is common and known as Morton's neuroma or neuritis. Treatment includes exercises to strengthen the intrinsic foot muscles, supportive footwear or orthoses to reduce the amount of pronation and lift the forefoot. For the neuroma, cortisone injection or surgery may be required.

2. BUNIONS

Bunion (Hallux Valgus) is a bone deformity where the 1st

metatarsal moves towards the midline of the body and the phalanx moves away from the midline of the body.

As a consequence of this bone deformity there is often more pressure in footwear, which can lead to inflammation of the capsule or the protective bursa (sac of fluid) which lies over the joint. Due to the uneven weight distribution in the joint, arthritis can occur. As the big toe moves towards the second toe it can cause this toe to sublux and/or become hammered in shape.

Bunions are produced by hereditary predisposition, foot biomechanics particularly an excessively mobile foot (which again tends to be inherited), muscle imbalances, ligament laxity, footwear, trauma and rheumatoid arthritis.

Treatment is to minimise the symptoms through footwear, strapping, splints, orthoses, padding & anti-inflammatories. To correct the deformity surgery is required.

3. ANKLE OEDEMA

Oedema is swelling of the feet due to an accumulation of lymph fluid. It can be due to

a) primary lymphoedema where there is no known cause but is often inherited, this form affects the whole body.

b) secondary oedema which is usually restricted to one area of the body. Causes for secondary lymphoedema include lymphatic damage due to a trauma or a blockage, varicose veins, congestive cardiac failure, salt and water retention. Treatment is through medication from the doctor, compression stockings from an occupational therapist, elevation and massage.

4. HEEL PAIN

Heel pain like metatarsalgia has many causes and many treatments.

Three of the most common causes are:

1. Loss of fat pad or cushioning, due to trauma, age, hereditary or disease process. In this case pain is generalised and is worse on hard surfaces thus treatment is with cushioning.

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Case Study—Crohn's Disease and Amenorrhoea by Linda Wilmot, WA

CLIENT: Rachel
AGE: 37 years old

PRESENTING CONDITIONS: Crohn's Disease (Regional Ileitis); secondary Amenorrhoea.

BACKGROUND: Rachel has been married for 16 years and has no children. She and her husband have been the owners/operators of a busy tavern in a country town for 8 years. Rachel was mainly seeking relaxation at the outset of treatment but had some curiosity as to whether she would be able to obtain any health improvements from reflexology. Three years ago Rachel was suffering severely from oedema of the legs, with her knees and ankles joints being so badly swollen that she was unable to walk unaided. Medical attention was focused on her legs, and strong pain-killers were prescribed which kept Rachel heavily drugged and unable to care for herself. Finally, after 8 months, her family took her to another doctor who referred her to a specialist in January 1997. (Unfortunately, Rachel is unable to recall his name, or what he specialised in.) As a result of that appointment, Crohn's Disease was diagnosed. She was prescribed 2 tablets of *methotrexate* (ledertrexate) twice a week as well as folic acid. This was because the active enzyme in methotrexate reduces folic acid in the body. To Rachel's relief, all swelling subsided within a week. This medication was then discontinued but to keep the condition under control, Rachel was prescribed Mesasal (Mesalazine) tablets. These are designed to deliver mesalazine to the terminal ileum and colon. However, Rachel was told that she would be on 6 x 250mg a day for life. (*According to the P & P Guide, the usual dose for maintenance of remission of Crohn's Disease is a 250mg tablet three times daily*). No suggestions concerning lifestyle or diet changes were made or any contacts with support groups were given. Rachel recalls that her menstruation ceased about then. She does not eat breakfast per se, or regular meals, and tends to grab a bite to eat whenever she can. Rachel is also a smoker - 20 plus a day

PHYSICAL OBSERVATIONS OF THE FEET:

Good flesh colour and nail condition. Toes are very long with flexible movements. Both feet have spider-like broken veins medially around ankles to the heels and the little toes (5th) on each foot are curled under. Oedema is evident over both uterus reflexes on the medial heels, with considerable oedema below the lateral ankle on the right foot. Also on the right foot a hard callous is situated over C5 on the big toe and dry flaky skin extends on the lateral edge of the sole and across the centre of the foot which corresponds quite closely to the ascending and transverse colon reflexes. The left foot shows a callous over the bladder reflex and the only dry skin is found on the central part and lateral edge of the heel.

