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## LETTER FROM THE BOARD



It gives me great pleasure to offer a warm welcome to all members of our wonderful Reflexology Association of Australia with a special mention to our Regional members who travel vast distances to meetings and in the pursuit of their CPT education. We, as your elected Directors, will continue to strive to strengthen our support to you all and further develop a strong membership base with focus on maintaining professionalism in our industry and promotion of public awareness of Reflexology.

Following the resignation of both Emma Gierschick and Sara Higgins, we take this opportunity to thank them for their valuable contribution to the Board and to the members of our Association. Emma has spent many years on the Board as a Director, Vice President and President and Sara has held the position of Director. We wish them both well in their chosen pursuits and I am sure that they will maintain their passion for Reflexology.

In July a teleconference chaired by the Company Secretary, Chere Waters (NSW) was held to form the Board of Directors and Executive for this current year 2007 – 2008. This will be formalised at the AGM in Cairns on 14th September. Welcome to Ruairi who comes from a publishing background and Ian with his entrepreneurial skills with Reflexology Paths! We look forward to working together as a united team.

I would like to take this opportunity to offer our sincere thanks to Chere Waters, our Company Secretary, who continues to give us her ongoing support and guidance both with matters pertaining to Company and Treasury. We certainly appreciate and value Chere's professional contribution and dedication to our Association.

July is the busiest month for Jenn Cooper, our Membership Administrator with processing membership renewals. Currently membership is at the 1,000 mark so, hopefully, by the time you have read this all members will have renewed their membership for a further 12 months. We thank Jenn for her patience and dedication during this process. Enjoy your membership and we encourage you to take an active part in the CPT opportunities available.

We invite as many members as possible to join us at the AGM which will be held in Cairns during the ICR Conference.

It is timely for us all to make an advanced diary note for October 2008 National Conference to be held in Sydney. This is a great opportunity to network with colleagues, and to take the opportunity of further education from experienced presenters from within our Association and internationally.

So, for now, we wish you good health with Reflexology.

**Libby Stark – President**

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#### **September 2007**

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#### **This Issue:**

Front cover illustration courtesy of Lyndel Godden taken at Uluru, she calls it "Footsteps of my Ancestors".

# REFLEXOLOGY ASSOCIATION OF AUSTRALIA LIMITED

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

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If there has been a change in the above directory, would you kindly advise Jan Cullen on [jan.cullen@mallesons.com](mailto:jan.cullen@mallesons.com) or on (02) 9296 3073.

### STATE MATTERS

Please contact Jan Cullen to advise who is the contact for your State. Jan's email is

[jan.cullen@mallesons.com](mailto:jan.cullen@mallesons.com)

# HEPATITIS C AND ALTERNATIVE THERAPIES

by Sharon Tay 2007 ©

Recently I attended a day's course on Hepatitis C run by the Tasmanian Council on AIDS, Hepatitis and Related Diseases Inc (tasCAHRD). The course was held at the Mercure Hotel, Hobart, in April. The three educators communicated in 'non-medical' terms about HCV. Their explanations, the use of visual aids, printed material and 'enacted' out scenarios with class participation, kept 20 of us motivated and interested throughout the day.

The highlight was our afternoon speaker Jane\*, who talked about how she coped living with Hep C. The group was very inspired by her and many of us asked questions. I asked had she tried any alternative therapy with her treatment to which Jane replied that she had tried some herbal medicine but found them no help. I asked her about body therapies. She said she had not tried any but would be interested to give them a go, however, because of her financial difficulties she could not afford to visit a practitioner as most therapies were expensive. It was this comment that made me realise there must be many other sufferers who would like to venture into other forms of complementary or alternative medicine but unable to do so because of financial constraints. By the end of the course, I felt very moved and inspired with the thought of researching material related to alternative therapies, mostly concentrating on the role that reflexology may play in helping HCV sufferers.

\*Name has been changed to protect person's identity.

## Brief description of Hepatitis C

The difference between Hepatitis A, B and C. Hepatitis A is transmitted by oral means through faecal matter by another person. Possible means of transmission is via preparation of food by someone who has not washed their hands after going to the toilet. Other means can be through drinking unsterilized water (for example, in third world countries), eating oysters and mussels harvested from contaminated water and from oral-anal sex.

Hepatitis B is transmitted by blood, semen, vaginal fluid and breast milk. It is a sexually transmitted infection. Sharing injecting and unsterile tattooing and piercing equipment is how Hep B can be transmitted.

Hepatitis C is a blood-borne virus. It is only transmitted when blood from a person who has the virus enters the blood stream of another person. Infected blood must get into the blood stream before there is any chance of transmission occurring. This can happen through:

1. non-sterile injecting equipment
2. surgical and immunisation programs overseas receiving blood or blood products (for example; blood donations) overseas or prior to 1990 Australia

## Less common ways of contracting Hep C.

1. occupational transmission such as penetrating needle stick injury
2. there have been no reported cases of anyone in Australia contracting a blood-borne virus from a needle stick injury outside of a healthcare setting (3,8)
3. during sex there is only minimal risk of transmission where there is potential for blood to blood contact
4. sharing razor blades and tooth brushes
5. breast milk: depending on viral load on the mother it is not recommended to breast feed if the nipples are cracked or bleeding. However, under normal circumstances the benefits far outweigh any minute risk of transmission. If a mother-to-baby transmission occurs it is more likely to be at the time of delivery when the mother's infected blood might enter the baby's blood stream via any breaks in the baby's skin.

Hepatitis C Virus (HCV) affects the liver which inhibits its effectiveness to process fats, alcohol and other drugs. Symptoms of the HCV can affect sufferers in different ways. Some people may experience a range of symptoms, while others have only a few and some none at all. Most people will have no signs or symptoms for many years and not be aware that they have the virus. The symptoms that can occur are:

1. flu-like symptoms
2. lack of energy
3. fatigue
4. lethargy
5. poor concentration
6. feeling ill after fatty foods and alcohol
7. nausea
8. jaundice
9. itchy rashes
10. discomfort and swelling in the area of the liver. (3)

## Myths about Hep C

In most communities where a new found virus or disease occurs, many myths are spread about through lack of education, increasing fear and uncertainty. Because of this, sufferers may be subjected to constant rejection and banned or shunned from social interaction. Sadly some are made to feel isolated very much like the 'Lepers' were made to feel for their disease in early times. It is hard to believe that this stigma still survives in our so-called age of technology, tolerance and social awareness.

To help dispel some of the myths, it is impossible to contract Hepatitis C by:

1. any activity that does not involve blood-to-blood contact
2. sneezing or coughing
3. sharing food, drinks, cigarettes
4. baths and swimming pools
5. toilet facilities

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6. mosquito bites or other blood sucking insects
7. kissing\* or hugging
8. sex unless there is blood to blood contact. (3)

\*Glandular Fever is caused by a virus and if a person has the virus it can be passed on through kissing. Some symptoms of Glandular Fever may share similar characteristics to those of Hepatitis C.

Anyone can be infected with Hep C and, in some cases, through no fault of their own, for example, blood transfusions prior to 1990 in Australia and overseas, and by tattooing and skin piercing from sharing contaminated syringes and through negligent practitioners. People of all ages can be affected. At present there is no vaccination for Hepatitis C.

Clients with Hep C are not obliged to inform a complementary or alternative practitioner about their illness and some may not be aware that they have the disease. There is no need to change hygiene practices for a client with Hep C should they decide to inform the practitioner. Safety and hygiene standards must be carried out at all times in a clinic and salon when dealing in body work.

## Complementary and alternative therapies

Minimal research has shown that complementary therapies such as natural therapies have proven to be very effective in helping sufferers with Hep C. Although there is some evidence that various alternative therapies have helped, research is still in early stages of exploring how certain therapies may help and what benefits may emerge from such therapies. The Hepatitis C virus was discovered only in 1989 and, therefore, with so much emphasis on conventional medicine, complementary and alternative therapies have only recently participated in treatments for Hep C and in some cases, are used with caution. Clients are strongly advised to consult their liver specialist or GP before embarking on any alternative treatment. The client needs to understand the nature of the therapy they have chosen and to be informed of the possibilities that the therapy may not be what they had hoped for or alternatively that the therapy may be of positive benefit. The Consultative Council on Hepatitis C in Dublin has a web page report mentioning a section on Complementary and Alternative Medicine. (1) It is interesting to observe that most complementary therapies are provided by GPs who offer acupuncture, physiotherapist massage-based therapies and manipulation-based therapies or hydrotherapy. Some chiropodists offer reflexology. Therapists include currently registered general practitioners, registered nurses, chiropodists and chartered physiotherapists.

