

FootPrints

The Journal of the Reflexology Association of Australia



www.reflexology.org.au

April 2018

Volume 22 No. 2

Pathologies of the Foot and Hand workshops



17 & 18 Oct 2018 in Adelaide SA – pre-RAoA Conference
by Lisa M. Chan, LAc, PhD, Reflexologist

Lisa Chan is one of the RAOA SA Conference Keynote speakers.
Lisa will be conducting 2 x not-to-be-missed 1 day workshops –
1 day Hand and 1 day Foot – option to attend one workshop or both.
Wednesday 17th October and Thursday 18th October.

Can you name 38 pathologies of the hand and foot?

Shingles Skin Cancers The Diabetic Foot Infections Parasites Sexually transmitted disease present in the feet Deep Vein Thrombosis (DVT) Morton's Toe Neuropathy Over Pronation Achilles Tendonitis Arch Pain and Arch Strain Arthritis Athlete's Foot Bunions Calluses Charcot-Marie-Tooth (CMT) Claw Toes Corns Eczema MalletToes Metatarsalgia HammerToes Heel Pain Heel Spurs Morton's Neuroma Overlapping Toes Psoriasis Post-Tib Tendonitis Plantar Fasciitis Polydactyly Pregnancy and Your Feet Sesamoiditis Shin Splints Toenail Fungus Ingrown Toenails. Heel Fissures Diabetes 2 carpal tunnel

“So what was happening to you right before this started?”

Sometimes this question is met with a blank stare, and sometimes, doors creak open. It may not be today, or tomorrow, but the seeds are planted. What was happening before this UTI, this weight gain, this back pain, these headaches, this depression? How did I feel? What was happening in my life? Was I eating a ton of sugar? Did I forget to wear my shower shoes at the gym?

Are you aware of the difference between **Arterial insufficiency and Venous insufficiency** for example? Here we work on the feet and lower legs where examples of arterial insufficiency, also called arteriosclerosis or narrowing of the arteries, show up. How does the reflexologist know what they are dealing with? **If the arteries of the lower abdomen or legs are involved, you might have repeated episodes of leg cramping when you walk.** Arterial insufficiency also can affect the arteries in the abdomen, causing pain after you eat meals. (Goldman L.EMedicine.medscape.com internet) **Varicose veins are usually better with elevation, better with cold and walking and better with compression socks. Arteriosclerosis in the legs is exactly the opposite.**

Did you know that foot problems can be the first place to look for signs of some systemic diseases of the heart and kidneys? It is often the right thing to refer your clients to their MD for a check-up and a blood panel.

It is not a failure of reflexology, but more, you being a caring, supportive and educated practitioner. I am not asking you to diagnose, only to be aware, only to deepen your practice, your curiosity and your awareness.

This and more will be covered in **Pathologies of the Feet and Hand**, taught by Lisa M. Chan, LAc, PhD, Reflexologist, in Adelaide. This will be combined with hands-on work on how to increase your effectiveness for some of these pathologies. Lisa decided to teach this course while studying internal medicine in acupuncture school. For more information see article in this issue of FootPrints. For bookings, please contact the presenter direct – Lisa Chan healingnrg@hotmail.com

Early Bird fee \$200 AUD per workshop until 31/8/2018. \$225 AUD 1st September onward, per workshop. All payments to be made direct to L Chan via Paypal – Healingnrg3@hotmail.com

For additional information and RAOA conference information contact Conference Convenor Marie Steinke marie.steinke@internode.on.net



From the President's desk

Here we are three (3) months into 2018. Hopefully you found some time to recharge your batteries over the Summer holidays and enjoyed some time with family and friends.

Maybe you found a quiet cool spot to ponder over the year ahead? Or some computer time under the air conditioner to update your CPT points online ☺ and then spent time planning your diary, schedule and important tasks for 2018? Eyre Peninsula (my part of South Australia) holds an annual family fun event, Tunarama, in Port Lincoln; several days of festivities held in late January. School is now back and people are getting excited again about their favourite sports. The tennis and cricket have been awesome to watch and I'm sure that football will be the next topic of conversation.

Your Board of Directors will be meeting in March for a 2 day meeting. This will be in Adelaide as our Company Secretary will be attending this meeting. The Board will meet again in Melbourne in July and in Adelaide in October. Please give any questions you would like to put to the Board to your State Director a month before meetings.

Plans are well under way for "Synergy in Reflexology"—19, 20, 21 October. The National Conference Committee are working every day organising your event. Check out the National Conference web page and Facebook page for updates. There will be pre- and post-Conference Workshops. Registration opened on 17 January. The Conference Committee have almost filled the program which is still being fine-tuned. To register go to www.raoaconference.com

Facebook is the 20th century communication tool. It is fantastic to be able to get messages out to people. However there has to be a page Moderator to do this. There are three Facebook pages for the Reflexology Association of Australia and each has a different focus. If you are a member who has the skills to be a moderator and wish to help with any of these pages: RAOA National Conference, RAOA Members Only, or RAOA General Public, please communicate with your State Director.

The topic of 'Conflict of Interest' sounds rather serious doesn't it? All that is required is to ensure transparency about the possible conflict of interest and to record the discussion and the outcome in the meeting minutes. My personal experience of a possible 'conflict of interest' was the realisation that having connections with another organisation and association might be viewed as a conflict of interest when accepting the position of RAOA Director.

A conflict of interest can happen when a member holds a position on a committee or the board. Members need to be aware that conflicts of interest can occur, that they need to be declared and managed effectively. The declaration of conflicts of interest is standard practice for committees or boards and is always recorded in the minutes. If you are not sure of what action to take or unsure about conflicts of interest, it is best practice to discuss the issue with your Director. There are excellent branch committees and individuals working on organising a wonderful variety of workshops in Australia and these past couple of years has seen some excellent national and international presenters.

One of the reasons we have State Branches is for Branch Committees to organise CPT opportunities for members and to raise funds. The National CPT Committee excels in organising CPT opportunities also. The goal is for members to up-skill, learn, share, review, gain CPT points, be with peers: and at the same time we create funds for the National Association. The bigger the funds the more benefits the RAOA can be given out to members and the income could be used to raise the profile of Reflexology. We are blessed to live in a huge beautiful county where there is room for many opportunities for training with positive outcomes to benefit everyone involved. It is not always possible to travel large distances or to be in two places at the same time, therefore having other training options is important to all. Working together and being transparent puts a smile on everyone's face ☺

I wish to extend gratitude to Heather Edwards for her dedication, passion and high volume volunteer hours to the Research Committee. Heather is stepping down from this role in April but is still an active member on the Education Committee and the Finance Committee. *"We acknowledge your vital influence in the world and environment of Reflexology – thank you."*

Recently a member has shared with me the benefits of hand and ear reflexology. It is good to know that there is relief for clients with pain after dental work, fitting of new teeth part plates, pain from lip surgery, and a twitching eye by working the TMJ points on the ears and hands. ☺ This is well worth sharing with our members and our community. Reflexology via hands and ears achieves some amazing results.

A meeting of Branch Chairs was held on Sunday 11.2.18 via SKYPE. Several Chairs attended this meeting. Conversation was shared about our ABMs and the use of the forum. Feedback in short – "It was incredibly beneficial to be able to connect. As a Chair one can feel isolated. The

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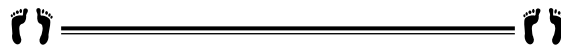
Front cover – "Out on a limb". Photographer: Steven J. Rose; Foot model: James Nash.

role can be a bit overwhelming. To catch-up with other Chairs helped alleviate some of those feelings." The topic of 'How to keep our Branch Committees Motivated' was something all Branches had in common. In fact it happens with most committees and not just with the RAOA; Sporting Clubs, Event Committees and other organisations have the same issues. Our Treasurer joined this meeting and added – "It's frustrating but remember you are not ever alone nor isolated – you do have those of us that are motivated."

Autumn time is Annual Branch Meeting time 😊. ABM – one of the times in the year to invite members with meeting

skills and/or special interests to join Branch Committees and/or make themselves known to their Branch Committee or Director. The more skills shared the more interesting your Reflexology modality will become for everyone. It is that time of the year when sitting in the meeting we get all excited about the outcomes – who will stay, who will accept the challenge to be on committee – and wonder where the support will come from for what is planned for the year ahead. It is the time to say thank you to those who have volunteered their time. Good luck with your ABM.

Susan Jean Ramsey, President



CPT News – April 2018

by Jacqui Baldwin, Director CPT
cpt@reflexology.org.au

Is a CPT Program really necessary?

Each year we receive queries from members questioning the relevance of the RAOA CPT Program and why Professional Members are required to participate and comply with the Program?



The CPT Program hosted by the RAOA is another **member benefit**.

There are two significant pieces of State and Federal legislation that require complementary health practitioners to maintain currency of their skills and knowledge:

- ◆ National Code of Conduct for Unregistered Health Practitioners and;
- ◆ Private Health Insurance (Accreditation) Rules 2011 (Private Health Insurance Act 2007)

1) National Code of Conduct for Unregistered Health Practitioners

The National Code states:

- ◆ a health care worker must provide health services in a safe and ethical manner; and
- ◆ a health care worker must maintain the necessary competence in his or her field of practice; and
- ◆ a health care worker should ensure that necessary indemnity insurance arrangements are in place in relation to their practice.

Who does the National Code of Conduct apply to?

The National Code applies to any person who provides a health service and is not subject to regulation under the National Registration and Accreditation Scheme (NRAS).

Health occupations captured include (but are not limited to):

allied health assistants
art therapists
aromatherapists
assistants in nursing
audiologists and audiometrists
ayurvedic medicine practitioners
bioresonance practitioners
cardiac scientists
clinical perfusionists
complementary and alternative medicine (CAM) practitioners
counsellors and psychotherapists
dental technicians
dental assistants
dietitians
herbalists
homoeopaths
hypnotherapists
lactation consultants
massage therapists

medical scientists
music, dance and drama therapists
myotherapists
naturopaths
nutritionists
optical dispensers
orthoptists
orthotists and prosthetists
paramedics
pharmacy assistants
phlebotomists
reflexologists
reiki practitioners
respiratory scientists
shiatsu therapists
sleep technologists
social workers
sonographers
speech pathologists

The purpose of the National Code is to protect the public by setting minimum standards of conduct and practice for all unregistered health care workers who provide a health service. It sets national standards against which disciplinary action can be taken, and if necessary a prohibition order issued in circumstances where a health care worker's continued practice presents a serious risk to public health and safety.

The vast majority of health care workers practice in a safe, competent and ethical manner. However there is a small proportion who present a serious risk to the public because they are **incompetent or impaired**, or engage in exploitative, predatory or illegal conduct such that if they were a registered health practitioner, their registration would be cancelled and their right to practice withdrawn.

