

FootPrints

The Journal of the Reflexology Association of Australia

World Reflexology Week
21-27 September 2015



www.reflexology.org.au

September 2015

Volume 19 No. 3

How can I grow my Business?

How do I get new Clients?

“Let your Merchandise do the Talking”

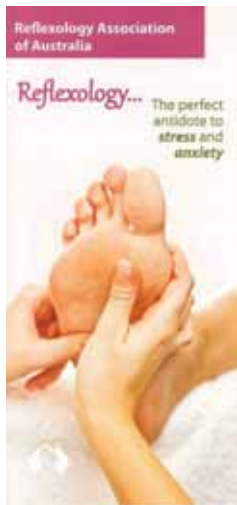
Do you love or loath sales and selling??

Do you find that sometimes you don't quite know how to acquire those additional clients? Do you sometimes feel shy to just come out and say something or maybe you think you're being too pushy?

How about using the RAoA brochures and ...

“Let your Merchandise do the Talking”

For example, the **“Reflexology and Maternity Time”** brochure is a great tool to hand out, and don't forget the **“Reflexology Stress and Anxiety”** brochure. With today's stressful life, these two merchandise brochures work **hand in hand** for fertility as stress affects the endocrine system, and we all know that Reflexology will assist with both relaxing and the balancing effect. With all the changes in one's body that pregnancy brings, what better way to assist both mother and baby.



With the RAoA annual workshop and AGM just around the corner (October 25 in Sydney), and themed around Fertility, Pregnancy and Maternity, the RAoA is there to assist you with suitable Merchandise. Of course, you may not have clients who are pregnant, but think beyond and get creative ...

These useful and practical business building tips are just some of the ways to use these RAoA brochures.

Hand them out to:

- A client who mentions they have a family member or friend wishing to get pregnant.
- Your children's friends.
- Someone preparing for IVF or who knows someone preparing for IVF.
- Your client who has a daughter / daughter-in-law who is currently pregnant.
- Your workplace (if you also work elsewhere).
- Do you go to the gym? Keep some in your bag—maybe someone there may be your next client.

Reflexology is also great in the final few weeks before childbirth—prospective mothers may be stressed and anxious, their backs are sore, their feet are sore and swollen, they have reflux and they've just had enough of being pregnant ... offer a special package of 4 treatments during the final 2 weeks – what a great way to prepare for childbirth. Your client will be amazed with the results and both mother and baby will be relaxed and ready to face the world.

or ... Design your own treatment packages for pre and post birth.

So you see it doesn't really matter if you love or loathe selling. It can be as simple as finding moments to share information. Stock up on your RAoA brochures now and start handing them out. It may be just the 'seed' you need to plant to gain new business.

Did you know that for as little as \$10.50 you can purchase:

- 25 x **Maternity** Brochures or 25 x **Stress and Anxiety** Brochures (and this includes postage!)
- Other RAoA brochures and quantities available. Log onto the RAoA website and have a pre look at these brochures and let your Merchandise help you get your next clients.

www.reflexology.org.au

Email merchandise@reflexology.org.au or call 07 3396 9001





From the President's desk

Hello and welcome to the world of Reflexology, Australia! Following the President's ABM report in May regarding **suggested changes to the State Branch structure**, I'd like to thank all members who have given feedback and asked questions. I may not have replied to all of your emails, however I'm hoping that I cover any remaining questions here.

Because of the varying requirements for each State, after much discussion at the July Board meeting, the Directors have decided to allow each State Branch to choose how they need to run. Areas may decide to rotate positions – so one member has a turn for each meeting – again it's up to each area to run as it suits them for the best outcomes.

In saying that, until the process is updated by the Board, all branches should at this stage be encouraged to have a branch committee as usual, as per Policies and Procedures Point 4. To date there has only been discussion on how branch structures may change but no final decisions have been reached. Obviously if any branch cannot form a structured committee then more national support may be necessary, but branches cannot currently vote on bringing in changes to their structure

and operations as that is determined by the Company's Constitution, Bylaws and Policies and Procedures documentation.

Please see the July Board Report in this journal for a brief outline of topics discussed at the July Board Meeting.

Below is a photograph of the Board Members at the July Meeting. Since this was taken, David Grinblat has had to resign for personal reasons. I'd like to thank David for his many contributions to the Board and the Victorian Committee as Chair and Editor. I wish him and his family all the very best.