In the short time that natural therapies have been used as a complementary aid there have been reports that some therapies have helped a few sufferers while others have found no difference. According to the

booklet by the Hepatitis Council 2003 it states that complementary and alternative therapies have become popular in Australia with over fifty per cent of the population using these therapies. People with Hep C are choosing to try alternative therapies because they have been found to help some sufferers. Reasons include:

1. to improve quality of life by relieving symptoms of chronic infection and/or reducing side effects of conventional medicine
2. to take an active role in decisions about their own health care
3. cultural influences
4. dissatisfaction with conventional approaches to health care and
5. concerns about perceived or reported toxicity of conventional prescription medicine. (2)

People with Hepatitis C who choose complementary and alternative therapies are often aware of the limitations of conventional medicine. They accept the idea that being healthy means more than just 'the absence of disease'. (2) The abovementioned booklet helps the patient understand the negative and positive aspects of natural therapies, a short explanation of what they are, the methods used and their benefits. It also gives an honest opinion on the evidence so far researched into natural therapies.

Natural therapies that have been used are:

1. **Acupuncture.** The Hep C Review magazine, Edition 54, (9) clinical trials for Hep C are taking place at the Guilford Acupuncture Clinic in Sydney. Participants take part in treatments twice a week over a twelve week period. Blood samples are taken over a six month trial. The trial is being undertaken at the University of Technology, Sydney, as part of a Master's Degree research project. Acupuncture has been one of the mainstream medicines used for Hep C sufferers. (I recently contacted the student taking the study trials and she kindly sent me an update of her research. At present it is still in infancy and too early to state the positives and the negatives.)
2. **Traditional Chinese Medicine (TCM).** A few people with Hep C have found treatment from TCM helps avoid the side effects of pharmaceutical drugs like interferon (used in conventional medicine for treatment for HCV). TCM has also helped in secondary conditions which have developed from Hep C. (4)
3. **Herbal Medicine.** Some people with Hepatitis C have found the following recommended herbs beneficial in their treatment while others have not. Some of the herbal remedies that have been used by people with Hepatitis C are: St Mary's Thistle (*Silybum marianum*). The seeds contain silymarin which has been found to have a therapeutic effect

# HEPATITIS C AND ALTERNATIVE THERAPIES

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when treating liver ailments such as chronic hepatitis and fatty infiltration. Studies have demonstrated that silymarin protects the liver from damaging effects of alcohol and toxic chemicals and it stimulates the production of new liver cells to replace damaged ones. As yet, research in Australia is unable to give the positive effects from this herb for people with Hep C. Licorice (*Glycyrrhiza glabra*) is commonly used to treat flu, gastric ulcers, liver disease and chronic fatigue syndrome. It is also a good remedy for jaundice and liver detoxifier. St John's Wort (*Hypericum perforatum*) is promoted for the treatment of bacterial and viral infections and is thought to reduce the production of mature virus. CH100. This is the only herbal formulation developed in Australia that has been subjected to double blind placebo trials for people with Hepatitis C. (2,4)

4. **Body therapies.** Little research has been done into body therapies and their benefits for people with Hepatitis C. However, the feed back by some patients has proved satisfactory while others have not found any difference. Reflexology rates among body therapies with the same feed back information. (2,4) In recent search on reflexology treatment with Hepatitis C, I have found limited information. From the data I gathered, reflexology has been shown to help some sufferers with Hepatitis A or B. (1,2,3,4,5,6,7,9)

In conclusion, I can see this being an avenue for reflexologists and other alternative therapists to continue research and to run clinical trials in the near future. This workshop has given me an understanding on Hepatitis C and I would advise any reflexologist or other health care practitioner in the alternative therapy industry to take opportunities to learn about various health topics by attending seminars, workshops or lectures. One can learn a lot from books and research but there is nothing like being in a group and learning from other people. Understanding more about certain diseases, illnesses and injuries enables the practitioner to give their best assistance to a client who may be suffering from some form of ailment or disability.

## References

My thanks go to TasCAHRD for allowing me to use material for this article from lecture notes and booklets.\*

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8. Strategy for the Detection and Management of Hepatitis C in Australia. The National Health and Medical Research Council (Canberra: Australian Printing service, 1997) p.61.
9. The Hep C Review Magazine, Edition 54, Spring Issue, September 2006. (Sydney: The Hepatitis C Council of NSW 2006) p.45.
10. The Hep C Review Magazine, Edition 54, Spring Issue, September 2006. (Sydney: The Hepatitis C Council of NSW 2006) p.45.

## Useful Web Sites

Members who would like to know more, contact your state Council on Hepatitis, Aids and Related Diseases and find out when they are running their next course.

NSW	<a href="http://www.hepatitisc.org.au">www.hepatitisc.org.au</a>
Victoria	<a href="http://www.hepcvic.org.au">www.hepcvic.org.au</a>
ACT	<a href="http://www.acthepc.org">www.acthepc.org</a>
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NT	<a href="http://www.ntac.org.au">www.ntac.org.au</a>

## Acknowledgement

Many thanks to Jan Upcher for her help towards the

## HEPATITIS C RESEARCH

Sharon Tay is interested compiling information from practioners who are either working with Hepatitis C clients or have an interest in working with these clients.

Any case studies would be welcome or if you would like further information on this condition, please contact Sharon on [sharontay@dodo.com.au](mailto:sharontay@dodo.com.au) - use the heading "Hepatitis C Research" as this will help eliminate scam mail.

# WHAT IS METAMORPHOSIS?

by Emma Gierschick

## What is Metamorphosis

Metamorphosis is a simple and effective means of making permanent life changes, by releasing blocks or stress patterns that were formed during the prenatal period / gestation period. It is essentially a self-healing art, is transformational and is more about 'undoing' what is already there rather than creating something new.

## History and Development of Metamorphosis

The work was originally called Prenatal Therapy and was developed in the 1950's by an Englishman called Robert St. John, who was a naturopath and reflexologist. St. John found that even though he may have helped a client who had ill health, they would reappear shortly afterwards with different symptoms. This made him realise that most healers or therapists dealt with the symptoms of a disease or disorder and worked at ridding the body of that condition alone. They rarely looked at the underlying cause or the message from the body. He believed that unless the underlying cause was dealt with the disorder would simply manifest in another form.

He spent several years pondering on how it was possible to get to the root cause of the problems and eventually felt he became closer to the answer through his work as a reflexologist.

He found that while working on the spine reflex of client's feet, many people would talk about their mother and mothering issues and nurturing while he was working on around the heel of the foot. While working around the base of the great toe they would discuss issues to do with their father or authority issues. He hypothesized that the spine reflex on the foot represented more than just the spine - it also represented a period in time, namely the gestation period, and that any issues the mother faced during this time would impact upon the developing fetus, creating potential blocks in their psyche.

Upon this realization he felt that as the blocks were developed and held by the individual, that the same individual could also be responsible for releasing them again. This realisation was crucial in the development and direction the work then took.

He concluded it is not a therapist who 'did something to effect the healing' but rather that the individuals seeking help who undertook responsibility for their own healing instead. Under this philosophy, the title of Prenatal therapy was therefore incorrect, as the word "therapy" implies that something is being done by another, and with this work it is the individual seeking help who does their own healing instead. He subsequently changed the name to Metamorphosis as the individual would literally undergo a significant transformation, a little like a chrysalis transforming into a butterfly.

## So where do the initial blocks come from?

I like to use the analogy of the 'cosmic supermarket' to

describe the gestation period. A spark of consciousness that decides to incarnate on earth, chooses the experiences it would like for that incarnation - this includes its parents, race, religion, country and time frame of birth, family and siblings, genetic background, karma and an overview of the lessons it chooses to learn as part of its evolution as a soul. I describe this as going around the supermarket and putting things into a basket, and reaching the checkout, this is conception – bingo!!!

From the moment of conception and throughout life, every thought, experience and event is registered and stored in each and every cell of the body. Unless these experiences are immediately released they can create blocks. These blocks stay with a person as they grow through life molding them into the person they become forming the boundaries of their comfort zone and can literally hold them back from realizing their true potential.

During the pregnancy, blocks are formed based upon a mothers' experiences during that pregnancy and the very nature of a person's birth can affect the way they view life in the future. As an example, if a dog bit the mother during her pregnancy, this has the potential to manifest as an irrational fear about dogs or even an allergy to dogs by the child.

Metamorphosis releases the blocks in a simple, painless and very effective manner, allowing the individual to move ahead and make permanent positive changes in their life.

Here's another analogy: Imagine trying to go out into the garden but the back door is locked – this door can represent a block. A person can persist for a while but then give up and believe that reaching the garden is unattainable and that life exists inside the house. The house, therefore, becomes a comfort zone. This is fine while it works for someone but usually, before long, most people want to do new things or broaden their horizon. Metamorphosis is the equivalent of removing the door blocking the way. When undergoing Metamorphosis, quite often the person would not be aware of what has changed, but would

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**Libby Stark – CPT Director**

# WHAT IS METAMORPHOSIS?

By Emma Gierschick

only know that suddenly they feel healthier, more confident and assertive and have more clarity and direction. Going back to the analogy, they wouldn't necessarily be aware that the door had gone - they only know that something is different and there is access to the back garden.