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Practitioners must display evidence of a relevant qualification, a copy of the National Code of Conduct and information for clients on how to lodge a complaint.

2) Private Health Insurance (Accreditation) Rules 2011

It is not the health funds or the RAOA that state PM's have to participate in and comply with a CPT Program; it is the Federal Government in accordance with the *Private Health Insurance Act 2007* which is applied through the [Private Health Insurance \(Accreditation\) Rules 2011](#).

The Rules have four sections (6, 7, 8, 9 and 10) that apply to providers of General Treatment services. Section 6 applies to services provided by health care organisations, and Sections 7, 8 and 9 apply to services by providers who are regulated by state or territory law (eg medical practitioners and some allied health professionals), podiatrists and allied health professionals respectively.

Section 10 applies to all other providers' services which include natural (also known as complementary or alternative) therapy providers.

The *Private Health Insurance (Accreditation) Rules 2011 Part 2 10(c)* states:

Treatments provided by other health care providers—

If the treatment is provided by a health care provider who is not referred to in subrule 7(1) or rule 8 or 9, the standard for that treatment is that the health care provider providing the treatment must be a member of a professional organisation which covers health care providers who provide that type of treatment (the *profession*) and which:

- is a national entity which has membership requirements for the profession; and
- provides assessment of the health care provider in terms of the appropriate level of training and education required to practise in that profession; and
- administers a continuing professional development scheme in which the health care provider is required, as a condition of membership, to participate;** and
- maintains a code of conduct which the health care provider must uphold in order to continue to be a member; and
- maintains a formal disciplinary procedure, which includes a process to suspend or expel members, and an appropriate complaints resolution procedure.

The RAOA CPT Program requires the accumulation of 20 CPT points annually from 1 July to 30 June. Some members say the number of points required is excessive, but compared with other similar Associations we are on par.

The CPT Committee reviews the CPT Program Activities each year to ensure the program is robust and meets health fund requirements, is contemporary and embraces the ever increasing use of technology for education and communication, is accessible for all members—we are always mindful of our remote members—and is cost effective, i.e. the required annual number of CPT points can be achieved economically.

Having the CPT Program in place allows compliant PM's to be registered with health funds as a 'Recognised Provider', whose clients may claim rebates from their health funds where their cover product permits.

Why participate in a CPT Program?

- ◆ CPT ensures that you and your knowledge stay **relevant and current**. You are more aware of trends and directions in Reflexology and related industries.
- ◆ CPT ensures that you maintain and enhance the **knowledge and skills** you need to deliver a safe and best-practice to your clients.
- ◆ CPT opens you up to **new possibilities, new knowledge and new skill areas** in Reflexology techniques.
- ◆ CPT provides you with opportunity to enhance the **client experience** with monetary savings through health fund rebates.
- ◆ CPT is a **legislative requirement** for all professionals, regardless of whether you want to have health fund Recognised Provider status or not.
- ◆ In a **competitive** industry, CPT makes you the Reflexologist of choice!



Where to find more information

National Code of Conduct for Unregistered Health Practitioners: Each State has its own National Code and Procedures for Complaints printable document. Use these links to access the State version that is applicable for you.

NSW: <http://www.health.nsw.gov.au/phact/Pages/code-of-conduct.aspx>

QLD: <https://www.health.qld.gov.au/system-governance/policies-standards/national-code-of-conduct>

VIC: https://hcc.vic.gov.au/sites/default/files/code_of_conduct_full_text_a3_poster.pdf

SA: http://www.hcsc.sa.gov.au/wp-content/uploads/2013/12/h_Plain-English-Version-Code-of-Conduct.pdf

Note: The states and territories of ACT, NT, TAS and WA are yet to publish a National Code document, please use another State's version.

Private Health Insurance (Accreditation) Rules 2011:
<https://www.legislation.gov.au/Details/F2012C00522/Download>

Time to review your CPT Program points!

Now's the time to take a look at your CPT Program Tracker and make sure it is up to date, get out all those workshop certificates, statements of attendance, meeting minutes and diary notes to update your points in the Tracker.

If you're short of points there is still time to attend events which may help you reach the 20 annual CPT points required by 30 June:

Welcome New Members

December–February 2018

May – Annual Branch Meetings Activity 3 2 points

ABM Workshop/Speakers Activity 1 or 15 1 point per hour, *excluding lunch*

Educational Practicum Exchanges (EPE) Activity 3 1 point per hour, *maximum of 2 points per event*

Check the CPT Tracker for other activities that you may be entitled to claim CPT points against.

If you have any questions regarding CPT, I can be contacted by phone: 0415 696058 or cpt@reflexology.org.au

CPT Committee: Jacqui Baldwin, Vera Emmi, Susan Ramsey and Karen Riley

First Name	Surname	Suburb	State
Moira	Burke	St Kilda	VIC
Emma	Bussell	Newman	WA
Susie	Carleton	Coolangatta	QLD
Audrey	Flierman	Mapleton	QLD
Helen	Justice	Port Sorell	TAS
Mila	Mallqui	Normanhurst	NSW
Claire	McRobert	Mannum	SA
Nikki	Reynolds	Middle Park	VIC
Caroline	Somerton	Singleton	WA



CPT Education and World-Wide Conferences Calendar of Events

Inclusion in the CPT Calendar of Events is a further bonus for advertisers and includes one free listing for each advertisement placed.

Place your advertisement with the RAoA Marketing Manager—
marketing@reflexology.org.au



2018	PRESENTER	TITLE	LOCATION/CONTACT
May 4–6	Reflexology New Zealand	Reflexology New Zealand Annual Conference	Christchurch, NZ Further details please contact Maria reflex101@hotmail.com
May 19	RAoA NSW/ACT Branch	Annual Branch Meeting and Workshop Day Workshop Day	Crows Nest, Sydney Registrations for one or both days via the RAoA website 1 st April www.reflexology.org.au
May 20	RAoA NSW/ACT Branch	Annual Branch Meeting and Workshop Day	Campbelltown, Tas. Information & registration PDF available. Download from RAoA website or email Tas Branch Committee.
May 20	RAoA TAS Branch	Annual Branch Meeting and Workshop Day	TBA, Perth Registrations via the RAoA website 1 st April www.reflexology.org.au
May 27	RAoA QLD/NT Branch	Annual Branch Meeting and Workshop Day	North Lakes, Brisbane Registrations via the RAoA website 1 st April www.reflexology.org.au
	RAoA VIC Branch	Annual Branch Meeting and Workshop Day	Glen Waverley, Melbourne Registrations via the RAoA website 1 st April www.reflexology.org.au
	RAoA SA Branch	Annual Branch Meeting and Workshop Day	Brompton, Adelaide Information and registration PDF available. Download from RAoA website or email SA Branch Committee.
July 21–22 August 25–26	Lyndall Mollart	Part 1 Maternity Reflexology Part 2 Maternity Reflexology	Brisbane, Qld. Inquiries and registrations contact Lyndall www.maternity-reflexology.net or email lmollart@gmail.com
August 10–13	Australian School of Reflexology	"Japanese Cosmo Face Lift" with Sue Ehinger	Sydney, NSW Enquiries Irene Tasho 02 9449 6161 www.reflexologyaustralia.com
October 17–18	Lisa Chan	Pathologies of the Foot & Hand Workshops	Adelaide, SA Single day attendance also available Inquiries and registrations contact Lisa Chan healingnrg@hotmail.com
October 23–26	Barbara Scott Seren Natural Fertility	Reproreflexology Workshop	Adelaide, S.A. Enquiries and registrations Laura Reece laura.serentraining@gmail.com www.serennaturalfertility.co.uk

RAoA NATIONAL CONFERENCE 2018 – Adelaide SA

2018	PRESENTER	TITLE	LOCATION/CONTACT
October 19–21	Keynote Speakers:	"Synergy in Reflexology" 2018 National Conference	Stamford Plaza 150 North Terrace Adelaide, SA Further details and bookings available online. Join RAoA Conference 2018 on Facebook www.raoaconference.com
	Lisa Chan	"Priority Reflexology using Hand/Foot/Ear Reflex Points"	
	Barbara Scott	"An Integrative Approach to Fertility Issues using Hand/Foot/Ear Reflex Points"	



Reflexology Association of Australia National Conference

Adelaide – Stamford Plaza

19–21 October 2018

Introducing the Key Note Speakers



Key Note Speaker No.1—Lisa Chan, USA—earned her Full Reflexology Certificate from the American Academy of Reflexology in 1991 and has been teaching Academy classes in various parts of California and the USA since 1995. Lisa is a licensed Acupuncturist and has an active Reflexology and Acupuncture practice in the Greater Los Angeles area. She is the author of a Reflexology Colouring Book.



Key Note Speaker No.2—Barbara Scott, UK—has been in practice as a Reflexologist for over 20 years. She has been teaching Reproflexology™ since 2008 and founded the Association of Reproductive Reflexologists in 2011. She is author of 'Reflexology for Fertility' published by Watkins Books in 2016, which became an instant Amazon Best Seller.

Introducing some of the Program Speakers



Jacquie Segers, NZ—Author of Reflexology for Cats. Reflexology uses specific touch techniques on points on the feet, hands and outer ears that correspond to parts of the body. Jacquie has created 'paw, face and ear charts' for cats. This book helps cat owners to provide health benefits for their feline companions and develop stronger communication and loving bonds.



Lynda Kidd, Tasmania—Reflexologist and professional member for over 20 years. During this time, she has taught reflexology at interest and diploma levels. She has also been an active committee and board member. Her reflexology experiences have guided her to become a teacher, educator and researcher and she aims to utilise these additional skills in a university supported project on reflexology in the near future.



Edmund Gooden, South Australia—Sacred Grove was created by Edmund Gooden to provide a sustainable supply of the Scented Emu Bush known for its anti-inflammatory and healing properties. Edmund has spent several years in the Anangu Pitjantjatjara Yankunytjatjara Lands in remote North West South Australia, gaining knowledge about the deep and rich culture. With his Bachelor of Applied Science in Agriculture and anthropological background, he took an interest in the massive role the Irmangka Irmangka (Scented Emu Bush) plays in their culture as the aptly named "number one medicinal plant".



Lisa Fiocchini, South Australia—Naturopath working with Food as Medicine with a Cardiac Care Registered Nursing background. Lisa has over 16 years of clinical experience. Her specialty is working with Food as Medicine for health and wellbeing. She lectures in Iridology, tongue and nail analysis as well as treating patients with Food as Medicine for chronic illness prevention.