TREATMENT PATTERN:

To coincide with Rachel's day off each week at first, then adjust accordingly as needed.

First Treatment:

Began with right foot. Careful exploration of reflexes as Rachel spoke of her long hours at work and how she

juggles home duties with running the tavern. I noted that the uterus reflex on her right foot felt hard, with corresponding swelling over the area. Other reflexes that felt abnormal were cervical spine; both lungs; shoulders - especially on right foot; kidneys, again more tense on the right foot; colon areas, especially the transverse colon on both feet with hard granulations felt along that area; and Rachel had pronounced swelling around her ankles, especially the right one. Rachel had begun coughing towards the latter part of the treatment, and I felt this was related to her smoking habit with the lungs trying to expel excess mucous. I concentrated heavily on relaxation techniques at close of session, as well as balancing the endocrine reflexes with emphasis on the uterus and ovary. I utilised gentle Reiki energy on both feet and Rachel was amazed at how good she felt after the treatment.

Second Treatment:

Eight days later. Rachel remembered that she had been coughing a dry cough for several days after her last treatment. Today I began with the left foot and after completing the whole foot, focused on the spine, small intestines and colon before doing the same on the right foot especially the ileocecal valve. Rachel's kidney reflexes felt considerably softer, but the hard masses along the colon reflex were still very much in evidence. I incorporated holding both feet at end of session and we were both aware of the strong energy being generated.

Third Treatment:

Six days later. Rachel had had a very strong reaction after the reflexology treatment last week. About 2 hours after returning home, she was suddenly gripped by severe abdominal cramps and waves of nausea. The cramps were extremely painful, followed by an urgency to defecate and continued unabated for several hours. The motions were watery, very smelly and Rachel needed to spend lengthy times sitting on the toilet as a result. Although not physically ill, the nausea was unpleasant and she also felt feverish. She needed to lie down between bouts on the toilet. Rachel began to fear that she had suffered some sort of food poisoning, as she didn't connect the reflexology treatment to her symptoms even though I had explained the phenomenon of the "healing crisis" at our first appointment. However, after three hours of experiencing these unpleasant conditions, all symptoms vanished and she felt perfectly well again. I felt this internal cleansing was a very positive result from a reflexology point of view, and spoke at length again with Rachel about what factors combine to cause a "healing crisis". Because it was something she had now actually experienced and not some theory bandied around, she realised the positive connection to the therapy. She was very happy to be having the treatments and became excited at the thought of further potential benefits. In this treatment I felt the kidney reflexes needed extra work, and again concentrated on the colon area with specific emphasis on the ileocecal valve reflex. The "pulses" of the uterus and ovary reflexes again balanced very quickly, so I feel Rachel's reproductive system is still somehow in balance, although no appearance of the menses.

Case Study—Crohn's Disease and Amenorrhoea (cont)

Fourth Treatment:

Because of travel and other factors involved by both of us, there was an unexpected gap of 4 weeks before this next appointment. However Rachel remained well, with no further bowel upsets or coughing of any sort. She had also independently decided to cut her medication (ie Mesasal) from 6 tablets a day down to 4 a day, and I suggested it would be a good idea to involve her doctor in this decision. The original prescribing doctor (the specialist) is in fact several hundred kilometres away and Rachel did not feel comfortable with the local town doctor, but agreed to mention it if she needed to see him for any other reason. Both feet feel a lot softer, although the usual hard masses were felt along the colon tracts. The left foot transverse colon area was especially firm. Each session is always finished off with the beautiful Reiki healing energy.

Fifth Treatment:

Nine days later. Rachel's tablets ran out two days after her last session, and although she has had the prescription filled, has chosen not to take any tablets at all. She has not experienced any stomach pains or associated problems to date. She will mention this to the local doctor, as she needs to see him with regard to unusual numbness which has occurred in her left thigh. This seemed to have begun after going out in the bush a week ago, (which also was the day of her last treatment) but is now spreading to her lower abdomen and left lumbar and thoracic region. An insect bite has been suspected. As I worked the corresponding reflex areas, Rachel was acutely aware of "tingles" in the numbed area of her body, but no full feeling returned. Rachel was able to relax a lot more today, and actually dropped off to sleep. My 'extra' focus was still on the ileocecal valve, colon and kidney areas.