## How do the blocks manifest?

Unless the blocks are released, an individual can lead a very sheltered, restrictive life, or one with many health complaints. All blockages will eventually manifest in some fashion, whether it is through illness, a behaviour pattern, insecurities, mental or emotional issues, accidents or stress. When an accident or illness occurs, it is simply because the body is on overload and looking for a release. As an example, when somebody burns themselves by accident, usually they are feeling a level of anger inside but are not able to effectively express it. The burn is a means of releasing the pent up energy they felt.

## So how is it 'undertaken' and what happens?

The aim of a session is not to 'heal', but rather to facilitate change which, in itself, is different to most modalities. It is a totally intuitively guided art; therefore, there is no particular sequence, manner, time frame or condition for it to be done under. However most practitioners\* provide about 1 hour of their time for an individual.

It is an individual's own innate intelligence that decides what needs to be released during a session. The practitioner is merely providing the right environment for releases to be instigated. Energy is never directed towards a specific outcome.

During a session, the spine reflex of the feet will usually be worked on, however, it is also possible to work on the hands, head and directly on the spine. Any blockages present may be 'felt' in a variety of ways. A person may experience heat, cold, a buzzing, tingling, a magnetic pull, a floating sensation, a wave of emotion, something totally different or possibly feel nothing at all.

Regardless of what is experienced during a session, within a couple of days significant energy shifts will take place. Emotions can be released and it is not unusual for someone to release anger or distress over minor issues, or to suddenly become aware of a behavior pattern and immediately change it, e.g. no longer feeling the need or desire to smoke.

Physical changes have also been known to take place with facial features or other parts of the body changing, or people being able to give up medication after years of needing it, or spontaneously quit smoking.

Quite often a person won't be aware of what has been released. They will only know that there has been an energy shift and that they feel different, lighter or freer and less stressed. Remember the back door scenario,

it's just gone – and you didn't notice when!

One of the beautiful aspects of Metamorphosis is that a person doesn't have to re-live or re-experience an event in order for it to be released.

While Metamorphosis can sometimes be a little cathartic for some people, the changes don't have to be traumatic. A healing crisis is usually nothing more than a resistance to change.

## How can Metamorphosis help?

Metamorphosis is ideal to assist people going through any period of transition, whether it is birth, death, marriage, divorce, changing jobs or schools, moving house or looking to empower themselves and make positive changes in their attitude or behaviour. Everybody can benefit. It can help people with the following conditions.

- Stress
- Physical disorders or illnesses
- Accidents or injuries
- Irrational fears
- Self-sabotaging patterns,
- Anger issues
- Difficulty in taking the next step
- Problems standing up for yourself
- Lack of direction
- Self Esteem/Image problems
- Mental/Emotional imbalances
- Compulsive or addictive behaviour
- ADHD and Hyperactivity
- Autism or Downs Syndrome
- Many other situations

EVERY condition, be it physical, emotional or mental, has manifested because of blockages - release the blockages and the condition can also be released. It is as simple as that! It is never too soon or too late to begin Metamorphosis. People of all ages can benefit from the work.

One word of caution, however, Metamorphosis should not be mixed with Reflexology or any other modality at the same time as its healing function is different.

Metamorphosis is healing from the inside out, while most modalities are healing from the outside in – mixing the two would create internal chaos. There would still be results – but not as quick.

In my experience, Metamorphosis deals with issues and health concerns on a far deeper level than any other modality I am aware of, and I have found that several of my personal clients have undergone a dramatic healing after having a Metamorphosis session, whereas the condition wouldn't budge with traditional Reflexology. The simplicity is what makes it more powerful.

(\* The title of practitioner is not a suitable word to use for this work, however is easiest to use in this forum to describe the difference between the client and 'worker')

# STILL IN TRAINING — BABY STEPS.....

by Pam Allen

I am currently studying Reflexology at ACNM. In week 4 of the course I attended a meditation retreat and decided to offer my services to the participants during the 5 hours of silence on Saturday afternoon. At least if I was terrible they couldn't tell anyone for a few hours! I set up my new chair and stool and waited patiently.

My first "client" was my meditation teacher. He leapt into the chair and reclined back, closing his eyes with a smile on his face. I was so nervous. Was I doing it right? (As if he would know) Did it feel okay? Nice even? Could he feel how nervous I was?

Another friend took the chair next and his enjoyment was so evident and heartfelt that it relaxed me markedly. Later on he told me that he had never felt so relaxed and he would be a *practice volunteer* for life. Really? says I, incredulously.

I had 6 "clients" in all; friends and strangers. I asked one recipient if she experienced problems with her neck, shoulder and upper chest on the right hand side. "Yes. I had a car accident years ago. When you get started professionally just let me know and I will tell everyone. You are great. I have lots of friends you

know....." I was horrified. Tell people to see me. Me? It was probably just a fluke, or a mistake..... I smiled half heartedly and mumbled something about I was glad she enjoyed it.

We are now in week 10 and my confidence grows as the weeks pass. It's an amazing journey. Reflexology is such a beautiful gift to share with people. Aren't we lucky?

## 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

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# WORKSHOP REVIEW: AURA-SOMA WITH REFLEXOLOGY

By Jan Cullen, NSW

I am excited about the weekend course I have just attended on Aura-Soma and how it relates to Reflexology.

This was the first such course held in Australia and there were 14 attendees.

Admittedly, I didn't know what to expect as Aura-Soma was a subject unknown to me. Thus it was with a completely open mind that I showed up at 8.45 am on Saturday morning. Who would have known that by the time I left that evening, I would be completely fascinated and enthralled by it?

Janice Hill, an Aura-Soma therapist and reflexologist from New Zealand is the first to put these two very powerful therapies together. Both soul therapies, they are so compatible and the results are quite remarkable, extending the effectiveness of reflexology even further.

Janice took us through a quick history of colour therapy and then discussed the theory and philosophy of Aura-Soma. There are close to 100 Aura-Soma Equilibrium bottles but at this workshop we looked at those relating to the seven main chakras and how to select and apply them during a reflexology session.

Apart from the chakra bottles, Janice discussed the use of Pomanders and Quintessences which are used on the aura and not directly on the body.

The practical work was wonderful. Janice gave demonstrations on the very willing Sue Ehinger and then we all had the opportunity to select a bottle and experience a reflexology session with the Aura-Soma oil being applied at the end.

We were also shown an endocrine balance where we used the blue/magenta oil (Physical Rescue bottle). I have had endocrine balances before, but never one as powerful as the balance using Aura-Soma. I felt a heavy feeling around my adrenals and, just after they were stimulated, I felt electrical charges shooting out of

my feet and then up into my leg. This "sparking" was completely uncontrollable. I went home that night full of energy and mentally in a much better place than I had been for a long time.

Our auras were beautifully attended to - using a pomander we 'polished, patted and combed' each others' auras and had opportunities to try out various Quintessences and Pomanders on each other. We also learned to do the 'Lifetime Experience Massage' where either an Equilibrium oil, a Pomander or a Quintessence is applied along the Prenatal pattern on the feet (an adaption of Metamorphosis).

## So, what is Aura-Soma?

Aura-Soma is a non intrusive, self selective soul therapy. It restores, revitalises and rebalances on all levels.

The bottle is selected at a soul level and as a 'mirror of the soul' it offers an opportunity for growth and development towards our full potential. The colour we choose reflects our being's needs.

Aura-Soma actually means "The Light Made Manifest". It is the first therapy to combine the living energies of colour with essential oils, herbal extracts and crystal and mineral energies in a holistic way according to

vibration. It connects the light to the body. The plants support and balance the body tissue and the crystals support the bone structure. The crystals have a very strong, slow healing quality and they actually get into our pattern.

The Equilibrium bottles are the heart of the Aura-Soma system. They contain the living energies of herbs, essential oils, gems and crystals. As the liquid is applied to the body, the energies penetrate and nourish your whole being.

The chakra bottle is selected by the client at the beginning of the reflexology session and is then used on the area of the feet indicated by the colour chosen.



# WORKSHOP REVIEW: AURA-SOMA WITH REFLEXOLOGY

By Jan Cullen, NSW

Pomanders work within the electro-magnetic field surrounding the body (aura). They are essentially protective, cleansing, refreshing and strengthening to our energy field. Pomanders also contain the energies of colour, herbs and crystals and gems. They are applied through the whole body's energy field, as well as specifically to the aura surrounding the feet.

Every time you use a Pomander, you are strengthening your energy field and sending out healing to the world.

Quintessences work through the astral and etheric level to facilitate the flow of energy from the inner planes.

They support the spiritual part of being; your soul's goals and visions. Each is aligned to an Ascended Master and infused with rose quartz to work with love. They can also be used in the same manner as a Pomander.