Sharon Stathis, Queensland—is a Registered Nurse, holistic health educator and author. Sharon received her initial reflexology qualification from Dwight Byers in 1989. Sharon has professional qualifications in a variety of natural therapies including Reiki, Aromatherapy and Remedial Massage. She successfully combined these therapies with her nursing knowledge during 20 years of private, clinical practice. Sharon developed the concept of Ayurvedic Reflexology in 2003, and has won international acclaim for her presentation of this work at seminars and conferences in 17 countries.

The South Australia Branch is hosting the 12th National Conference—we cordially invite you to attend the conference and enjoy the hospitality of our State.

To register – www.raoaconference.com

For more information contact – marie.steinke@internode.on.net

Miscarriage and the role of Reflexology

by Lyndall Mollart RN, RM, Ma. Mid, Dip. Reflexology, PhD candidate

When a couple conceives, and a being is created, it takes half its genes from the sperm and half from the egg that ovulated that month. At the exact time of conception, the cross-over of these genes takes place. But for many several reasons this complex process sometimes goes wrong and sadly the pregnancy does not continue and a miscarriage occurs.¹ It is a surprise for many women and couples to discover how common miscarriage actually is. More than one in five pregnancies ends in a miscarriage. The medical term for miscarriage is also known as abortion - the expulsion of the fetus and products of conception from the uterus before the 20th week of pregnancy (in Australia, and 24th week in some countries) and the fetus not being born alive.¹ For many people, the term 'abortion', is perceived as the active act of terminating the pregnancy rather than nature's act.

A (known) miscarriage of pregnancy can shatter dreams. While individual reactions to miscarriage (pregnancy loss) vary, most women find the experience deeply distressing. There is also a lack of understanding by many on how deeply distressed the partners are. For many women and their partners, their distress is made worse by a lack of understanding amongst those around them - "*she was just pregnant - what's there to grieve for?*", "*it wasn't a real baby yet*", "*she wasn't showing and won't have felt the baby move yet*". Some friends and family don't know how to respond to the couple's grief and pregnancy loss, so they keep away and the couple can feel very isolated and alone.¹

"Why did this happen to us?"

It is also natural that the couple wants an explanation from their doctors of what has gone wrong. The investigation and diagnosis for miscarriage however is not always straightforward and this can add to the couple's anxiety.¹ Half of the miscarriages can be explained by either chromosomal or genetic abnormalities which occur naturally as part of the random nature of the eggs and sperm joining, and it is a matter of 'luck' that some of these pregnancies do not survive. Even with a mother in perfect health, these pregnancies were just 'not meant to be'. As distressing as these miscarriages are, fortunately for many women, the genetic jigsaw fits together better next time and the following pregnancy is perfectly fine.¹

Sometimes there are other causes that usually only begin to become apparent when the mother has a further miscarriage. 'Recurrent miscarriage' is diagnosed when a woman miscarries consecutively two times, before 20 weeks' gestation. Some of these will also be due to bad luck, although the probability of there being some other explanation increases the more miscarriages she has. 1 in 100 women miscarry three or more times consecutively, and when this happens, it is more than likely that there is something more seriously wrong.¹

For some women there is no apparent 'medical' cause of their recurrent miscarriage and the reason for their pregnancy loss remains a 'mystery' to medical science.

Frustratingly there is nothing obviously wrong with the mother's eggs, uterus or hormones, and her partner's sperm is in good health. They can conceive, sometimes with the help of IVF (InVitro Fertilisation), and yet time and again the pregnancy miscarries. The lack of medical explanation adds to the suffering and grief they are enduring. The following table is a list of some of the possible causes of miscarriage and their occurrence in the population.¹

Table 1: Summary of possible causes of miscarriage

Cause	%
Immune mechanism	50%
Hormonal	20%
Thrombophilias (blood disorders)	10-13%
Anatomy	5-10%
Chromosome abnormality	3-7%
Primary miscarriage (no live births)	7%
Secondary miscarriage (more than 1 pregnancy)	50%
Infection	1%
Unknown	15%

(Please note that the total percentage does not add up to 100% as the ranges quoted are from different studies)

1. Immune Mechanisms (50%)

The fetus contains unknown (foreign) genetic material from the father, but in normal circumstances it does not get rejected. However, in some women the immune system may reject the fetus and cause a miscarriage either by being high in numbers or by abnormal hostile activity. There are several immune disorders such as thyroid antibodies, Antiphospholipid antibodies, and Antinuclear antibodies.

2. Hormonal (20%)

- ◆ **Polycystic ovary syndrome**—this disease can cause infertility and frequently affects success of even conceiving: increased insulin-resistance, obesity, excessive androgenic hair growth and acne. This syndrome, together with a raised hormone level of luteinising hormone (LH), results in an increased risk of miscarriage.
- ◆ **Hormone 'deficiency'**—in pregnancies ending in miscarriage, sometimes the levels of a hormone called progesterone are found to be low. However, the low level is usually a reflective of trophoblastic (developing fetus) welfare rather than the cause of the miscarriage.
- ◆ The role of estrogen is very important in pregnancy and any deficiency may have its unpleasant effects; estrogen is very important to build up a fresh lining and to increase vaginal mucous production.

3. Thrombophilias (Blood disorders) (10–13%)

- ◆ The thrombophilias are a group of disorders that promote blood clotting. Individuals with a thrombophilia tend to form blood clots too easily, either because their bodies make too much of certain

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proteins, called blood clotting factors, or too little of anti-clotting proteins that limit clot formation.

4. Anatomical abnormalities (5–10%)

- ◆ **Uterine (womb) abnormality** – e.g. a septum down the middle. This condition is found in 2-4% of the normal population. Whether this type of problem is actually to blame for recurrent miscarriages hasn't been proven, and the risks of surgery to correct the problem must be weighed against any potential benefit.
- ◆ **Fibroids** – whorls of normal uterus tissue growing in the muscle, sometimes causing miscarriage. Occasionally an operation to remove fibroids can be performed.
- ◆ **Cervical weakness (previously known as cervical incompetence)** – may cause miscarriage in 2nd trimester (after 13 weeks) as the growing fetus and sac puts too much pressure on the weak cervix which then opens and a miscarriage occurs.

5. Chromosome abnormality (3–7%)

- ◆ Chromosomes carry the genetic information for each individual. A baby inherits half of its chromosomes from its mother and half from its father.
- ◆ Chromosomal abnormalities are found in 7% of women who miscarry without previous live children (primary miscarrier), and in 50% of women with one or more live births (secondary miscarrier).

6. Infection (1%)

- ◆ Infections of the genital tract rarely cause a miscarriage, however, there is no clear evidence that they may lead to recurrent pregnancy loss. Chlamydia is a sexually transmitted bacterium which can lead to pelvic inflammatory disease and can develop to infertility if left untreated.
- ◆ Bacterial vaginosis (BV) is not considered an infection, but a change of the bacterial habitat that normally exists inside the vagina. BV is the most common cause of vaginal discharge in women of childbearing age. In some women it shows a relapsing and remitting course with apparently spontaneous onset and resolution. BV is associated with increased risks of late miscarriage.
- ◆ Any acute illness particularly with a high temperature may cause a miscarriage- due to the general metabolic effect of a high fever or the result of the transplacental passage of viruses. Conditions including rubella, pneumonia, toxoplasmosis, and syphilis can cause miscarriages.

7. Unknown (15%)

- ◆ For some women, despite thorough investigations, no known cause of their miscarriage is found. However, treatment is still available to these women and is usually tailored to each individual.
- ◆ Stress: a severe emotional upset may cause miscarriage (disrupt sleep patterns, affect states, systems and processes which may be involved in pregnancy loss).²

- ◆ Lack of vitamin A: Vitamin A helps keep the cilia inside the fallopian tubes healthy, mucus membrane healthy, and overall reproductive health.²
- ◆ Some women may have multiple reasons for miscarriages.

METAPHYSICAL MEANING?

A theory proposed by a number of authors – is the incoming soul chooses its parents, at pre-conception stage, so they may potentially experience and learn from these parents to move higher in enlightenment – karma.^{3,4,5} If a soul has abused its gift of free will, then it comes under the strong influence of Universal Law and is carried along by the force of its past actions into present relationships which the soul must face up to. Of course, no soul is given more than it can handle – not that it won't suffer, but it won't be totally lost or destroyed by the burdens of its karma. The incarnating soul meets with his/her spirit guides to plan the coming lifetime: considering the tasks s/he needs to accomplish in soul growth, what karma needs to be met and dealt with, and the negative belief system s/he needs to clear through experience.^{5,6} A single incarnation is a learning experience and an opportunity to resolve past actions that are now holding the soul back from a fuller life. The whole pattern of the life-to-be is already formed before physical conception takes place.

In *Journey of the Soul*, Michael Newton⁷ explores the soul's journey with patients/clients under hypnosis. In the case of miscarriage, he discovers that a soul is not attached to the growing fetus and the grief and loss experienced by the parents is an opportunity for them to learn from the situation – it is actually the parents' experience and how they react/respond, that is their opportunity to move higher in enlightenment.⁷

TREATMENT

Medical

Latest research found that some women miscarry due to an overreaction that takes place in the immune system of the mother which leads the body to attack the developing embryo as an enemy and hence terminate the pregnancy. This can be avoided through calming the immune system with a course of steroids and aspirin. Treatment has up to 86% success rate. The theory is that the body does not recognize the embryo and regards it as an invader; therefore, the immune system starts to attack it.

- ◆ Steroids calm down the immune system and hence it does not fight against the embryo.
- ◆ Cervical Cerclage: insertion of a suture around the cervix to keep it closed for a weak cervix.
- ◆ Low grade infections: appropriate antibiotics.

Holistic Care

Recovery from miscarriage

- ◆ **Good Nutrition:** The Healthy Eating Pyramid is a simple visual guide to the types and proportion of foods that we should eat every day for good health. It

contains the five core food groups, plus healthy fats, according to how much they contribute to a balanced diet based on the [Australian Dietary Guidelines \(2013\)](#). There is a need to recognise that some women will be on a specific diet e.g. Gluten free, dairy free, Coeliac disease, paleo, etc.