Sixth Treatment:

Again it had been a month since last treatment because I was away. She realised that when she saw the local doctor while I was away, she had forgotten to mention to him her decision to cease taking the Mesasal tablets. However, Rachel continues to be well although she did experience a couple of the "old" stomach pain, but quite fleetingly and with no adverse effects. Rachel did not connect the onset of the pain with any particular food that she had ingested, but will watch for that in future. Unfortunately Rachel still does not make time for breakfast, or even lunch some days, so her digestive system does not receive regular food. She is in the habit of a meal at lunchtime, then something small at the end of the day. In this session, I worked the reflexes a lot deeper, which Rachel noticed very markedly. It was almost like finally all the reflexes had 'come out of hiding', and were happy to be stimulated completely. The transverse colon still feels very granular, and oedema remains noticeable over the kidney reflexes. There was a considerable increase in the tenderness of all reflexes today. Rachel's numbness in her left thigh / pelvic region still continues and the doctor wasn't able to reach a diagnosis, but she feels it is more of a sensitivity than a physical problem and does not seem concerned about it.

Seventh Treatment:

Seven days later. Rachel was still not taking any of her old

medication. She was suffering from a head cold, and did not get much sleep night before the treatment. I could see an opportunity to help the process along with the reflexology treatment, and explained this to her as I thoroughly worked all the sinus and lymphatic areas. Rachel had experienced an incredible thirst after her last session, and copious glasses of water did not quench it for several hours. This has not happened to her at any time before, and has not been a factor since that day. I suspected that this was somehow connected to the hard state of her kidney reflexes that had been presenting at treatments, but am not too sure what to conclude. I didn't use as much pressure as last week, but Rachel's sinus reflexes in the toes were extremely tender. The kidney reflex on the right foot felt very lumpy and hard today, but for the first time, no hard granulations *at all* were felt along the entire colon tract. I continued working and going back to these areas often during the session. I didn't balance the reproductive reflexes. This session was half an hour longer than usual because of the extra work done, and Rachel relaxed considerably and was full of praise for her improved condition. Rachel explained to me in this session that previously she had been plagued by very frequent bowel motions, usually immediately after ingesting food. For the past 4 years she would need to defecate as soon as she awakened in the morning, but for the last few days this was not the case. That day she had not even opened her bowels by the time of our appointment, (nearly lunchtime), and had also noticed a change in the consistency of the stools. Previously they were very watery and un-formed, but now they had more substance and were cylindrical in shape. Perhaps this was a combination of the therapy and not being on the medication. Rachel was very pleased with this unexpected development.

Eighth Treatment:

Rachel continued to feel well with no bowel problems. Her cold disappeared the day after last week's treatment. During the week I continued to research Crohn's Disease, and showed Rachel diagrams of where her ileum is situated and explained the ileocecal valve function, which interested her greatly. Rachel had not been given any of this basic anatomical information by the medical profession at any stage of her treatment. During my research I have also read extensively about the drug Methotrexate. It is generally prescribed for psoriasis and rheumatoid arthritis and has a high potential for toxicity. Patients must be informed of this, which Rachel was, as overdosing (taking the tablets *daily* instead of *weekly*) can lead to a life-threatening situation or be of fatal toxicity. This drug is excreted primarily by the kidney, and can also remain *concentrated in these organs*. I feel this explains why Rachel's kidney reflexes were constantly "hard" to the touch. Methotrexate therapy also has immunosuppressive activity that can potentially lead to serious or even fatal infections. This drug can also be used for chemotherapy after evaluation by the doctors once known adverse reactions or toxic effects are taken into consideration. According to the P & P Guide, Methotrexate is known to have carcinogenic, mutagenic and impairment of fertility side effects. It should not be used in pregnant women or in those who might become pregnant because it causes foetal death and / or congenital anomalies. As far as I'm

Case Study—Crohn's Disease and Amenorrhoea (cont)

aware, Rachel was not advised of any of these side-effects and I did not bring this information to her attention. The drug Mesasal fared much better in the reference book; it is used as maintenance therapy of Crohn's colitis and is basically an anti-inflammatory agent.