There is so much to learn about Aura-Soma but space prohibits further information here. I would just like to say that if you have a chance to attend an Aura-Soma and Reflexology workshop, don't miss it. It was a very uplifting experience and it is certainly something that will bring a new dimension to our Reflexology sessions.



**We Are Looking For  
Billets  
for the 2008 National  
Conference in Sydney**



From 24 to 26 October 2008 Sydney will be hosting the National Conference. We are anticipating registrations from Reflexologists all around Australia and to make our Conference even more attractive to interstate members (by keeping their costs down), we would like to offer them billeting arrangements across Sydney. A few people have already offered to open their homes to visitors but we need more.

**If you can assist, would you kindly contact Jan Cullen on 9296 3073 or [jan.cullen@mallesons.com](mailto:jan.cullen@mallesons.com)**

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# REPORT ON LAST BOARD MEETING

By Anne Young, Vice President

The Reflexology Association is in a very healthy position financially, memberships and credibility.

As our Administrator has reported, we now have membership numbers totalling over 1,000. This is very exciting as it shows healthy growth and a respect for the Association. All the Board members, both past and present, have been active in bringing this strong position about.

## 1. Composition of the Board of the Reflexology Association of Australia

At the recent Board teleconference (Monday July 2 2007) Elizabeth (Libby) Stark was elected by the members of the Board to be the new President of the Reflexology Association of Australia. Anne Young was elected to be Vice President of the company.

Two new directors were appointed to the Board following the resignation of two previous directors. They are Ian Gilbert from Queensland and Ruairi O'Duil from Victoria. Ian has been very involved in establishing Reflexology paths in council parks in Queensland and has been assisting our own reflexology park sub-committee with the design of the proposed path in Belmont. Ruairi has been involved in the print industry and has owned and managed businesses. He has been in family companies, partnerships and finally a sole trader. This is great news as it means we now have quite a good business basis to continue the previous good work by past Boards. Sara Higgins from Queensland retired at the end of her term and Emma Gierschick resigned on 2 July from her position as President and from the Board.

## 2. FNTT

The FNTT has been very active in keeping the RAA in the loop regarding changes the government is planning to make to the accreditation process of rebatable providers. It is through our involvement with the FNTT that the RAA have been invited to consultation forums held across Australia.

The FNTT is also in continuing discussions with insurance companies to find us cheaper but more comprehension insurance that does not have exclusion clauses.

## 3. Constitution Sub-Committee

This sub-committee is progressing in its work to clarify the constitution. It is anticipated that a report will be given to the Board at the September meeting. Any vote on the constitution will be conducted at the AGM during the NSW conference in 2008.

## 4. Policy and Procedure Manuals

The Board has been working toward defining all the roles taken by the Board members. These are being collated into a document that will be updated as necessary. It is anticipated that this will help

new directors understand their roles better. Currently the policy document is complete and the procedures document will follow. This document will be available on the web.

## 5. Finance

As reported by the company secretary at the July teleconference, the finances of the company are in good order. The Board has directed the company secretary to disengage our current auditor and seek a new auditor. This is a result of difficulties the Board had in accessing our current auditor at the time of the South Australian Conference and the 2006 AGM. The new Finance Committee is functioning well.

## 6. Yellow Pages

Jennifer Hill has been asked by the Board to rationalise all the various Yellow Pages accounts across Australia into a single account and single accounts representative. This is a result of the prohibitive cost of Yellow Pages advertising to the company.

## 7. Web Site

The RAA web page is now back up and running. Our original web host gave us no warning that he was going to cease hosting our site. James Flaxman has been working many hours to find a new host and to ensure that all parts of the site are working properly. Many of the original files had to be rebuilt. James is to be congratulated that the site is up and running again as he has put many VOLUNTEER hours into this project to the detriment of his business and family.

## 8. National Training Package

The Board understands that the package is complete and ready for purchase. Accredited Training bodies will start delivering the package as soon as they are able. Currently there is discussion regarding hours attached to the package. My understanding is that this applies only to training bodies receiving Government money to implement the package (not private schools).

### Maternity Reflexology: Workshops and Certificate Course

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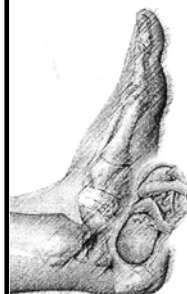
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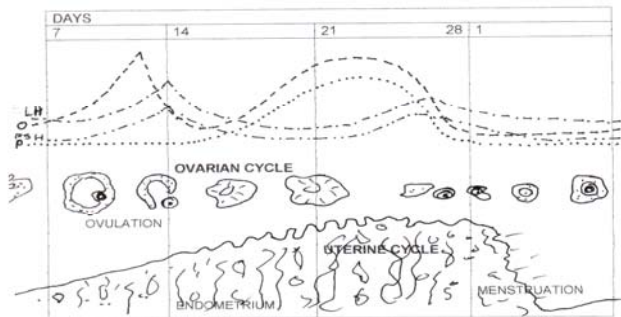


# HERSTORY OF THE WOMEN'S CYCLES AND REFLEXOLOGY

by Lyndall Mollart - RN. RM. Ma Mid. Dip. Reflexology

## Hormones of Fertility

Hormones are chemical messengers that preserve body homeostasis by co-ordinating and regulating the activities of other cells, tissues, organs and systems.<sup>1</sup> The woman's hormonal and reproductive systems are controlled and initiated, as with the man, by the pituitary gland which is located at the base on the brain. I will firstly briefly describe the magic interplay of the four main hormones of fertility: Oestrogen, Progesterone, Luteinizing Hormone (LH) and Follicle Stimulating Hormone (FSH) as shown in diagram 1.



**Diagram 1.** Normal 28 day menstrual cycle (Enzer 2004). Menstruation is counted as Day 1 of the cycle. Ovulation occurs 14 days before menstruation.

**Oestrogens** are ovarian hormones and are responsible for the secondary sex characteristics (typical female shape, axillary and pubic hair, breast/uterus/vagina growth and development, and early maturation of bones) which appear in girls at the time of puberty. Oestrogens are also responsible for some of the changes which occur during the menstrual cycle and in pregnancy.<sup>2,3</sup> During the menstrual cycle oestrogens help to control the follicle phase of the menstrual cycle. FSH from the anterior pituitary gland causes the ovarian follicles to grow and stimulates the production of oestrogen.

As the levels of oestrogen rises, it inhibits further production of FHS but stimulates the release of LH (from the anterior pituitary gland) which causes the release of the ripest egg from its follicle at ovulation. When the level of oestrogen falls at the end of the secretory phase of the cycle, the feedback mechanism recommences. At the time of ovulation, the cervix softens and rises and its opening widens, cervical mucus increases and becomes thinner to facilitate the passage of the sperm. Also there is premenstrual retention of water and electrolytes.<sup>2,3</sup>

**Progesterone** is also an ovarian hormone released by the corpus luteum after ovulation for a period of approximately 12 days. During the menstrual cycle progesterone causes: a slight rise in body temperature at the time of ovulation, cervical mucus to lessen and thicken, secretory changes in the endometrium in preparation for the reception of a fertilised ovum, the ovary to stop releasing eggs and premenstrual

retention of water and electrolytes.<sup>2,3</sup>

**FSH** governs the development of the graafian follicle within the ovary and the formation of oestrogens by the follicle.<sup>2</sup>

**LH** governs the development of the corpus luteum. The corpus luteum is the ruptured graafian follicle which changes with the multiplying granulosa cells and functions as a endocrine gland with the formation of oestrogens and progesterone for 12-16 days, after which it degenerates if fertilisation has not occurred. Within the next 48 hours menstruation occurs.<sup>2,3</sup>

Individual women may have menstrual cycles that vary from much shorter to much longer than norm, however, ovulation is nearly always about 14 days before the next period.<sup>2,3</sup> The menstrual cycle is generally the length of a lunar month – not calendar month. The hypothalamus and pituitary gland are responsive to increased levels of light such as that of the full moon, so it's no accident that the menstrual cycles are generally over 28 days (4 week).<sup>1,3</sup>

## Menstrual cycle, moons and calendars

According to Sjoaa and Mor (1987) menstruation means 'moon change' and 'mind change'<sup>4</sup> which family members can agree on as many women

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## HERSTORY OF THE WOMEN'S CYCLES AND REFLEXOLOGY

by Lyndall Mollart - RN. RM. Ma Mid. Dip. Reflexology

experience mood swings and mind changes as they nears their 'period' time. If we look deeper the Sanskrit word "moon" is a measurement and the same root word as 'month', 'menstrual', 'menopause' and 'mind'. The moon and women cycle on a regular basis (whether they wish to or not!).<sup>4</sup> It is interesting to note that women established the first calendar, marking time via the menstrual cycle! Davis and Leonard<sup>5</sup> reminds us that pre-literate women cut notches on sticks to establish lunar months; and the ancient Mayans and Chinese women developed lunar calendars over 3 thousand years ago. The lunar calendar has 13 months - in contrast to the 12 month Julian calendar we use today.<sup>5</sup>

Whether we are looking at birth, death or any of the cycles which women experience in between, there is so much more to explore than many people are aware of. For this article I have concentrated on the menstrual cycle, and some of the resulting cycling conditions that occur. I will discuss the use of the reflexology technique "Endocrine Balance" as described by Susanne Enzer<sup>6</sup>.