- ◆ **Exercise:** gentle regular exercise, e.g. walking, yoga, pilates, etc.
- ◆ **Caring for self to de-stress:** relaxing baths, meditation (mindfulness), massage, etc.
- ◆ **Natural medicine – extra supplements of:** ^{2,8}
 - ◇ zinc, 40 mg twice daily (muscular and hormonal recovery);
 - ◇ Vitamin C, 2 g twice daily (help combat infection) and bioflavonoids (cherries and citrus);
 - ◇ B6 (complex), 10 mg daily (cope with stress);
 - ◇ beta-carotene, 6 mg;
 - ◇ Vitamin E, 1000 IU daily (recovery of the womb/uterus);^{2,8}
 - ◇ Calcium, magnesium and iron (if much blood was lost).
- ◆ **Herbs**
 - ◇ Re-balancing herbs: chaste tree (tincture 10–20 drops at 15–60 mins), false unicorn root, sarsaparilla, saw palmetto;^{2,8}
 - ◇ Womb recovery: raspberry leaf, beth root, squaw vine, blue cohosh;²
 - ◇ Infection: golden seal, myrrh, Echinacea, calendula²
 - ◇ Stress: chamomile, oats, vervain, kava;²
 - ◇ Cramps: crampbark 10-20 drops at 30-60 minutes until symptoms subside;^{8,9}
- ◆ Homeopathic remedies such as Aconite, Arnica, Belladonna, Chamomilla, Ignatia, Pulsatilla, and Septia may be helpful – but only one remedy is required. Best to consult a homoeopath.^{8,9}

REFLEXOLOGY

Reflexology has been shown as an excellent therapy to relieve stress and fatigue, and decrease anxiety.^{10,14,16} Reflexology helps to rebalance the endocrine and the lymphatic system.¹⁷⁻¹⁸ If there is a risk of fetal loss such as threatened miscarriage, reflexology will enable the woman's whole being to become more balanced. So, there is a good possibility that she will be able to maintain her pregnancy. **Reflexology can't cause miscarriage, as miscarriage is a reaction of the body. NOT a response to reflexology.**⁸

Overall, it is always good for women to have reflexology treatments during pregnancy but especially after a miscarriage to *balance the hormones*, especially the:

- ◆ hypothalamus (gonadotrophin-releasing hormone, prolactin-inhibiting hormone);
- ◆ pituitary (Follicle stimulating hormone, Lutenising hormone, oxytocin, prolactin);
- ◆ thyroid (thyroid stimulating hormone); and
- ◆ ovaries (inhibin, oestrogen and progesterone).

Endocrine balance

The purpose of this reflexology technique (endocrine balance) is to balance the entire endocrine system including the hypothalamus, pineal, pituitary gland (anterior and posterior), thyroid/parathyroid, thymus, pancreas, adrenals, and ovaries/ testes.¹⁷ 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. An Endocrine balance reflexology technique can be used or included with any reflexology session, preferably at the end of the session.¹⁷

The Maternity Reflexology Endocrine Balance by **Susanne Enzer** works on three levels: physically, emotionally and energetically.

1. To access the physical energies, the reflexologist uses firm pressure for treatment or relaxation techniques.
2. 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.¹⁷
3. 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.¹⁷

Reflexology uses the concept of 10 longitudinal zones along which the reflexology impulses pass through 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 Susanne Enzer's Maternity Reflexology Endocrine Balance, the space is termed the O-zone. Enzer¹⁷ describes the technique using all the above-mentioned concepts:

1. Bilateral, gentle but firm stimulation on each of the endocrine reflex zones (from hypothalamus- pineal, pituitary, thyroid, thymus, pancreas, adrenals and ovaries);
2. Linking up with light continuous touch from ovaries, adrenals, pancreas, thymus, thyroid, pituitary, pineal to hypothalamus;
3. Using a very light/sensing touch (bilateral) on each endocrine reflex zone to balance the left and right foot (O-zone) to inform the senses that the system is working together (from Hypothalamus – ovaries as per step 1);
4. Finish with linking up with light continuous touch (as per step 2) with the intention from the practitioner for balance and harmony
5. Lift off and don't touch the feet again. The client is usually asleep! Cover feet and get client a glass of water, and then gently stir them awake.

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Focusing on headaches and migraines

by Sue Ehinger

Headaches and migraines have a demonstrable impact on work productivity with economic losses in the USA in the billions and in Australia in the hundreds of millions according to the World Health Organisation. Anecdotal evidence and Danish research show that reflexology treatments are beneficial for sufferers of these neurological symptoms. This could be an important area for future directed research but also a health area on which to focus our promotions. The statistics and references below could be useful for inclusion in your brochures, Facebook pages and websites.

According to the WHO, *'These common neurological complaints impose a significant health burden, with nearly all migraine sufferers and 60% of those with tension-type headache experiencing reductions in social activities and work capacity. Despite this, both the public and the majority of healthcare professionals tend to perceive headache as a minor or trivial complaint. As a result, the physical, emotional, and economic burdens of headache are poorly acknowledged in comparison with those of other, less prevalent, neurological disorders'*¹.

An American study stated that the prevalence of migraine was found to be 18.2% among females and 6.5% among males and that 53% of the study respondents said that their headaches caused substantial impairment with 51% reporting that their work or school productivity was reduced by at least 50%.²

In Denmark, a 1986 study revealed that 17% of the population takes an average of more than 15 sick days a year because of headaches, costing that country \$US300 million per year.

One Australian study involving 1717 participants showed that 87% of subjects had experienced headache in the past year with the prevalence of migraine being 16% (with females at 3 times greater risk of migraine).³

From my time teaching reflexology, 16 of my students selected this area for their case study focus. That means that 16 x 3 = 48 clients received 10 reflexology sessions each and their headaches have been charted for intensity and frequency over that period of time. An analysis of the results shows that about 78% of the reflexology recipients responded positively with either total 'cure' or a significant reduction in symptoms. This result is consistent with that of Danish reflexologists in their Health Ministry funded study of 220 headache and migraine sufferers.⁴

Armed with this knowledge we should be able to a) attract a significant proportion of the community to our practices and b) have a significant positive impact on society as a whole.

Just a few tips:

- ◆ Take a very thorough case history, with as much detail about the headaches (frequency, intensity, triggers etc.) as you can get, for later comparison.
- ◆ Make sure you understand the various causes and triggers of headaches as this information may guide your treatment focus.

- ◆ Ask the client to keep a headache diary – frequency, pain intensity, timing in relationship to activities and events, diet, fluid intake, emotional state etc.
- ◆ Initial sessions preferably regular – 1 or 2 per week.
- ◆ Include ear reflex points such as frontal, temporal, occipital, Point Zero and Shen Men. Others may be relevant to each individual – cervical spine, TMJ, liver, GB etc.
- ◆ Give selected points for homework on the face and ears, if possible.
- ◆ It is vital to work the lateral side of the big toes well – this is an effective Chinese Reflexology area for headaches and migraines.
- ◆ Encourage your client to make the necessary lifestyle and attitudinal changes – the headache diary is really illuminating in this regard (see quote at the end of this article).
- ◆ Check the allergy point on the ear for sensitivity. A common cause of migraines is food sensitivities. There have only been two clients I have not been able to help with their migraines – one discovered much later, quite coincidentally, that she was massively allergic to garlic which then triggered her attacks.
- ◆ The area of the head feeling the most pain during a headache, your case notes and the pattern of sensitivity in the feet will indicate strongly which meridian is most out of balance and then the treatment plan can reflect this information.
- ◆ From a TCM perspective, a migraine pounding on one side of the head is usually related to the GB meridian, a headache running up the forehead and down the middle of the back of the head is related to the bladder meridian and one behind the eyes and over the temple, the stomach meridian.
- ◆ There are many emotional causes of headaches too; some of these could be addressed with EFT and/or flower essences or by lending clients books such as 'Don't Sweat the Small Stuff' for those incessant worriers, for example.

Louise Hay says that headaches relate to self-invalidation and migraines to perfectionism/putting pressure on ourselves.

I hope you have found this review useful. Remember the headache diary. It may seem pedantic to keep one, but this is what one client had to say:

'In keeping the diary I have learnt more about what has been causing these headaches than any doctor has ever been able to tell me. As a result of this, I am now able to pinpoint when they will possibly occur and do something about it before I am gripped in pain.'

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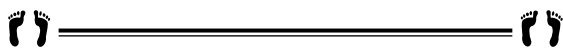
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*To live a creative life, we must lose our
fear of being wrong.*

Joseph Chilton Pearce



Lymphatic drainage through the feet

by Michelle Day

As a fairly new member of the Reflexology Association of Australia, I recently attended my very first workshop. The topic was *Lymphatic Drainage Through the Feet* and was presented by Pamela Nish. Pamela is a committee member of the South Australian Branch and has many years experience in Reflexology and also has certification in Training and Assessment.

When I joined the Association in mid 2016 Pamela was very generous in offering her services to me as a mentor. Being a new graduate of Reflexology and embarking on my first experience as a therapist, there has already been quite a few emails between us, with Pamela very kindly offering me helpful advice whenever I have had a client related query. So, it was great to finally meet in person. It was also good to get my first Association “event” ticked off and find myself surrounded by a very supportive group of people. It was clear that we were all there to learn more and improve our reflexology skills. I look forward to future events and learning opportunities.

The day was attended by 18 participants, consisting of Professional Members both new and old, Student Members and non-members. We were first taken through a presentation of the basics of Lymphatic Drainage through the feet, including the types of conditions the technique can be beneficial to, a rundown on the Lymphatic System, diagrams of the location of its components, the functions of the system and the important reflexes relating to the system. Much emphasis was placed on

the gentleness of this technique, the pampering aspect it can provide to recipients and, in essence, being a very pleasurable way to conclude a treatment.

We were then given a full demonstration of the technique before we went on to attempt the routine on our very willing partners. Pamela, along with Susan Ramsey (Chairperson of the South Australian Branch), were roaming the room to offer advice on the new technique, as well as any other topics that were thrown at them while doing the rounds.

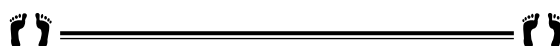
By the time the session was concluded, we had all completed another round of treatments on each other, this time while following Pamela as she demonstrated and talked us through each movement of the technique. This was the clincher, proving to be an excellent way of concluding the session to lock in the new technique. It seemed all of the participants were feeling more fluent and confident in the technique, ready to take it home for fine tuning. I am sure my partner will be only too happy to be my practice “guinea pig” to enable me to perfect the treatment before I take it to my clients. I am certainly looking forward

to incorporating it into my treatments and using it to enhance the treatments that I provide, particularly to my elderly clients, as I know they are going to greatly appreciate the gentleness of this technique.

Thanks very much to Pamela and Susan for their expertise and a great day of learning.



Pamela Nish giving a reflexology treatment.



Original Article

Low Serum Concentrations of Vitamin B6 and Iron Are Related to Panic Attack and Hyperventilation Attack

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Patients undergoing a panic attack (PA) or a hyperventilation attack (HVA) are sometimes admitted to emergency departments (EDs). Reduced serotonin level is known as one of the causes of PA and HVA. Serotonin is synthesized from tryptophan. For the synthesis of serotonin, vitamin B6 (Vit B6) and iron play important roles as cofactors. To clarify the pathophysiology of PA and HVA, we investigated the serum levels of vitamins B2, B6, and B12 and iron in patients with PA or HVA attending an ED. We measured each parameter in 21 PA or HVA patients and compared the values with those from 20 volunteers. We found that both Vit B6 and iron levels were significantly lower in the PA/HVA group than in the volunteer group. There was no significant difference in the serum levels of vitamins B2 or B12. These results suggest that low serum concentrations of Vit B6 and iron are involved in PA and HVA. Further studies are needed to clarify the mechanisms involved in such differences.