With regard to this treatment, extra work was done on all colon areas, ileocecal valve, lymphatics and kidneys. The large intestine felt fine, although some slight granulated areas were felt in the centre of the transverse colon of the right foot. Redness appeared over both the uterus reflexes after working on them and Rachel mentioned that sometimes she 'forgets' to take her birth control pills. Rachel was unsure why she needed to take birth-control if she was no longer menstruating, and didn't feel a need to follow this point up with her medical doctor.

Ninth and final Treatment:

Seven days later and Rachel was feeling very well although aware of the same numbness in her left thigh. Both uterus reflexes were very swollen on Rachel's feet, although gynaecologically she said she felt fine. Rachel was experiencing flu-like symptoms again, and as this was the second time in 2 weeks, she was either still off-loading toxins from her system or had low self-immunity. However, as I worked her sinus reflexes, she experienced a noticeable "popping" sensation in

her sinuses, and her head cleared considerably. I worked Rachel's ileocecal valve, small intestines and colon thoroughly, and was quickly alerted to the fact that there was a re-appearance of the hard masses in the left transverse colon reflex. I managed to work this away by spending some time on it. A hard mass in the centre of Rachel's left heel had also appeared, but did not disappear after close attention was paid to it. This was the last session, as I was moving out of the town, but Rachel was very happy with the outcome. Hopefully she will be able to continue having her feet done by a massage therapist in town.

Four months later:

After further contact with Rachel, I learnt that she still continues to feel very well, with no stomach pains, bowel problems or numbness in the thigh. However, there has not been any re-appearance of her periods, although it seems unimportant to her at this stage to query this fact with a doctor. So the enigma of her fertility status remains unanswered, but Rachel believes she should continue taking her birth-control pills -- although confessing that she takes them very haphazardly. Rachel has not seen a doctor, either for this problem or any other medical reason, during all this time, so

(Continued on page 16)

Reflexology Path in Brisbane

By Ian Gilbert, Qld

During my studies in reflexology over the past years, I have come across many articles, including one in *FootPrints March 2004* by Kristine Walker from the UK that refer to Reflexology Paths, Stroll Paths and the like, and the benefits that they can bring.

Reflexology paths have been constructed across the world in China, Singapore, Malaysia, Taiwan, Japan and the United States in local parks and gardens and private health resorts, and are a huge attraction. The paths are constructed of various materials, but generally of stones in various shapes and sizes that are embedded in a concrete surface, and designed to stimulate the reflexes of the feet.

Australia appears to have been left behind and so I set about consulting with various groups to determine if one could be built in Brisbane.

As an employee of the Brisbane City Council, I found a suitable location in the southern suburb of Stretton, our most culturally diverse suburb, and with the endorsement of the RAA and some assistance from Park Forge Environmental Landscaping Engineering contractors, designed a path to suit the site.

I was able to plan and supervise the construction of Australia's first Reflexology Path as part of the Brisbane City Council's Active and Healthy Parks program.



The 50m-long path was constructed in a native bush setting in the Brisbane City Council's Stretton Community Park on Brisbane's south side and is encrusted with thousands of hand-placed textured and decorative stones chosen for their size, shape and colour.

The stones range from small smooth river pebbles to large stepping stones and a walk along it in bare feet is designed to stimulate the reflexes of

the feet and enhance the body's own healing powers.

The trail begins at a platform seat where you can sit and remove your shoes, and then it's a short walk across a timber bridge over a dry water course to the path. A 'chicken-out' border has been incorporated in the path for those 'first-timers' with sensitive feet.

Along the path there is a 'Yin Yang' area made of a rubberized surface where you can sit on the park bench and take in the peace and quiet of the landscaped area and view the whole path with its decorative design. The path leads back across the large stepping stones in the creek bed to the start where you can roll your feet on the concrete logs before you replace your shoes or you can go around the path again.

The sensation in your feet and the general feeling of well-being long after walking on the path is truly an experience, that people will want to go back again and again.

State Matters

QLD

Last issue of FootPrints, I mentioned the Reflexology Walk Path that has been constructed by Brisbane City Council at the instigation of member Ian Gilbert. This exciting event has been widely reported in the media since then and Ian has been nominated for a Lord Mayor's Award for his efforts. Congratulations Ian and best wishes for the awards. The official opening of the Walk Path is scheduled to coincide with Reflexology Week in September.