### Herstory or History

New analyses of old evidence means we need to re-evaluate our present belief around the 'herstory' (rather than 'history') of women's blood and the menstrual cycle. The word 'taboo' is sometimes associated with menstruation, and Judy Grahn (1993) shows that the word comes from a Polynesian word meaning both "sacred" and "menstruation". Sarah Wickham proposes we consider "*how different it must have been to live in a society where having periods were considered sacred*" (p10).<sup>4</sup>

Interpretation of history suggests that menstruating women were and are still, to this day in some cultures, segregated from the rest of society because they are dirty. But what if they separated themselves because they understood how magical they were and wanted to tap into that magic in an all-female environment?<sup>4</sup> Many cultures celebrated this segregation which allowed women to rest and recuperate from hard work for a few days each month, enabling them to have a really good time with their women friends.<sup>4,5</sup> Our modern culture still seems to have far more words which seem negative to describe 'periods', reinforcing the idea that menstruating and bleeding is not something to be proud of: 'the curse', 'on the rag', or 'surfing the crimson way'. Yet, it is amazing that menstrual blood was often alluded to "*as a flower yet to bear fruit, but containing the soul of the future*"<sup>5</sup> (p137).

While modern times and scientific thinking brought great improvements to some aspects of people's lives, many of the advances of modernity are double-edged swords. Women's lives have been saved in complicated childbirth or pathological gynaecological situations, but we have lost the Mystery and Magic.<sup>5</sup> What are we teaching our young women about the

magic of womanhood and cycles? Young girls watch TV advertisements for 'sanitary products' which will hide away their blood from the rest of the world and allow them to carry on 'normally', as if nothing is happening!<sup>4</sup> Do they wonder why the liquid used to demonstrate the absorbency of the products is never red?

In school classes young adults learn about hormones and the menstrual cycle in terms of tissue proliferation and tissue shedding in a dry and technical manner (such as this article's opening paragraphs) and not in relation to the different feelings women might experience at different times of their cycle, or how their ways of thinking and being might change throughout the month.<sup>4,5</sup> They are also shown "*pictures straight out of medical textbooks, showing cross-sections of women's reproductive systems, quite divorced from the hormones and feelings which conducted the orchestra of their cycles*" (p35).<sup>4</sup> Susanne Enzer had a great vision and developed the concept (and video) of the "Hormone hat" to show young people (and older ones too!) what is happening during the cycle of a woman's life physically and emotionally, from child to matriarch. Anyone who has been lucky enough to view this amazing video appreciates Sue's talent in combining humour, art and science to show how the hormones of fertility have a profound affect not only on women, but also on their men folk, families and friends!<sup>6</sup>

Davis and Leonard<sup>5</sup> advocate that the "*manner in which the menarche transition is experienced has much to do with the degree of confidence and independence a woman finds in subsequent stages of adult life*" (p16). How does the journey of puberty feel to a young woman who is on this journey today? Is it something to be celebrated like Davis and Leonard<sup>5</sup> suggests with menarche rites - ceremonies which some mothers organise for their daughter's first menstrual period? Or, is it something dirty that needs to be hidden away? If this is the accepted perception by many, it's not surprising that many women have 'difficult' or painful menstrual cycles.

Society needs to start thinking about women's cycles differently. Some women are seeking to reclaim their femininity from male-based concepts and return to a more natural approach. They are getting more in touch with natural cycles and other ways of experiencing the rhythms of life<sup>4</sup> and dancing with their hormones.<sup>7</sup> Wickham<sup>4</sup> suggests possible ways to celebrate and acknowledge the sacred time by: taking a regular monthly break (possibly by moon lodging) only for women, a time when they 'go inside' in order to regroup and ready themselves for the next loop of their cycle (spiral), to take time out to learn more about who they are and what is important to them and to consider where they want to go to next.

# HERSTORY OF THE WOMEN'S CYCLES AND REFLEXOLOGY

by Lyndall Mollart - RN. RM. Ma Mid. Dip. Reflexology

## Some Cycling Conditions

### **PMT/PMS**

Deviations in menstrual cycles are seen as medical issues - again underlying the way this is viewed in modern society. Perhaps the most well known disease of the menstrual cycle is the so-called pre-menstrual tension (PMT) or pre-menstrual syndrome (PMS).<sup>4</sup> Hippocrates thought the cause of PMT was a 'wandering uterus' somehow disturbing the brain on its journey around the body. A strategy used was to burn incense at the vaginal opening to entice it back!<sup>3</sup> However, in more recent times, Francesca Naish<sup>3</sup> proposes PMS is "*usually too little progesterone, and is critically linked with the production of prostaglandins, which in turn is linked with the availability of certain nutrients*" (p193). It can also be the time to be forthright and tell the truth and get away with it!<sup>5</sup>

In many cultures, women are convinced their PMS is psychological or psychiatric and they may be persuaded by friends, doctors or media pressure to take anti-depressants or tranquilisers. If it is hormonal, then women are sold synthetic hormones to artificially cure the dis-ease. Unfortunately, western culture does not value women's cycles and resorts to labelling these differences as wrong or pathological, rather than as variations of normal.<sup>4</sup> Also the pharmaceutical

companies stand to lose immense amounts of money if the number of women seeking alternative natural remedies increases and if women realise just how much power they hold as consumers.<sup>4</sup>

**Dysmenorrhoea** or 'painful periods' can be the result of contractions and cramping of uterine muscle. Metaphysical aspect could be when women release the expectations that others have of them, and that they have of themselves. Women often find their symptoms reduce or go away completely (p61).<sup>4</sup>

**Menorrhagia** is heavy or excessive menstrual flow which could be caused by many reasons - miscarriage, fibroids, endometriosis, blood disorders and cancer to name a few. It can also lead to anaemia.<sup>3,6</sup> Metaphysical aspect could be "*tears of frustration as the feminine part of the individual is denied its creative expression.*"<sup>6</sup>

**Irregular periods** occur when they are longer or shorter than 28 days. However, personal assessment of regularity varies enormously. Irregular cycles can be due to external things such as stress, travel across time zones, ill health, diet and dramatic weight changes, fasting or drugs (medical and recreational). External things will usually lengthen the cycle, i.e. delay in ovulation.<sup>3</sup>

## HERSTORY OF THE WOMEN'S CYCLES AND REFLEXOLOGY

by Lyndall Mollart - RN. RM. Ma Mid. Dip. Reflexology

**Amenorrhoea** is an absence of menstrual periods and lack of ovulation for more than 6 months.<sup>3</sup> The causes could be hormonal, excessive exercise, malnutrition and certain medical conditions. Metaphysical aspect could be "a disconnection of the feminine side as it was not accepted within the world in which they live".<sup>6</sup>

There are many strategies and natural remedies that assist with these conditions such as yoga, dietary changes, vitamins and minerals, herbal remedies and acupressure points. To discuss all these is beyond the scope of this article, so I will only discuss the reflexology technique Endocrine Balance. For information on the other strategies, there are many books that you can read including Francesca Naish's book - "Natural Fertility".

### Reflexology - Endocrine Balance

This reflexology technique (Endocrine Balance) purpose is to balance the entire endocrine system including the hypothalamus, pineal, pituitary gland (anterior and posterior), thyroid/parathyroid, thymus, pancreas, adrenals, ovaries/ testes. This powerful but painless technique can be used on women, men and children with any condition where there is an imbalance of hormones, i.e, diabetes, hyper/hypothyroid and deviations in hormones of fertility as mentioned above as well as miscarriage, pregnancy and menopause. This technique can be used with any reflexology session, preferably right at the end.

The Endocrine Balance works on three levels - physically, emotionally and energetically. To access the physical energies, the reflexologist uses firm pressure for treatment or relaxation techniques. The emotions and feelings are recorded in the feet in the soft tissues (lines, hard skin); as fluids (dry or sweaty feet, swollen); and the attitudes of the feet. So, to access the emotions and feelings, the reflexologist uses a very light touch for treatment or relaxation techniques.<sup>6</sup> The etheric energies are always around. Although they are usually invisible to most people, sometimes they can be seen as colours. To access the subtle energies which are not of a physical nature, the reflexologist uses sensing techniques and should be open to intuition.<sup>6</sup>

Reflexology uses the concept of 10 longitudinal zones along which the reflexology impulses pass both feet. A perception of many reflexologists is that energy also moves across the space between the feet - the interface between left and right. In this Endocrine Balance, the space is termed the O-zone.<sup>6</sup> Susanne Enzer<sup>6</sup> describes that the reflexology Endocrine Balance uses all the above mentioned concepts - "it begins by physically stimulating the reflex zones, and then using a light touch to inform the senses that the system is working together. It continues by using the O-zone to balance left and right and finishes with

intention from the practitioner for balance and harmony" (p30).