Key words: panic, hyperventilation, vitamin B6, iron, serotonin

Panic attack (PA) and hyperventilation attack (HVA) are paroxysmal psychiatric events, and the symptoms occur suddenly. Individuals who are undergoing a PA or HVA are sometimes taken by ambulance to the emergency department (ED) of a hospital because of the physical and mental symptoms (including a feeling of fear), and these individuals often experience repeated attacks [1, 2]. Radical treatment is sometimes needed for individuals who experience repeated PAs and/or HVAs. It is necessary to clarify the pathophysiology of PA and HVA and to establish valid means of treatment.

Miller *et al.* [3] demonstrated that a reduction of the brain serotonin level in patients experiencing a PA accelerated the attack, while Olson *et al.* [4] reported,

in preclinical studies using rats, that the reduction of brain serotonin level induced hyperventilation. Thus, several studies have suggested the involvement of a serotonin deficiency in the etiology of PA and HVA [3-6]. Serotonin is synthesized from tryptophan, and it is well known that vitamin B6 (Vit B6) and iron each play an important role as cofactors in the synthesis of serotonin [7, 8]. Low serum concentrations of Vit B6 or iron have been reported as factors related to a reduction in the brain level of serotonin [9-11]. However, no study analyzing the relationship of PA and HVA onset to serum concentrations of Vit B6 and iron has been reported, to the best of our knowledge.

The present prospective observational study compared the serum levels of Vit B and iron in patients visiting the ED because of a paroxysmal psychiatric disorder (PA or HVA) with those in healthy volunteers. The purpose of the study was to investigate whether Vit B6 and iron are related to the develop-

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ment of PA or HVA.

Materials and Methods

We analyzed serum levels of vitamin B2 (Vit B2), Vit B6, vitamin B12 (Vit B12), hemoglobin (Hb) and iron in premenopausal women diagnosed as having a PA or HVA who visited the ED of Atago Hospital (Kochi Prefecture, Japan), and in healthy volunteers. The study was approved in advance by the Ethics Committee of Atago Hospital, and informed consent was obtained from each participant prior to the start of the study. Atago Hospital is a 562-bed general hospital that accepts approx. 7,800 patients requiring critical care each year.

Participants. The attack group (AT) was composed of premenopausal women diagnosed as having a PA or HVA among all patients who visited the hospital's ED during the 1-year period from November 2010 to October 2011. The diagnosis of PA was based on the Diagnostic and Statistical Manual of Mental Disorders IV text revision (DSM-IVTR). HVA was diagnosed based on tachypnea (other than PA); tachypnea is characterized by excessive ventilation beyond the demands from physical metabolism, and is induced by psychogenic causes (stress, fear, anxiety or tension) in individuals free of physical abnormalities [12]. For patients who were minors, an explanation about the study was given to the patient's guardian, and the guardian's consent was obtained before blood sampling and tests. Patients who did not issue consent to the study, patients with hepatic disease (alanine transaminase > 44 U/l), patients with kidney disease (serum creatinine > 0.01 mg/ml), patients with endocrine or inflammatory disease, and patients routinely taking food supplements were excluded from this study.

The control group (Co) was composed of employees of the hospital or their family members who satisfied the following requirements: premenopausal women who gave consent to blood sampling for research purposes during a periodic health checkup in November 2010 and who were free of psychiatric symptoms, autonomic nervous symptoms and headache. Like the AT group, individuals with hepatic disease, kidney disease, endocrine disease or inflammatory disease, and individuals routinely taking food supplements were excluded from the Co group.

Measurements. General emergency tests and the measurement of serum Vit B2, Vit B6, Vit B12 and iron were carried out during visits to the ED of Atago Hospital (AT group) or during the periodic health checkup (Co group). The Co group subjects fasted after having dinner the previous night, and blood was collected the next morning at 9:00 a.m. The methods employed for measurement were the lumiflavin fluorescence method for Vit B2, high-performance liquid chromatography (HPLC) for Vit B6, a chemiluminescent immunoassay for Vit B12 [13] (BML Inc., Tokyo), and colorimetry for serum iron [14].

The serum Vit B6 measurement included measurements of pyridoxamine (PAM), pyridoxal (PAL), and pyridoxine (PIN). The levels of 3 phosphonate forms of vitamins detected in the serum, namely, pyridoxamine 5'-phosphate, pyridoxal 5'-phosphate (PLP), and pyridoxine 5'-phosphate were measured after conversion into PAM, PAL, and PIN, respectively. PAM and PIN levels were less than the quantitation limit in all participants. Therefore, the Vit B6 data used in this study pertained completely to PAL levels.

Statistical analysis. Statistical data are expressed as median and quartiles. A Mann-Whitney U test was employed for comparisons between the AT group and the Co group. The magnitude of association between each factor and attack onset was evaluated using the area under a receiver operator characteristic (ROC) curve. To analyze the association of each factor with the independent outbreak of an attack, a multivariate logistic regression analysis was carried out, with factors with a *p*-value of 0.1 or lower serving as independent variables and the outbreak of attack as a dependent variable. Mutual associations among factors were evaluated by variance inflation factors (VIFs).

It was assumed that the standard deviation of Vit B6 was 11 ng/ml and that a difference of 10 ng/ml was a clinically significant difference. Therefore, it was necessary to collect data from 20 subjects in each group to achieve an alpha of 0.5 and a power of 0.8. A *p*-value less than 0.05 was regarded as significant. The statistical analyses were carried out with the computer program SPSS 20.0 (IBM, Chicago, IL, USA).

Results

During the study period, 7,734 patients visited the Atago Hospital ED. Of these patients, 44 premenopausal women were diagnosed as having a PA or a HVA. Of these patients, 21 gave informed consent and participated in the study (the AT group). Twenty volunteers gave written consent after being fully informed of the study design and were enrolled in the study (the Co group).

Background variables. Table 1 shows each factor in the AT group and Co group. In the AT group (n = 21), 10 patients were diagnosed with PA and 11 were diagnosed with HVA. The age did not differ significantly between the 2 groups (AT vs. Co) ($p = 0.1$). In the AT group, one patient was taking oral contraception, one patient was using oral benzodiazepine (BZO), one was using a selective serotonin reuptake inhibitor (SSRI) and oral BZO, and one was taking a serotonin-norepinephrine reuptake inhibitor (SNRI) with a multi-acting receptor targeted antipsychotic (MARTA), sodium valproate and oral BZO.

Hb, Iron, Vit B2, Vit B6, and Vit B12 vari-

ables. Hb did not differ significantly ($p = 0.45$, Table 1) between the AT group (132 mg/ml) and the Co group (132 mg/ml). The iron level was significantly lower ($p < 0.001$) in the AT group ($0.46 \mu\text{g/ml}$) than in the Co group ($0.98 \mu\text{g/ml}$) (reference value [RV]: $0.56\text{--}1.39 \mu\text{g/ml}$). The Vit B6 level was also significantly lower ($p = 0.002$) in the AT group (6.3 ng/ml) than in the Co group (12.8 ng/ml) (RV: $4.0\text{--}19.0 \text{ ng/ml}$). However, there was no significant difference between the 2 groups in terms of the Vit B2 level (AT group, $0.023 \mu\text{g/ml}$; Co group, $0.025 \mu\text{g/ml}$; RV: $0.017\text{--}0.046 \mu\text{g/ml}$, $p = 0.95$) or the Vit B12 level (AT group, 428 pg/ml ; Co group, 468 pg/ml ; RV: $233\text{--}914 \text{ pg/ml}$, $p = 0.64$) (Fig. 1).

Table 2 shows the area under the ROC curve indicating the involvement of each factor in the onset of PA and HVA. The areas under the ROC curve for serum iron and Vit B6 were 0.82 and 0.86, respectively, indicating the close association of these 2 factors with PA and HVA.

Multivariate analysis. Three factors (age, iron and Vit B6) had a p -value below 0.1. These 3 factors were thus adopted as independent variables for a

Table 1 Age, hemoglobin, iron and vitamin B levels in the AT group and Co group

	AT group n = 21	Co group n = 20	p-value
Age	26 (21, 37)	34 (29, 41)	0.1
Hb (mg/ml)	132 (124, 138)	132 (128, 140)	0.45
Iron ($\mu\text{g/ml}$)	0.46 (0.29, 0.72)	0.98 (0.78, 1.13)	<0.001
Vit B6 (ng/ml)	6.3 (4.5, 8.7)	12.8 (8.9, 25.8)	0.002
Vit B2 ($\mu\text{g/ml}$)	0.023 (0.022, 0.028)	0.025 (0.022, 0.028)	0.95
Vit B12 (pg/ml)	428 (315, 635)	468 (382, 623)	0.64

Data shown include the median (25th percentile, 75th percentile) and p -value. The iron and Vit B6 levels were significantly lower in the AT group than in the Co group. Other parameters were not significantly different between the 2 groups.

Table 2 Area under receiver operator characteristic curve for each factor (Hb, iron, Vit B)

	Area under ROC curve	95% confidential interval (CI)	
		Lower	Upper
Age	0.64	0.46	0.82
Hb	0.60	0.42	0.77
Iron	0.82	0.69	0.96
Vit B6	0.86	0.74	0.97
Vit B2	0.55	0.37	0.73
Vit B12	0.61	0.43	0.80

ROC: receiver operator characteristic.

Table 3 Multivariate analysis of association of age, iron, and Vit B6 with attacks

	Odds Ratio (95% CI)	p-value	VIF
Age	0.99 (0.92–1.08)	0.89	1.11
Iron	0.96 (0.94–0.99)	0.006	1.14
Vit B6	0.90 (0.82–0.99)	0.037	1.05

VIF: Variance inflation factor. A multivariate analysis was carried out using 3 factors (age, iron and Vit B6) as independent factors. Iron and Vit B6 were identified as independent factors associated with the onset of PA or HVA.

multivariate analysis (Table 3). Iron (adjusted odds ratio = 0.96, $p = 0.006$) and Vit B6 (adjusted odds ratio = 0.90, $p = 0.037$) were independently associated with the onset of PAs or HVAs. The VIF of each factor was less than 5, and there was no multi-

linearity among the factors. For this model, the Hosmer-Lemeshow test resulted in a p -value of 0.47.