The Brisbane City Council has scheduled Reflexology in the Park days for 16 October and 4 December. We will be promoting reflexology and our businesses to members of the community and inviting them to experience a 'walk in the park' – on the Reflexology Path of course.

In further news of the Walking Paths – Ian Gilbert will soon begin negotiations to construct another walk path on the north side of Brisbane City. This is still very much in the planning stage but we are excited that the Brisbane City Council is looking at constructing another path.

At the ABM in May we recognised all past serving members of the committee who were present on the day – they formed approximately half of the attendance. A complete new group of members volunteered for our Queensland Committee at the meeting. Congratulations to all.

We offer thanks to Jan Williams for her great labour of love for reflexology and our Association over the past years in her capacity as Chairman and President. I'm sure all members appreciate the work she has done for us.

Congratulations to Libby Stark and Sara Higgins our Queensland Directors. Sara will be responsible for research and Libby has been nominated as Vice President. May your terms of office be happy and productive.

Heather Edwards has been one of the faces of Reflexology in Queensland for many years now and her dedication and efforts were recognised with the awarding of life membership recently. Thank you Heather for being there and sharing your knowledge.

The Queensland members represented the Association at the AMAQ festival at the Brisbane Convention Centre at the end of July. This was successful once again with the stand being busy the whole time. Lets hope that some of our weekend customers will follow up in the future.

The Brisbane meetings will change format somewhat, with a footswap scheduled for every second month beginning in August, and a guest speaker on the alternate months. Are we looking forward to that August meeting? Of course.

Maxine Kohn.

VIC

Hello, my name is Katy Hannah and I have recently taken over from Daryl McInlay as the new Chairperson of the Victorian Branch. I have joined a new and enthusiastic team of people who are all keen to see the Association grow from strength through ongoing commitment and promotion of RAA activities. Our first objective is to focus on 'World Reflexology Week' and I look forward to reporting the future developments of our state.

WA

Hallo from WA and congratulations to the newly elected committees across Australia. We had a successful ABM where some 'newer members' to our association put up their hands to join the team. We thank everyone who volunteered to be on committee or who has been part of the events we have already enjoyed this year.

Dr Peter Dingle's presentation on "Living longer, being smarter, enjoying life. How to live to 140 happily and healthily" followed our ABM. His energy and enthusiasm blew us away. I trust we all can walk part of his talk.

The first of our Study Days, already a Mandurah tradition, was hugely successful as always. We 'tapped' (EFT), danced our sacred personal dance and 'vibrated' to magic sound. A day for the practitioner – to enjoy, be energized and replenished. Others attended Sharon Stathis' wonderfully dynamic Ayurvedic Reflexology course. The Every Woman Expo, a first in our promotional calendar, went off without a glitch thanks to the efforts of our trusted volunteers. A big write-up on reflexology in the health section of the West Australian newspaper added to our public exposure, with the Conscious Living Expo in November next on our list.

We had a big media launch of the Research Report on the Efficacy of Complementary Therapies at the Cancer Support Centre at Sir Charles Gairdner Hospital (the first research project of its kind in Australia). This was a major milestone not only for the practitioners involved, including some of our reflexologists, but for complementary therapies in general. The results are quite amazing and worth sharing with you at a later date. We are living in exciting times.

It is thanks to our fabulous 'FootPrints' that we can all be part of this dynamic evolution of our profession. As an 'oldie' I remember well the first edition that came to WA, what a joy it was to receive this fabulous journal and be linked with the other 'state associations'. Thank you Sue and Graeme for your tireless efforts finding great 'reflexology' news from around the globe, your superb editing skills and your many other contributions over so many years. You will be sorely missed. Best wishes for a happy and well deserved 'retirement'. THANK YOU.

Brigitte Johnson

(Continued from page 15) Case Study—Crohn's Disease and Amenorrhoea has not taken the opportunity to discuss any of her health outcomes after receiving the reflexology. Rachel's meals continue to be irregular, but this does not appear to impact in any negative way on her overall improved state of being. She is now walking up to five kilometres each day and feels physically the fittest she has been for many years. She has her feet massaged each fortnight and feels confident that this practise will continue to keep her Crohn's disease at bay. Rachel is very happy with her present state of health, and is very grateful to the therapy of reflexology for helping her attain this outcome, when several years ago she would not have been able to imagine such a drastic improvement in her high levels of optimism and health.