### Last quote

My last quote comes from Sarah Wickham<sup>4</sup> as she reminds women not to forget how valuable they are to themselves as well as others - "we forget how well our bodies carry out their responsibilities.... And we forget how much the world depends on us. If we could only remember how very valuable, powerful and essential we are to the running of the planet, and how well our bodies work to enable us to do all of these things, I suspect that everything else would probably follow" (p173).<sup>4</sup>

Let's Dance with Hormones!

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## STATE MATTERS



Ah Queensland.... FREEZING one day and rather chilly the next!

We're having a fabulous winter. For once, we have been able to wear jumpers, scarves, boots and even coats (!) for a couple of months rather

than the usual week or two. It's been cooler than usual in the south east (the coldest July for 66 years) with inland frosts – golly! Overnight temperatures in single digits – quite unnerving! But glorious days, so energising! (However, could someone could please send us some rain.)

Not a lengthy report from Queensland this time around which, given the frenetic activities of the previous quarter, may well be a good thing. After all, we are all supposed to relax, revive and restore!

The June Annual General Meeting gave us our new line-up of committee members who are graciously offering their time, energy and expertise to help further the development and promotion of reflexology.

Our state directors are Libby Stark and Ian Gilbert. Vicky Protheroe is Chairperson, Claire Goldstein is Vice-Chairperson, Gail Mercer is Treasurer, Lyndel Godden is Secretary. We also have Alyson McRitchie as Special Events Co-ordinator, Education Co-ordinators are Wendy Lockett and Galmia Boum Bletterman and our Queensland "What's Afoot" Newsletter Editor is Sarah Robinson. Three cheers everyone!

We were also thrilled and proud to hear that our delightful Libby Stark is now President of the RAA. Rousing cheers this time everyone!

The Mind Body Spirit Festival provided us with the opportunity to demonstrate the power of reflexology in a meaningful way. The RAA stand was mobbed by eager punters! All volunteer practitioners were busy for the three days of the Festival, which was not only satisfying professionally but also practically, given that the exercise returned a profit. (As an aside, it also gave this author her very first "bona fide" paying client for her recently launched reflexology business which was an unexpected bonus.) As you give, so shall you receive....

Our July meeting was, as usual, fun and informative. We heard about the new committee members and the AGM, applauded Pat McLean on gaining an Outstanding Achievement Award and listened with great interest to a talk on Fibromyalgia by Heather Edwards.

With visits to Brisbane by Ted Jedynek (Foot Mobilisation) in August, Dr Martine Faure-Aldersen

(Craniosacral Reflexology) in September, Chris Stormer (Feet Glorious Feet) in October plus the International Cairns Conference, we have the opportunity to network, have fun, learn a great deal and earn lovely CPT points!

*Eileen Wallace*



New faces and new energy in the Victorian committee, mixed with some experienced members, is paving the way in Victoria for what we are hoping to be an exciting year with new experiences

and new challenges. We welcome the new members, as well as the new state director, Rauiri O'Duil who will work closely with our other state director Jennifer Hill.

It is always exciting at the dawn of something new, and as a new committee we look forward to having the opportunity to continue to grow and move forward. Although we do not currently have a chair, nonetheless the passion within our new committee is strong.

Over the next 12 months we are hoping to increase the number of members we have, increase the number of members attending the meeting, utilise the website more to allow members easier access to information, provide some exciting courses and be there for our members in a number of other ways.

Looking back on the year that was, a number of very memorable courses were run, especially the highly successful Chinese Acupressure Course with John Yuen. Thanks to the efforts of Deborah Johnston, we also held a highly successful trip to China - a trip that is now likely to become a regular event.

Thank you to all who contributed in the last 12 months, and we look forward to the next 12 months.

*Jeanette Friend*

### Free Books !!!!

Do you have any great ideas for new stationery items for the Association, flyers, brochures, forms etc etc

***Maybe you have some great photos suitable for the cover of FootPrints????***

- We would like to invite you to submit them to your branch director for consideration.
- If they are feasible and affordable you could win yourself a book voucher valued at \*\$50
- to spend through Reflexology World. (\*\$30 for a winning photo)

**This offer ends at Christmas.**

**Send Ideas, Photos or suggestions to your:  
State Branch Director**

## STATE MATTERS



On behalf of myself, State Committee and members of the WA Branch, I would like to congratulate all newly elected members to the relevant State Committees and National Board. Over here in the West, we

have a rather large committee this year due to having more than one person for several of the positions. We elected to do this in order to 'share the load' and hopefully this will work out well for all concerned.

We had a good turn-out for our ABM and for our 'Study Day' component we talked about various aspects of working in aged care. June saw us at the Everywoman Expo where our band of volunteers did, as always, a really wonderful job. The people that you get to meet at these events are quite varied, some are locals, some are here on holiday and some have come to work here for a while. Generally they are all very interesting to talk to and it makes the time just fly by.

July again saw us in Mandurah for our first general meeting and Study Day after the ABM. The topic for the day was 'Allergies'. Mandurah is always a popular event and Chris Aubrey, our member from the Peel region (outside metro area), always manages to come up with a good subject and sources interesting speakers to talk about the given topic. All this takes place at the lovely Mandurah Quays Resort set overlooking the estuary.

We have a committee meeting on August 8th which is being held at my home in Kalamunda and our next general meeting/study day will be in October – venue and topic are still to be finalised. Our Education Officers are presently processing questionnaires that have been given out at previous meetings in an effort to select new and relevant topics for future Study Days.

In September we will have our long awaited workshop with Hanne Marquardt which is being held at the Mandurah Quays Resort and we are looking forward to that.

Our monthly Coffee Discussion Group has proved to be very popular and we are now trying to get it up and running in different areas. These 'discussions' allow members to share their knowledge or ask questions on things they don't know or perhaps aren't sure about in relation to different aspects of Reflexology in a relaxed, friendly and informal setting.

Matters with our Stroll Path are progressing slowly. The Belmont City Council are very excited about the concept of having a Stroll Path and want to include it into an area down by the Swan River that has been earmarked for beautifying. Ursula Ladzinski and I were supposed

to have a meeting with our council contacts at the end of July - regrettably this had to be cancelled.

A friend and fellow Reflexologist has this stuck on a bathroom mirror in her home:

### **YOU ARE LOOKING AT THE PERSON RESPONSIBLE FOR YOUR GOOD HEALTH**

I do hope that you will all remember that and take very special care of that person.

*Valerie Dewar*



NSW has started back in full swing after the change over from the last committee to the present one. Our change over meeting heralded an era of adjustments for the NSW Branch as it had to

be cancelled at the last minute due to a freak storm that devastated most of Sydney. The following week as many of both the outgoing and incoming committee members met at Misha Frankel's home to conduct a belated changeover meeting. Many thanks to those who were able to make it as it exemplified a wonderful sense of dedication and commitment. At present in NSW we have no Education or Publicity officers and no official Chairperson on the Executive but rather a group of Committee members who are trying to advance the name of Reflexology in NSW by standing in as Acting Chairperson on a rotating basis. I, for one, am immensely impressed as we are all obviously very busy with our own concerns as well as service to Reflexology, the Branch and all the NSW members.

We have already had another great meeting in July at which Michelle MacGregor spoke eloquently about Aura Soma and the Committee has lined up other interesting speakers for the General meetings throughout the next 10 months. Thanks to Michelle and her products (notably pink pomander) those present left the venue feeling fabulous. Our meetings are held at the Crows Nest Community Centre on the 3<sup>rd</sup> Tuesday every month and interstate or overseas members are very welcome.

At a Branch level we are introducing students to the advantages of Reflexology Association membership early on in their studies by more frequent talks at the Colleges. Our Conference Committee is well on its way, booking venues and speakers creating the infrastructure needed for a fantastic 2008 Conference, ably co-ordinated by Barbara O'Keefe. We have plans in place for World Reflexology Week and progress is being made with developing Reflexology paths in Sydney. It is certainly a very exciting time to be involved with the Association and Reflexology generally in NSW as people are becoming much more aware of the benefits of this wonderful modality.

*Kerrie Baldock*

# FACIAL REFLEXOLOGY

by Sue Ehinger, NSW

Facial Reflexology is the brainchild of Lone Sorensen, evolving over the course of her 29 years experience as a complementary health therapist.