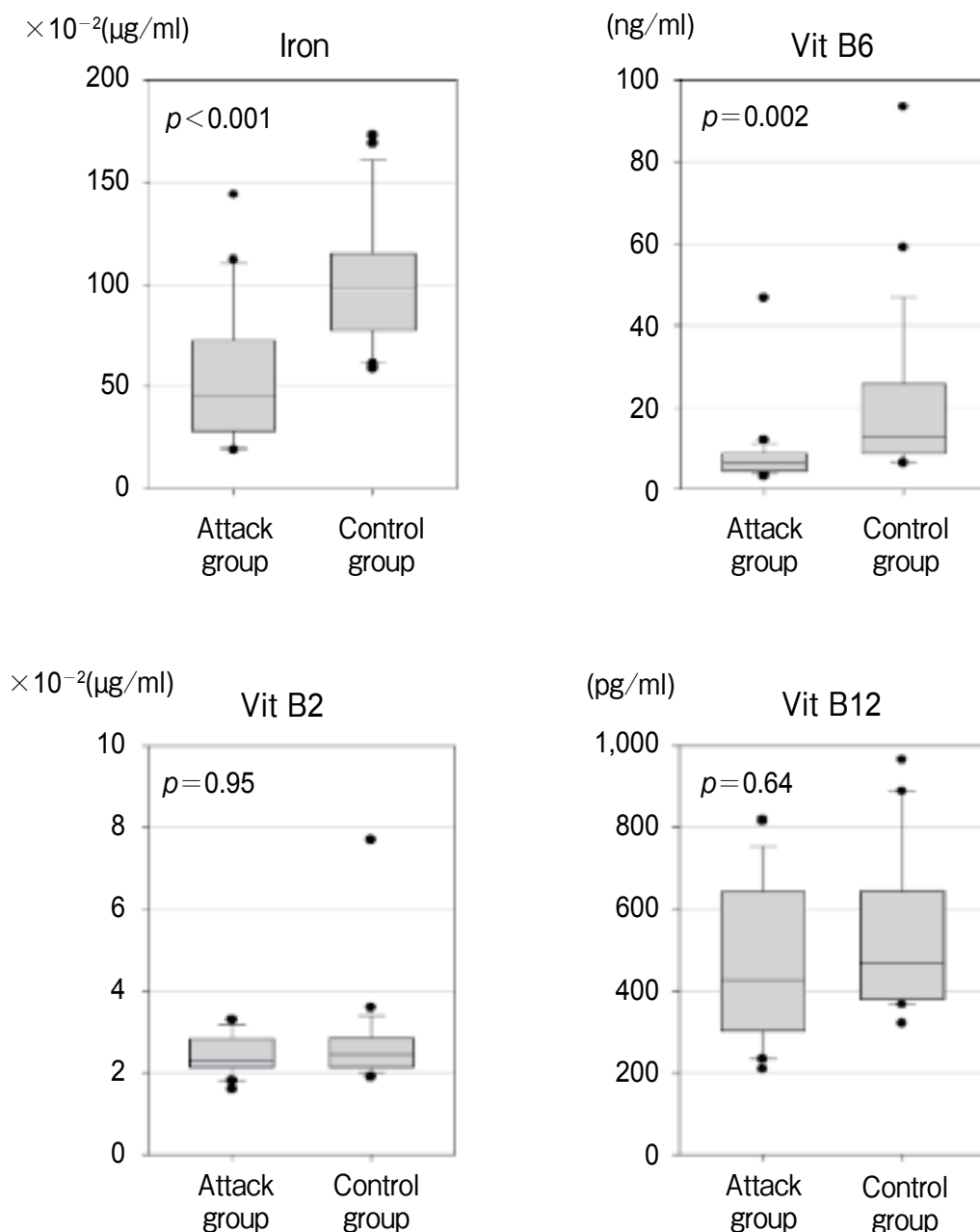


Fig. 1 Comparison of iron, Vit B6, Vit B2, and Vit B12 levels between the AT group and Co group. Results of Mann-Whitney U tests on serum iron, Vit B6, Vit B2 and Vit B12 between the AT group and Co group. Iron ($0.46\mu\text{g/ml}$ and $0.98\mu\text{g/ml}$, $p < 0.001$) and Vit B6 (6.3ng/ml and 12.8ng/ml , $p = 0.002$) were significantly lower in the AT group. There was no significant intergroup difference in terms of Vit B2 ($0.023\mu\text{g/ml}$ and $0.025\mu\text{g/ml}$, $p = 0.95$) or Vit B12 (428pg/ml and 468pg/ml , $p = 0.64$).

Discussion

In the present study, patients who attended the ED and were diagnosed with PA or HVA provided measurements of Hb, Vit B2, Vit B6, Vit B12 and iron levels, and we compared these measurements with data from healthy volunteers. The results revealed significantly lower serum Vit B6 and iron levels in the patients with PA or HVA, suggesting an association of Vit B6 and iron deficiency with the onset of PA and HVA. There was no significant difference in the Vit B2 or Vit B12 levels. Hb also did not differ significantly between the AT and Co groups. Thus, the influence of the symptoms of anemia arising from iron deficiency was ruled out.

PA and HVA are clinically considered as psychiatric disorders triggered by factors such as anxiety, stress, or depression. However, the exact cause or causes of the onset of a PA or HVA have not yet been identified. From a neurobiological perspective, serotonin deficiency and dysfunction of serotonin neurotransmission have been suggested as factors commonly involved in the etiology of PA and HVA [3–6]. Serotonin is synthesized from the precursor tryptophan. In the serotonin synthesis system of the brain, Vit B6 is a coenzyme for tryptophan hydroxylase, which is involved in the conversion of tryptophan into 5-hydroxytryptophan [7], and iron serves as a cofactor for aromatic L-amino acid decarboxylase involved in the formation of serotonin from 5-hydroxytryptophan [8]. Therefore, a reduction in Vit B6 and iron levels can suppress the progression of the serotonin synthesis.

Bell *et al.* [5] reported serotonin deficiency and dysfunction of serotonin neurotransmission as causes of PA, because serotonin at the periaqueductal gray matter (PAG) suppresses PA. Hoes *et al.* [6] also considered compromised serotonergic neurotransmission as a cause of HVA. In addition, since PA and HVA have common features in terms of symptoms, pathophysiology and compromised serotonergic nerve function [15, 16] in PAG associated with the host defense system [17, 18], we suspect that PA and HVA belong to the same serotonin-related spectrum of psychiatric disorders. In the present study, PA and HVA were analyzed together in a single group (AT group).

For patients with depression, a low brain serotonin

level is known to be a contributing factor [19], and an association between depression and low serum Vit B6 levels and iron deficiency has also been reported [20–23]. These reports suggest that a serotonin level reduction arising from Vit B6 deficiency [11] or iron deficiency [24] leads to symptoms such as those of depression [22, 23]. The present study did not involve measurement of serotonin levels in the blood or the cerebrospinal fluid, and thus we do not know whether a reduction in serotonin level resembling that seen in patients with depression existed in the PA/HVA patients.

For the measurement of Vit B6, serum PLP evaluation is often used. In the present study, however, we adopted the method of measuring PAL after conversion from PLP because we usually measure PAL in our clinical department. Analyses of Vit B levels should take into account circadian variations and the influence of a meal consumed shortly before measurement. The AT group was allowed to take meals freely, whereas the Co group fasted for 12h or more before their measurements were taken. The Vit B levels would therefore be expected to be lower in the Co group than in the AT group. Interestingly, however, the Vit B6 levels were lower in the AT group than in the Co group.

Moreover, we could not determine whether the reductions in Vit B6 and iron levels were secondary to the PA and HVA, or were the primary cause. The possible reasons for a reduction in Vit B6 and iron levels include a decrease in the intake of Vit B6 and iron due to illness, and the influence of medication. However, regarding a decrease in intake due to illness, the AT and Co patients' Vit B2 and Vit B12 levels showed no reduction. This suggests that an extreme shortage of nutrient intake is unlikely in patients with PA or HVA. Regarding of medication, only four AT patients were taking medications. Therefore, the influence of medication seemed to be low in the present study.

We could not evaluate the severity of depression in the patients diagnosed as having a PA or HVA, because the patients tended to be mentally unstable at the time of their visits to the ED. It is an open question whether the low Vit B6 and iron levels in patients with PA or HVA is attributable to depression or to the PA or HVA.

In addition, although 44 women were diagnosed as

having PA or HVA, only 21 of these women participated in the study (AT group). Therefore, patient selection biases also need to be taken into consideration. Another limitation of this study was the fact that the study was carried out at a single facility. Although this study was based on a power analysis, its scale was small and the possibility of a Type 1 error is not negligible.

In conclusion, patients admitted to the emergency department of a hospital as they were undergoing a panic attack or a hyperventilation attack had significantly lower serum Vit B6 and iron levels compared to healthy volunteers. Further studies examining the effects of a therapeutic intervention to elucidate how low serum Vit B6 and low serum iron are involved in the pathophysiology of panic attacks and hyperventilation attacks are necessary to explore the results of the present study.

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Pathologies of the Foot and Hand workshops

17 & 18 Oct 2018 in Adelaide SA – pre-RAoA Conference
by Lisa M. Chan, LAc, PhD, Reflexologist

People show up in our practices with conditions that require us to refer to a nutritionist, a chiropractor, a medical doctor or call 000. There's a certain point in our practices, where the desire to help requires learning when to ask for help, and the desire for healing involves opening up the circle of care around our clients.

For the most part, it is the reflexologist that has the first line knowledge of what their clients' feet and hands look like, feel like and smell like. It is the reflexologist that might know about what the client does for a living, whether they are depressed or isolated, starving themselves or binge eating. **It is the reflexologist who would be the first to recognise the signs of infection, toxicity, acute illness if displayed through the feet or hands.**

It is not a failure of reflexology to know when to send your client for emergency care.

"The naming of things, is the beginning of knowledge."

– Aristotle

In the Western world, we cover our nails with nail polish, but in podiatry, it is taught that:

1. Coarse nails that curve over the enlarged ends of the toes often accompany heart and lung disease and circulatory conditions.
2. Concave nails, as well as being congenital, can also be found in people with anaemia, hyper and hypothyroidism, and syphilis.
3. Complete loss of nails is common in scarlet fever, syphilis and leprosy.
4. Transverse ridges and grooves often signify vitamin deficiency, especially among alcoholics.
5. Medications containing silver can turn the nails slate blue.
6. Medications containing gold or mercury can turn the nails brown.
7. Heroin addicts often have uncontrollable foot tremors.

You may refer clients to get a check-up, but it seems **Reflexologists and Reiki practitioners seem able to walk through the walls of hospital regulations to help the very same clients they may have referred to allopathic medicine.** And the positive recovery results post-op are stunning when reflexology is added to treatment.