State Matters (cont)



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TO ALL PRACTITIONERS WHO COMPLETED THE
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Sydney, Melbourne & Adelaide for their warm welcome
and hospitality during her visit."

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NSW

The NSW RAA committee is made up of new faces this year, and they are all enthusiastic and committed about reflexology. Volunteer work could sound daunting, especially if you have a family, a job and other activities. Volunteer work, scary stuff, eh? I used to do a lot of volunteer work in the UK, which is where I'm from; I did so much on top of a full time job that I got burnt out. I then decided that I needed to stop everything and came to Australia. I promised myself that I wouldn't get involved in volunteer work again because I was afraid of being taken over! So how did I end up with the position of Chair in light of the above? Well, 5 years later, at the NSW ABM I decided to step out of my comfort zone (or you could call it the 'fear zone') and I'm now working alongside a wonderful team of RAA members on the committee, who are all enthusiastic and committed to reflexology, and it's great fun.

Have you every stepped out of your comfort zone? Just think for a moment of where you might be if you did. What would happen if you asked your client for a referral, or volunteered for a position, or followed your own heart? I stepped out of my comfort zone again in May and asked for a referral; it took a lot of courage and a few deep breaths, mainly because I had to believe in myself! Reflexology is now being offered in a transitional house in Glebe, in Sydney, for men and women who have withdrawn from alcohol and drugs, and it is wonderful to see the positive and transformational effects that reflexology has on these clients.

The committee is endeavoring to make the general meetings as fun and informative as possible for members. We ended the August general meeting with an interesting discussion

SA

A Farewell To Rosemarie Urban.

Sadly on the 29th of July South Australia lost one of its founding members of reflexology in this state. We would like to say a few words in remembrance of Rosemarie Urban, friend, teacher, healer and mentor to many people she came in contact with.

Rosemarie introduced a large number of people to reflexology. She not only treated people with great success, but also passed on her knowledge to others to use in professional practice or with family and friends. Rosemarie was amongst the pioneers of reflexology who introduced this healing art into South Australia.

With over 30 years of involvement in reflexology, Rosemarie delivered many basic and advanced courses. These courses are recognized for their content and standard of teaching. Rosemarie was a life member of the Reflexology Association of Australia and a committee member on the South Australian branch of the association. Rosemarie is the person that convinced and inspired the SA committee to hold the 2006 National Conference in Adelaide. Hanne Marquardt who Rosemarie had her heart set on for the conference was approached and has agreed to attend as the key note speaker. Happily Rosemarie knew this outcome had been achieved. Even while Rosemarie had been unwell she still had input into organizing the conference with ideas and information, she will be sadly missed at the conference, but happily remembered and honored.

Rosemarie leaves behind a well trained group of people who practice reflexology in the style and approach that she found to be most effective. Rosemarie had many skills in her healing art; reflexology was one that she loved the most. Rosemarie will be fondly remembered many times a day by practitioners she trained, as they sit at the feet of their patients, applying reflexology as she taught it.

on client reactions to reflexology; and at the next general meeting on 18 October we will be opening the meeting with a speaker, Mark Ninio, who is a holistic podiatrist. Our Christmas finale promises to be a laugh as well, with one of our members showing us how laughter can be a great tool for reflexologists, bringing with it a host of health benefits.

Judee Hawkins is now one of the NSW State Directors. However, there is still room for another director to work alongside Judee, so please put up your hand and volunteer. The job promises to be action packed and full of excitement.

With World Reflexology Week just around the corner from 18 to 24 September, NSW along with all the other states will be promoting greater public awareness of reflexology by planning activities to spread the good news about its benefits. It is also a great opportunity to expose your own business and gain more clients. For information on how you can become involved, please feel free to email me at jillyb38@hotmail.com for some ideas.

Jill Baker
NSW Chairperson

Book Review

by Graeme Murray

Title: **Ayurveda and Marma Therapy**

Authors: Dr David Frawley, Dr Subbash Ranade and
Dr Avinash Lele
Publisher: Lotus Press
ISBN: 0940985594
Price: \$49.95

While looking for something different to review other than the usual "how to" reflexology book, but still find a book that could be used with reflexology, I was standing in a bookshop one day looking at different titles. Suddenly from across a crowded shelf, this book cover waved at me. As I leafed through its pages and read its contents, I got more and more excited because here was a book with a multifaceted subject that was different and could be used with reflexology.