The face has fascinated Lone for reasons of its proximity to the brain.

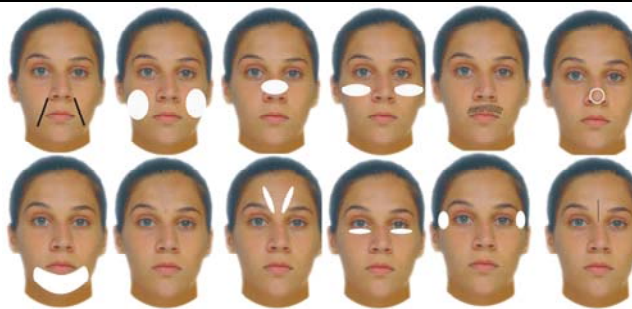
Early experimentation using foot reflexology and facial acupressure on children with special needs yielded such remarkable results that it started Lone on a quest to develop a healing therapy on the face that has earned her three honorary awards from the Argentinean office of the World Health Organization in 2001.

Facial Reflexology is a marriage of several healing systems: the oriental meridians, acupuncture points, South American facial maps and clinical neurology. Utilizing these systems on the face also addresses four of our five senses: smell, hearing, sight, and touch.

Lone began her study of reflexology in Denmark in 1978 where she was amongst the first to study the discipline. She also studied acupuncture and laser therapy then ran a clinic and school in Denmark for about ten years. She was always very interested in facial acupressure points because of the success of her work with children with hyperactivity and learning difficulties. With them, she used a combination of 16 facial pressure points and reflexology on the feet. She also felt disappointed with the lack of results from foot and hand reflexology when trying to treat certain conditions. She found that working on the face gave results more quickly. Lone believes that facial reflexology is so effective because it works in such close proximity to the brain and central nervous system.

Lone moved to Argentina, to find that reflexology was completely unknown there. She began to practice and teach reflexology and zone therapy on the feet, hands and face. While visiting a town called Cophau in the mountains between Argentina and Chile, she noticed American Indian women practicing a form of facial zone therapy. It was from these women that she learned the facial reflexology technique which she now uses as a diagnostic tool. Lone remained in Argentina for twelve and a half years during which time she founded three reflexology schools.

During further travels in Cuba, Lone learned a system using 564 nerve points and 31 acupressure points in the face, which she combined with the technique learned in Cophau. She also met Dr Chun, a Vietnamese doctor, who worked with the oriental system of charting the face to reflect body organs and systems. She then



incorporated his methods and experience into her treatments.

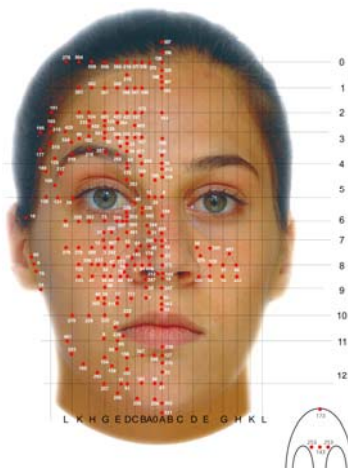
Following her research Lone began to work with the Dr Phillipe Pinel Institute in Buenos Aires, developing new therapies for brain-damaged children. With a system called Stimulation Temprana (early

stimulation) Lone has achieved excellent results. She never claims to be able to cure, but she has been able to help patients who were unable to walk, talk or eat to gain or regain these faculties - thus greatly improving their quality of life.

She has also helped coma patients, and people suffering with such conditions as Multiple Sclerosis, Downs Syndrome, and Motor Neuron Disease; the more serious the disease or condition, the more intense the treatment.

Her current method of facial reflexology and face mapping has been developed over twenty-three years of work with clients. It combines the following techniques to provide an holistic and comprehensive treatment:

1. Acupressure to stimulate nerve endings, the meridians, the blood circulation and lymphatic drainage.
2. American Indian Zone Therapy to stimulate the nervous system and identify any blockages or irregularities within the body systems.
3. Vietnamese Traditional Medicine to stimulate the general release of tension in facial reflexes and the clearing of any blockages within corresponding vital body organs.
4. The Vietnamese System to stimulate:
  - a) the brain cortex to improve movement in the physical limbs
  - b) the brain cortex to improve the function of the senses
  - c) the brain cortex to relieve pain, and to improve pain control
  - d) the brain cortex to improve the general psychological state
5. The map of the muscles, tendons, joints and spinal chord are stimulated through using the zonal map of the physical body.
6. Facial acupressure points to stimulate lymphatic drainage.
7. Balancing the psychological "Body".



The basic treatment procedure comprises these seven basic steps as well as up to six additional protocols which are used to tailor an individual treatment session for the client's health requirements. A treatment begins with rotation work on thirty-five facial points, each of which fulfills three criteria: they are an acupuncture point,

# FACIAL REFLEXOLOGY

by Sue Ehinger, NSW

important blood circulation area and also rich in nerve endings.

There then follows an assessment of the entire surface of the face (except the eye lids) for deposits within the deeper dermis layer of the skin. A slow, deep massaging movement explores facial body maps, (based on those used in the Andes by a nomadic tribe called Mapuches). These maps are aligned with neurologically rich areas of the face that also connect with the various systems of the body. A five-scale grading system is used to assess the worst of the deposits and the area concerned dictates the focus of the rest of a treatment session.

Lone categorizes these deposits as follows:

**1st Grade:** "Sand"-like grit in facial zone - not serious indicates usual tension in body system or along relevant meridian.

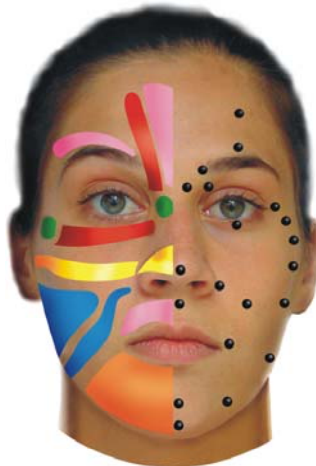
**2nd Grade:** "Rice"-like grit in facial zone - indicates considerable tension in body system or along relevant meridian and should not be allowed to get worse.

**3rd Grade:** Swelling or tenderness in facial zone indicates a problem in the corresponding body zone or meridian.

**4th Grade:** "Pearl"-like lump in facial zone - indicates potentially serious health problem in the corresponding body system or along relevant meridian.

**5th Grade:** "Stone"-like lump in facial zone - indicates serious health problem in the corresponding body system or along relevant meridian.

Stimulation follows, using three oriental facial maps that address the nervous system and physical body culminating in the seventh and last stage of the treatment – a delicious harmonizing face massage that unites the mental, physical and emotional aspects. Additional procedures include the use of cranial lines, acu-points, hormonal balancing, a choice of 564 facial



nerve points and muscle stimulation.

At the same time, a stimulation of the neuro-biological system and the central nervous system is performed by pressing specific points along meridians, and on zones stimulating the blood flow. As a primary effect a deep relaxation is produced and, at the same time, a relaxation is achieved in the muscular system as well as in the nervous system.

The face reflexologist is trained using Rose Mosqueta oil from the Andes because of its healing properties. This oil has no aroma so Rose essence is

added for its aromatherapy qualities, appealing to the sense of smell. Music therapy is used to stimulate the auditory sense, (principally that of Mozart, Schubert and Verdi). The twelve Chinese Meridians are colour-coded and within a treatment session form an important visual stimulus. Finally, it is the sense of touch, that of the therapist's fingers and the client's sensations during a treatment which is most important, as it is through the sense of touch that an assessment of the client's health status is made.

At the RiEN conference in Ireland last year, I was privileged to hear Lone present a talk on Facial Reflexology and also to attend a mini workshop given by her partner, Marcel where he demonstrated Lone's techniques. It was fascinating. With skilled fingers, he palpated the face of his 'client', locating the zones which indicated the root cause of symptoms and which indicated the required treatment procedure. The treatment looked so relaxing that we all wished we had had the opportunity to be the demo model, who reported afterwards that the treatment had felt "stimulating" and "very pleasant". She said that, although it may have looked as though the pressure was firm, it never felt at all uncomfortable.

# GETTING TO KNOW YOU

## INTRODUCING LINDA WILMOT - WA (Recently In Busselton)



### What initially drew you to do reflexology?

A great fascination with the therapy! I was living in Scarborough at the time and saw a sign on a noticeboard advertising an

introduction course to this previously unheard of therapy in the far-away suburb of Balga. I went without any hesitation.

### How long have you been practising?

For over 25 years. Most of this time was while I was living in Broome (17 years). Because I was the only known reflexologist basically in the whole Kimberley, I became known as simply the "Foot Lady".

### Where is your practice?

At the moment it is "wherever we pull up" as my husband and I travel around Australia. Our 36 foot motor home is adorned with relevant signage and I also place a "sandwich board" in front of the bus. We have stayed working one or two years in a community so I still have regular clients.