Did you know that hyperthyroidism, diabetes, leukaemia, pernicious anaemia, sickle-cell anaemia (ankle ulcers), or secondary syphilis (corn-like lesions on the soles or palms are important to diagnose early because they can lead to neurological damage, blindness and death)? You must have observed and worked on post-stroke patients where sometimes the feet and hands on the opposite side of the body are left paralysed, or with wasting, ulcerated or atrophied muscles?

Sometimes they don't even know they had a stroke. Or that spinal cord injury or disc compression or tumour on the spinal cord can result in numbness or tingling of the great toe, loss of strength, or diminished range of motion.

These teachings are in libraries of podiatry and internal medicine, but did you know that:

- ◆ The swelling in the feet and ankles can signify tumour in the abdominal area, abnormality of the kidneys or heart, varicose veins, cirrhosis of the liver or vitamin deficiencies, PMS, local injury, birth control pills or obesity.
- ◆ Common symptoms of a tumour on the spinal cord or the bones of the spine often include: back or neck pain; weakness, pain, tingling or numbness in a part of the body such as hands, feet, arms or legs; loss of sexual function; and loss of bladder and/or bowel control. Tumour-related back pain tends to be unrelated to physical activity, gets worse over time, and may be more painful when lying down. *Wenstein's Principles of Podiatry*, Dr Milton Ashur.
- ◆ There is the same sort of confusion around differentiating between contact dermatitis on the skin of the feet and athlete's foot. Dermatitis can be caused by environmental toxins and allergies that will be worsened badly by athlete's foot anti-fungal cream.

PLEASE, DON'T SELF DIAGNOSE! GET PROPER MEDICAL EVALUATION/LAB TESTS. OFTEN A PAIN IS A BRUISE, A STRAIN, OR A DISCOLORATION IS A SIGN OF TOXIC POISONING.

These are some of the things that will be covered in **Pathologies of the feet and hand**, taught by Lisa M. Chan, LAc, PhD, Reflexologist, in Adelaide, South Australia on October 17 and 18, 2018, before the 2018 Reflexology Conference in Adelaide. This will be combined with hands-on work on how to increase your effectiveness for some of these pathologies. Lisa decided to teach this course while studying internal medicine in acupuncture school.

For all workshop bookings, please contact the presenter direct – Lisa Chan healingnrg@hotmail.com

Early Bird fees apply – see Lisa's advertisement on the inside cover of this *FootPrints* issue.

For RAoA SA Conference information, contact Conference Convenor – Marie Steinke marie.steinke@internode.on.net

For bookings to attend Conference visit <http://raoconference.com/> or <https://www.reflexology.org.au/RAoA/>



The lymphatic system: A critical factor in female hormonal balance

by Ginger Nash, ND

Posted February 6, 2018 In Women's Health

<http://ndnr.com/womens-health/the-lymphatic-system-a-critical-factor-in-female-hormonal-balance/>

TOLLE TOTUM

I've been treating women with hormone imbalances for 20 years, but it's only within the last 7 or so years that I've become mildly obsessed with the lymphatic system. This began when I started using whole-body regulation thermography and realized that almost every single chronic issue we see as naturopathic physicians is affected by the health of the lymphatic system. Read that sentence again. If we don't address lymphatic health, we run the risk of simply moving toxins from one area of the body to another and potentially lowering the body's inherent ability to regulate health.

LYMPHATIC HEALTH

As we learned in school, the lymphatic system is a separate circulatory system that interfaces with the blood vessels to carry away fluid and waste proteins from the interstitial space or extracellular matrix (ECM). The lymph system plays a prominent role in immune function, as this fluid also carries lymphocytes, dendritic cells, and immunoglobulins to fight off pathogens or regulate the body during infection. In addition, lymphatics help with the absorption and transport of free fatty acids from the digestive system.

What I didn't learn in school was that the web of delicate lymphatic vessels that permeate almost every part of our body, including our brains, is intimately connected with the ECM in such a way that the nervous system uses it as "command control." The astonishing number of proteins found in the ECM have a dynamic interplay with the entire circuitry of the nervous system in both developing children and adults.¹ When the flow of lymph is impeded, edema ensues, creating a build-up of toxic wastes and potential for systemic dysregulation of the nerve synapses. In fact, research has shown that people who were diagnosed with a severe infection were more likely to be diagnosed with a subsequent autoimmune disorder and mood disorder.² Removal of excess proteins and wastes from the interstitial space is an absolutely essential function, without which severe morbidity and death can ensue within a short period of time.

Given this and also the fact that the master control system of the entire organism – the nervous system – works through the ECM to ensure that all activities of cellular metabolism are aided by healthy lymphatic function, it seems obvious that treating this system can produce a beneficial, generative effect across the entire body. Naturopathic doctors are trained to think about the body as a whole. We must therefore address the lymphatic system in order to ensure optimal health, including hormonal health in women, which will be the focus of the remainder of this article.

MY APPROACH

THE IMPORTANCE OF TERRAIN

My approach to working with women and hormonal issues is rooted in the ideas and philosophy of complex homeopathy. For me, it's all about the terrain! Even though I evaluate patients through routine blood work and I take genetics into consideration in some cases, there is nothing more pressing than the internal milieu, or terrain, with which the patient presents. The terrain reflects our whole story, our personal history, including the insults and stressors we have endured physically, psychologically, and emotionally. It is also affected by our genetic and epigenetic trans-generational inheritances. In my opinion, the first thing to establish as a doctor is the level of each patient's toxicity and how well the patient is able to regulate physiological functions related to elimination and detoxification. This is connected to the ideas described as bio-toxicosis by Dr Robert Cass, building upon the work of Dr Hans Reckeweg. This framework helps us understand three critical factors:

1. the tissue depth of toxicity in any given person;
2. what the body's attempts to eliminate look like; and
3. whether it's moving in a direction to help – as Hahnemann would say – to remove obstacles to cure.

All hormones, nutrients, and waste products going to and from the cells must pass through the interstitial or extracellular matrix.³ If the lymphatic channels cannot remove toxins properly, no hormone, no gene, no enzyme, and no molecule is going to work optimally, and there will be deposition of waste products into the tissues. These impediments to a clear action of our therapies must be addressed first before trying to rebuild or replace adequate glandular function. One last thought about bio-toxicosis: this perspective also acknowledges the fact that we are forced to regularly cope with exogenous toxins in today's world. Sadly, this is only going to get worse before Mother Earth decides to get rid of us and take a long rest! The general public is more aware and more informed than ever on this topic. There are probably fewer things that drive patients into the naturopathic doctor's office more frequently than their desire to do a "detox" or "cleanse."

ESTROGEN & PROGESTERONE

With regard to hormones, the main type of imbalance in modern women is what we commonly refer to as "estrogen dominance." Between the inability of healthy gut flora to facilitate the removal of excess estrogens, levels of xenoestrogens found in foods and plastics,

Continued on page 20

and other endocrine disruptors, and the overuse of oral contraceptives and hormone replacement therapy, most women have too much estrogen stimulation *relative* to progesterone. Estrogen and progesterone work so closely together that it is imperative that they stay in balance. In fact, the majority of struggles with hormonal imbalances affecting both the female brain and body may be associated with estrogen dominance. This includes everything from fibroids and fibrocystic breasts to heavy and painful menses, hormonal headaches, premenstrual syndrome, and irregular cycles.

What fascinates me about the interface of lymph and these 2 hormones (estrogen and progesterone) is that lymphatic fluid is highly non-polar and thus attracted to more fatty substances while avoiding more polar substances. All steroid hormones are somewhat hydrophobic; however, the further you get down the biochemical steroid pathway from the parent fat cholesterol, the more polar the hormones.⁴ Therefore, estrogen is more polar than progesterone, which means that the lymphatics “attract” progesterone more readily. In addition, this may be why topical application of progesterone, where the lymphatic vessels are superficially located, may result in higher than normal levels reaching the tissues. Research by a compounding pharmacy in 2014 drew exactly this conclusion about the delivery of topical progesterone.^{4,5} In short, the health of a woman’s lymphatic system will have a direct impact on her ability to move progesterone around the body. Because progesterone is so critical to female hormone balance, it may be more important than ever for our lymph to be moving freely, serving as a delivery system for progesterone, to balance out estrogen. The presence of lipophilic progesterone in the lymphatics also stimulates bile salt secretion, helping the body mitigate some of the effects of estrogen excess as well.

BREAST HEALTH

Given the prevalence of hormonally-driven breast and other gynecological cancers, I would be remiss in not mentioning the importance of lymphatic health with regards to healthy breast tissue. Thousands of research articles can be found on the density of lymph tissue in the breast having an effect on the progression and severity of the disease. Breasts are composed primarily of fatty and connective tissues, but there is a tremendous amount of lymphatic tissue present as well. The lymph nodes in the axilla function as a protective barrier for the breast tissue, filtering toxins and regulating immune and inflammatory mechanisms that affect breast health.^{6,7}

WORKUP & TREATMENT FOR THE LYMPHATICS

EVALUATION

There is relatively little in the way of traditional lab tests that reflect the status of lymphatic flow, and even less that reflects how the lymphatic system is affecting overall hormonal balance. Allopathic medicine is interested

in the lymphatics primarily because these vessels are a main way for cancer to metastasize.⁸ By using regulatory thermography, I am able to ascertain the general flow of lymph by measuring 18 separate points on the body. The findings reflect the level of acute inflammation versus more chronic stagnation.⁹ In other words, I can determine how much deposition of toxins is in which tissues and how much the lymphatic health is affecting the immune system.¹⁰ In addition, the points measured close to the head reflect the flow of lymph from the glymphatics (lymphatics that eliminate waste products from the brain), and asymmetry in the right and left temple readings tell me whether the pituitary function is suboptimal. Further evaluation is suggested in that scenario.

TREATMENT

Addressing lymph should be at the start of any treatment of hormonal issues, as well as at every stage of treatment; it also ultimately lends itself beautifully to the maintenance of good health through self-care. Amazingly, the lymphatic system has no central pump (like the heart, which pumps blood); rather, the movement of lymphatic fluid around the body depends on both smooth and skeletal muscle contraction (and manual manipulation). This is why a sedentary lifestyle impairs lymph function. This is also why daily movement and/or exercise are essential for lymphatic health and why I routinely recommend dry skin-brushing as a gentle and effective home care treatment. Deep breathing is another essential way we can enhance movement of lymph, so I often teach women proper breathing techniques.¹¹ There are so many ways patients can address healthy lymph function on their own. I love this as part of the educational aspect of our work.

Home treatments can enhance lymphatic flow; however, I have also found some excellent complex homeopathic lymph remedies that are formulated on the basis of the level of “intoxication” of the tissues. One must distinguish between an acute, inflamed lymphatic system and a more chronic, stagnant lymph problem. Thankfully, the beauty of complex homeopathy allows us to address each of these levels with different support as indicated.