So what is marma therapy? "Marmas are special Ayurvedic energy points on the body, similar to acupuncture points. By manipulating them, we can direct our Prana or vital energy for health, wellbeing and personal transformation. Marmas are connected to the chakras and nadis of yoga and can be used for balancing both body and mind." This is the first book on marma therapy published in the west. It clearly describes the 107 main marma points in location, properties and usage. It explains in detail how to treat them with many methods, including massage, aromas, herbs and yoga practices.

This book has so much information that the title should really be "Everything you Ever Wanted to Know about Marmas, but were Afraid to Ask".

In Ayurveda, the body is made up of three areas or biological humours called "Doshas". These are the prime factors behind health and disease. They are likened to the three main forces at work in the atmosphere: wind (vata), heat (pitta) and moisture (kapha). These three forces internally have a direct bearing on our health. Disease is caused by their imbalances, excesses and inappropriate movements.

The book looks at individual constitution types, with a table of marmas, their location, size and number. It talks about the seven charkas and fourteen nadis, their position, size and corresponding marma.

As well as the marma massage, aroma therapy and herbs, there is also information on marmas and yoga, marma meditation, colour and gem therapy. Most of the book is dedicated to the "Table of Marmas" where each marma point is fully described. This includes: name, type, size, site, controls and anatomical structure, etc. There is also a description of the different forms of treatment for each point.

At the back of the book is a glossary of terms, which is just as well, as most of the technical information is in Sanskrit.

This is a fascinating book, packed full of information. It has been described as the "Missing Link" for reflexology. Definitely one for your bookshelf.

For more information on Ayurveda and marma therapy, please contact Sharon Stathis on 07 3878 1471.

Pharmacology — Commonly Used Drugs

Central Nervous System

Antianxiety Agents

USES: Anxiety disorders or short term relief of systems, anxiety associated with depressive systems, alcohol withdrawal, muscle spasm, panic disorder (Xanax)
ADVERSE EVENTS: Dependence, impaired alertness, amnesia, GI disturbance, tolerance, dizziness.
EXAMPLES: Ativan, Serepax, Valium, Xanax

Antidepressants

USES:
1. Selective serotonin uptake inhibitor. Treatment, relapse prevention in major depression, obsessive compulsive disorder, panic disorder, treatment of social anxiety disorder/social phobia
ADVERSE EVENTS: Seizures, weight loss, GI upset, headache, tremor, insomnia, fatigue, dry mouth,
EXAMPLES: Aropax, Prozac, Zoloft

2. Tricyclic antidepressant. Treatment, major depression, enuresis in children
ADVERSE EVENTS: CNS disturbances, impaired alertness, hypersensitivity reactions, cardiovascular disturbances, withdrawal,
EXAMPLES: Prothiaden, Sinequan, Tofranil, Tryptanol



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Sept 10 & 11 Fundamentals – Phase IV, Norma Weaver
Oct 8 & 9 Chapman's Reflexes, Bruce Stark
Nov 26 & 27 Phase Five, Bruce Stark

FootPrints



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

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

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

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Email: asrtraining@aol.com

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Email: cwreflex@bigpond.net.au

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Health Funds Overview

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

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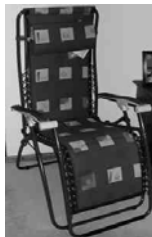
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What are the benefits of professional membership?

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

How much does it cost to become a professional member?

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

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Events 2006-7

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

- Feb 2006 South African Society Biennial Conf.,
Durban. www.sareflexology.org.za
- May 2006 Reflexology Association of America
Biennial Conference,
Tuscan, Arizona, USA
www.reflexology-usa.org
- Sep 8-10 '06 RiEN Conference, Ireland
www.reflexeurope.org
- Sep 2006 Reflexology Association of Australia,
National Conference, Adelaide, SA
suzannep@esc.net.au
- Jul 5-7 2007 Association of Reflexologists National
Conference, Coventry, UK
www.aor.org.uk

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*If booked in advance for a full year without copy change, \$120

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

Inserts

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

Advertising Policy

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

FootPrints Journal

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Guidelines for Articles

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

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

Copy Deadlines

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