### Do you offer a mobile reflexology service?

Yes, I will take my equipment to someone's house by car if they can't get to me.

### On average, how many clients do you see each week?

A difficult one to answer, as it used to be constantly between 15 and 25 a week when I had my little clinic in Broome, but one long weekend whilst in Kalbarri a few years ago I worked on about 30 clients in three days and last year whilst managing a caravan park, I only had time to do 3 clients during the whole year! Other than last year's "forced drought" with my therapy, I could safely say that in the past 25 years I would have averaged 8 clients a week.

### Do you have a specific style of reflexology?

Yes I do. After I picked up the basic techniques and background in Perth I then moved to Broome, so I was self-taught to a very large degree. I prefer to work on the dry skin of the feet and only apply cream at the completion, more for relaxation. I find that my fingers pick up a lot more information and the reflexes can "speak" to me more clearly without having the cream as a barrier. It perhaps has been harder on my fingers in the long term, but it is very difficult for me to work on feet using cream right from the beginning. I follow a set pattern/working order as I work around the feet.

### Do you have a specific area of expertise/interest?

Almost by accident I began having some outstanding results using foot reflexology in helping a lot of women with fertility/hormonal/menstrual/birthing issues. Many times women in Broome who were overdue for the birth of their baby would come and have their feet done and many times their labour started naturally within 12 hours. As most Broome women had to travel 200 kms to the hospital in Derby for any medical intervention/inducement back then, they were very happy with this outcome. I was sometimes called for a session at very odd times! I gained a lot more confidence in using reflexology like this when one lady did not go into labour, even after I had done her feet three or four times in as many days. The doctors finally sent her down to Perth and when her son was finally born it was realised that she must have got her dates wrong as the baby was actually early! Although there are many other times that this great therapy has helped many clients with other complaints, I have been most passionate in this particular area.

### What courses have you attended recently that you found to be useful to your practice?

The 2004 National Conference in Fremantle was very exciting for me as it was really the first time I actually had first-hand dealings with other practitioners and the workshops and networking was invaluable to me. I hold a Diploma in Reflexology which I obtained through the WA School of Reflexology about 10 years ago.

### Do you combine any other modalities with your reflexology treatments?

Yes, I always use Reiki energy as I work and am mindful of certain essential oils to add to either the initial bathing water or to my creams.

### Where do you want to see reflexology in the health system?

As an accepted and respected part of using it both as a diagnostic and therapeutic/preventative tool. I see its primary use as being a tool to simply relax the person, but once the body is relaxed, it can get on with its own job of healing itself. I feel reflexology's benefits can be utilised to assist with the birth and during the precious years of a child's growth. It can be used as a continuing health boost and as a real benefit in a hospice situation. The wonderful therapeutic use of touch cannot be emphasised enough.

### What is your greatest moment with reflexology?

Another difficult one as I have truly had many! Perhaps it could have been when I was teaching this modality in Broome and at the end of the workshop everyone was able to do a full session on each other. To see 6 or 8 people lost in their thoughts as they worked on their friend's foot and just enjoying the giving or receiving whilst beautiful music was playing was very, very satisfying.

## GETTING TO KNOW YOU

### What was the most difficult situation/biggest challenge you found yourself in as a reflexologist?

Approaching the medical doctors and hospital staff in Broome to get permission to work on clients of mine who had asked for a reflexology session whilst in hospital. I'm glad to say the outcome was very successful and led me to being part of the Kimberley Cancer Council group and working on cancer patients - PLUS their carers.

### If you could pick anyone in the world, who would most like to give a reflexology treatment to?

Without a doubt, Nelson Mandela and the Dalai Lama.

### What could you not live without?

Not really sure on this one. On a practical level it would have to be my gluten and lactose-free food. On a deeper level, I can only say the emotion of LOVE I guess.

### And finally, what advice would you give to new graduates of reflexology?

Don't worry too much about trying to develop the "right" technique according to someone else - your own style will develop easily as you relax and go along. And never presume that the reflexes in one foot should feel the same as in the other corresponding reflex in the other foot - just accept and trust what your fingers find. Enjoy the journey - its rewards are endless!

## INTRODUCING RUAIRI O'DUIL - VICTORIA



Hi All,

My name is Ruairi O'Duil. I'm the recently elected State Director for Victoria. I'm Irish and migrated to Williamstown, Melbourne from Dublin, Ireland last September with my wife, Karen, an accountant, (but I don't hold that against her, and it can be handy at

times) and our 2 kids, boys aged 3 and 9.

The decision to move to Australia prompted a general re-evaluation of my life and what I do with it. Having spent 10 years on a wide variety of beds, plinths, chairs and floors receiving an equally wide variety of treatments, I eventually accepted that I had to allow myself to follow the path that was calling me. I chose reflexology without ever having had a treatment, funnily enough. A great choice. I haven't looked back since, sideways a few times, but not back.

Although I'm only recently qualified as a Reflexologist I have plenty of business experience. My background is in the print industry and I have owned and managed businesses since my 20's. I have been in family companies, partnerships and finished up as a sole trader. I am well aware of the stresses of work life, having suffered most of them, and I like to think that this has given me a practical and common-sense attitude to life.

My decision to sell my company, follow my heart in a new direction and career and transplant my family halfway around the world might suggest otherwise!! I think that it's the best decision I've made for some time!

I chose to join the RAA Board because I want to help the profession of Reflexology. My experience of Reflexology here is that it doesn't have the same respect and awareness from the medical profession and the public in general as it does in Ireland and the UK and I want to help change that. I appreciate that I am new to Australia and am going to need all the help that I can get but it's important for all of us that we move our profession forward. If you have any suggestions please email me on [reflexology@clearsky.ie](mailto:reflexology@clearsky.ie)

# 2007 CPT EDUCATION

Date	Presenter	Training Title	Location
Oct. 5 & 6	Sharon Stathis	Ayurvedic Reflexology Smart 1	Perth - Anne Clark 08 9332 4493
Oct. 6 & 7	Jane Sheehan	Foot Reading Workshop	Melbourne <a href="mailto:jane@footreading.com">jane@footreading.com</a>
Oct. 7 & 8	Sharon Stathis	Ayurvedic Reflexology Smart 2	Perth - Anne Clarke 08 9332 4493
Oct. 13-14	Jane Sheehan	Foot Reading Workshop	Perth <a href="mailto:jane@footreading.com">jane@footreading.com</a>
Oct. 21 & 22	Chris Stormer	Feel at Home with your Feet	Sydney - Sue Ehinger 02 4976 3881
Oct. 27 & 28	Chris Stormer	Feet Glorious Feet	Brisbane - Jan Williams <a href="mailto:janwilliams29@hotmail.com">janwilliams29@hotmail.com</a>
Oct. 27 & 28	Usui Reiki Master	Traditional Reiki 1 Classes	Centred Self Healing - Killarney Vale NSW Central Coast Lyn Wareing - 02 4353 0979
Nov. 3 & 4	Norma Weaver and Bruce Stark	Postural Reduction and Post Technique	Sydney 0400 368 971 or 0417 477 686
Nov 10	Patricia Clune	Personal Angels	Sydney - Sue Ehinger - 02 4976 3881
Nov. 10 - 20	Simon Gall	1 day Thai Foot Massage Course	Mandy French 07 5545 3890
Nov. 23 - 25	Jacqui Bushell	Reiki Master Level	Wentworth Falls Retreat 0247 827786
Nov. 24 & 25	Usui Reiki Master	Traditional Reiki 1 Classes	Centred Self Healing - Killarney Vale NSW Central Coast Lyn Wareing - 02 4353 09 79
Nov. 24 & 25	Master Zhang Hao	'Chi' Acupressure Weekend Workshop	02 9899 9823 <a href="http://www.chihealing.com.au">www.chihealing.com.au</a>
Dec. 7 - 9	Jacqui Bushell	Reiki 1, 11 & 111A	Wentworth Falls Retreat 0247 827786

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**\$22.00**  
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Places for information required by health funds

NOTE: Only available to currently registered Professional Members.



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100 \$23.40  
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Phone: 07 3396 9001  
Fax: 07 3393 5468

Address: PO Box 253  
Wynnum Central  
Queensland 4178

# FOOTPRINTS JOURNAL

ISSN 1039 – 2092

*Published by the Reflexology Association of Australia, Limited*

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- ◆ All advertisements including inserts must be booked in advance and copy provided to the Advertising Co-ordinator, Judee Hawkins, on [secretary@reflexology.org.au](mailto:secretary@reflexology.org.au) or Mobile: 0412 187 238.
- ◆ Firm arrangements for payment must be made for at the time of booking.
- ◆ Display advertisements must be submitted by the copy deadline (see below).
- ◆ FootPrints is distributed at the end of the month of issue, i.e. March, June, September and December.

## COPY DEADLINES

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