SUMMARY

From beginning to end, when working with women on issues of hormonal imbalance, a component of that work will be aimed at clearing out the ECM and optimizing lymphatic function. This allows for proper nerve communication throughout the whole system, the removal of inflammatory proteins and dangerous pathogens and toxins that have myriad deleterious effects around the body, and supports proper circulation of fluids and crucial hormones, particularly progesterone. Sometimes, after a review of the most current information about the importance of a healthy lymphatic system, my obsession feels wholly justified.

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STATE MATTERS

Summer was warm here in South Australia this year. Our rainfall for January has been the lowest in the past 6 years. Many farmers on the Eyre Peninsula didn't even put a crop in last season. May 2018 be kinder to all.

The National Conference Committee is constantly plugging away at tasks involved to bring our members an awesome event come October 2018. A face to face meeting was held at Moana on 17th February. A very productive 6 hours. The program is full, now to be fine-tuned before going live. Trade Tables are still available; if anyone is interested contact Pamela Nish. Anyone with sponsor details or donations also contact Pamela. Marie and I had a meeting at The Stamford with staff from catering, event management and IT. We were both amazed at the results; it was far more successful than emails and phone calls going back and forth. Accommodation has been set at \$185 per night for members staying for the conference and pre- and post-workshops, plus a breakfast discount of \$20.

Our CPT Day, Sunday 18th February, was MLD through the feet. Pamela Nish shared her knowledge to 18 participants, consisting of Professional Members both new and old, Student Members and non-members. (See article written by Michelle Day in this edition.)

SOUTH AUSTRALIA



Fundraising. I hear everyone shudder. Yes, it is that time again. People's Choice Community Lottery will soon be open for all of us to log on and purchase an online ticket or two. As a member of an Association I think we owe it to each other to contribute

in order to receive something back, whether it be in the form of a donation or time. Both will be gratefully accepted. In the middle of March, the lottery will become live and I will advertise on the website how to buy the tickets as well as prizes which can be won. This particular lottery requires no outlay for our organisation, so except for GST everything we are donating remains within our Association. Just think, if every member bought 2 tickets for \$4, we could possibly have \$1100 more to spend on the National Conference. Thank you in anticipation—Marie Steinke National Convenor.

Our next CPT event will be at our ABM, Sunday 27th May. *Venue: 19 on Green* at Brompton. Presenters will be Susan Ramsey—*Reflexology for our Young*, and Elaine Tscharke—*Meditation and Yoga*. Afternoon tea and networking before a Branch Committee Meeting.

All RAOA Members welcome and invited to attend the South Australian ABM.

Susan Ramsey

VICTORIA



No Report has been received for this issue of FootPrints

Once again, our February branch **TASMANIA** meeting and workshop day was held at Poatina village; being the third year in a row, this is becoming a bit of a tradition! Poatina certainly is a relaxing place to visit - the village is nestled on a plateau with a spectacular view of *the Great Western Tiers* and situated on the edge of the *Great Lakes* area.

We welcomed a new student member, Helen J, who attended for the first time. Our workshop was well attended and was entitled *An introduction to working safely with people living with a diagnosis of cancer*. Atholl Reid, the presenter, generously shared his knowledge and experience gleaned from working as a trained oncology massage therapist. Atholl managed to impart a great deal of information over the 4 hours, including an overview of how cancer develops and spreads, considerations re appropriate pressure, where to and where not to work, positioning



adjustments, appropriate pressure and length of time for a treatment session, how treatment outcomes may impact on a reflexology session, personal care and protection and a hands-on routine for relaxation. In Australia, Tasmania (together with Qld.) has the highest rate of incidence of all cancers combined so this was a very relevant CPT opportunity.

Our next workshop will be presented by me and Lynda Kidd who will share our learnings from attending the Moshe Kruchik workshop on the *Treatment of Pain*. Next meeting will include our ABM and election of the Tasmanian Committee for 2018/2019 year so please consider putting your hand up and lending your support. Please put this date in your diary: **Sunday 20th May 2018** at Campbelltown.

Sarah Blain

Greetings from Qld-NT Branch, We have been 'busy bees' since the beginning of the year. Our regional EPE groups have gathered together for their first meetings since before Christmas. In Far North Qld. the educational topic was the lymphatic system and this theme travelled down the coast to North Qld. region where they enjoyed hearing one of their members reporting on the Sally Kay RLD workshop she attended. The Rockhampton group covered various topics of interest including acupressure points on the feet and ankles to help with swelling, as well as adrenal fatigue. I joined Sunshine Coast region for their first EPE meeting where plans were discussed for the August branch workshop, which they will be hosting for the first time. This continues our branch committee's commitment to reach further afield and give non-metropolitan members a better opportunity to attend a workshop being held closer to their local community.

MindBodySpirit has just been held in Brisbane and I'd



QUEENSLAND

like to thank our Events Coordinator, Emma Pavey, for her tireless efforts to organise our reflexology presence

at the show. Thanks also to everyone who volunteered their time leading up to and over the three-day weekend. Without your many hands this event would not be the huge success that it once again has been.

On 17th and 18th March we welcome international guest presenter, Moshe Kruchik who will be presenting his educational workshop "Reflexology for the Treatment of Pain". This is followed in May by our annual branch meeting, where we have put together three experts in their fields who will cover various facets of emotional, psychological and physical self-care for us as therapists. Each presenter will provide strategies to nurture ourselves, which will also be useful to apply in our client interactions, as well as to recognise potential injuries to our hands before they become debilitating and affect our work.

Until next time remember "promises are just words unless they are fulfilled" (iliketoquote.com)

Wendy Dalzell

Hello everyone As our summer days turn into autumn, our reflexology year here in the West doesn't seem to be slowing down in the slightest.

Our February study day was a colourful event, with the theme "Colour healing in a Reflexology Session". We were honoured to have one of our longstanding members travel from the south to share her wealth of knowledge with us about Reflexology and the colour torch. We also had wonderful presentations on the colour of food, colour crystals and colour meditations.

WA was allocated a portion of the 2016 conference profit and the committee have spent many months gathering and rejecting ideas from WA members on how best to utilise this money and find a way to use it that would benefit all our members. We are unable to say too much about this at the moment but stay posted for further

WESTERN AUSTRALIA



information on our exciting project, as it comes to hand.

After the success and fun of the 2016 National Conference here in Western Australia, several of our members have either already booked for, or are making

plans to attend the conference in South Australia later this year. We look forward to seeing you all there.

Plans are underway for our ABM and study day on 20 May, where our current committee will step down from their roles and new committee members will take over the reins. I'd like to encourage all WA members to have a think about what they can offer in the way of taking on a role on the new committee. It's a fun way to network with colleagues and to learn new skills while having your say in a variety of topics that concern Reflexologists here in the west.

Happy reflexing from WA.

Jill Jones

In March we had our National CPT event with international presenter Mauricio (Moshe) Kruchik – Reflexology for the Treatment of Pain workshop. Although I could not attend, I did catch up with Moshe at the 2018 UK Reflexology Conference, 2-4 March. I'm sure all participants enjoyed the weekend and came away with a new set of skills. Moshe's enthusiasm is so contagious.

Our special events co-ordinator is busy finalising the list of presenters for our NSW ABM to be held on Saturday,

NEW SOUTH WALES



19th May and a workshop day with two fantastic presenters on Sunday, 20th May. Online registrations for both days will

commence from 1st April via the RAoA webpage, so make a note of these dates in your diaries! Yes, we will have those wonderful trade tables selling products again, so clear those credit cards and save some cash for this weekend. The committee will have more details shortly in our coming FeetSpeak newsletters.

Jacqui Baldwin on behalf of Karen Riley

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Attention contributors to FootPrints

The Guide to Authors of articles for FootPrints has been removed from the quarterly magazine and relocated onto the website www.reflexology.org.au/fp-contributors. If you would like to contribute an article or advertisement to appear in a future issue of the Australian quarterly magazine ‘FootPrints’, please take time to read the ‘Guide to Authors’ and ‘Advertising Policy’.

If you need more information on contributing to FootPrints, please don’t hesitate to email the current Editor of Footprints: footprints.articles@reflexology.org.au

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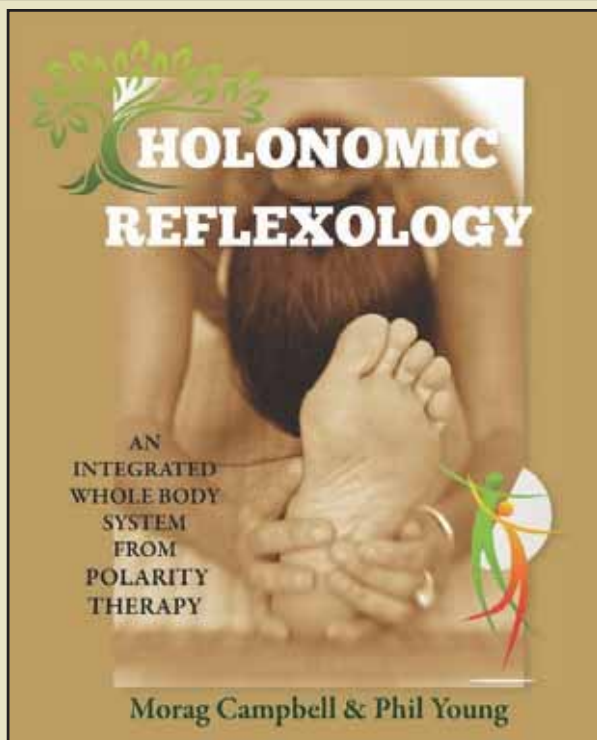
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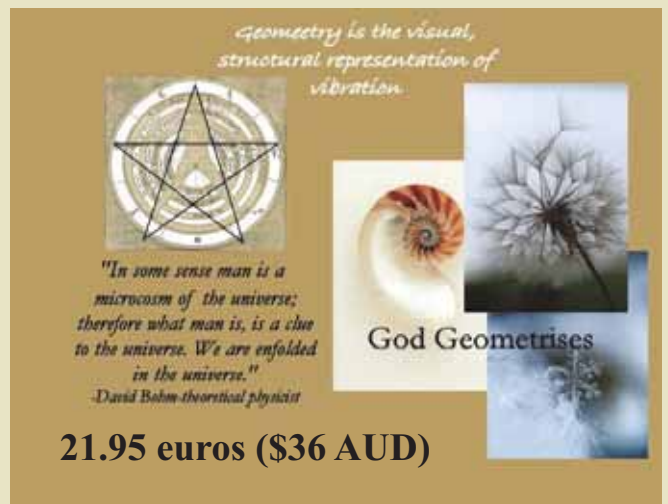
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