A few other reminders ... firstly, World Reflexology Week will be here soon – remember to share your events on the RAOA Facebook page; secondly, the NSW team has organised a sensational event in October – the AGM in Sydney, plus an opportunity to meet with the Board. Hoping to see you there!

Wishing you balance, joy and harmony in all areas of your life.

'When the winds of change blow, some people build walls and others build windmills.' (Chinese proverb)

Sonia Bailey



Back row (left to right): Tony Pullin, Emily Kidd, Susie Zhong, Sonia Bailey, Vera Emmi.
Front Row (left to right): David Grinblat, Lynda Kidd, James Flaxman.



September 2015

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

Front cover: Photo by Heather Edwards during the Grantham Project which commenced in World Reflexology Week 2014. Thanks to Michelle Green, seen working at the front right, for all the work that she did in organising this amazing opportunity.

World Reflexology Week

is just around the corner

"The aim of World Reflexology Week is to promote reflexology and increase public awareness around the globe. It offers our members an opportunity to showcase our fabulous modality to the general public and increase awareness of the benefits of regular reflexology treatments."

Remember that global awareness begins at a local level. Contact your local/state reflexology group/association to find out what activities they may have planned for this week, or ... create an interesting event yourself. Information can be found in 'State Matters', your own state newsletter, and the RAoA website or online.

This year World Reflexology Week spans 21–27 September 2015.

The American Academy of Reflexology has a promotional package available online, developed by the International Council of Reflexologists for its members and reflexology organizations worldwide, to help promote and celebrate World Reflexology Week.

You can also go directly to: <http://icr-reflexology.org/> for current, updated material. A sample of information available is shown below.



World Reflexology Week Participation Guide

Reproduced with permission from: americanacademyofreflexology.com/world-reflexology-week/

The following is a guide for promotional ideas to help promote World Reflexology Week. Remember to promote your events with the local media (newspapers, magazines, radio, television, etc).

Demonstrations. Set up a small booth or work area and give 10–15 minute sessions in places such as:

- health food stores
- health and fitness clubs
- farmer's markets
- shopping centres
- book stores
- coffee shops

Pre-arrange special sessions of 10–30 minutes with local groups, organizations, businesses and events, in advance. Consider approaching:

- nursing homes
- police, fireman or rescue teams convention groups
- women's or homeless shelters
- hospices for the terminally ill
- veteran's hospitals
- spas, resorts or hotels
- bed & breakfasts
- corporate business (for employees) college campuses
- local tourist attractions
- fund-raisers (races, walk-a-thons) cultural events
- local mum's club, etc.

Have an Open Day to show the public your practice. Have some healthy food & beverages, plenty of literature on reflexology and your practice, and give out discount coupons.

Give a Seminar on reflexology to educate the public about the benefits. Hand out flyers and give hands-on demonstrations.

Athletic Fundraisers: Volunteer your services for the athletes participating in charity events like road races, bike races and walk-a-thons.

Senior Citizens: Volunteer your services at senior centers, assisted living facilities & nursing homes.

Environmental Support: Donate a percentage of your income & solicit funds to benefit a local environmental cause.

Local Charities: Look for local events to promote awareness of the health benefits of reflexology. Offer your services for free to local charities. Donate proceeds or give relief to care givers.

Referral Special: Offer client incentives to refer new clients during World Reflexology Week.

Collect donations: Coordinate volunteer efforts to collect donations and useful items for shelters.

Give away inexpensive marketing items that are related to reflexology and have your business information (name, phone, address) on them.



Get the most out of your **CPT** points

..... SEE OUR WEBSITE

www.reflexologyaustralia.com

Neuro Hand Reflex Therapy with Lone Sorensen

February 26, 27 & 28, Sydney



Neuro Hand Reflex Therapy is a completely new way to work via the hands. Based on Korean Hand Therapy, this work has a powerful effect neurologically and energetically. You will learn how to combine 382 Nerve points, micro-meridians and new reflex areas in this effective modality. Anyone can attend so this is a great opportunity to profit from Lone's knowledge and experience.

Auriculartherapy with Sue Ehinger

April 30 & May 1, Sydney



Extremely effective for the relief of muscle spasms and pain, headaches and migraines, hormonal and psychological issues.



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Grantham Project for World Reflexology Week 2014

An excerpt from the RAOA 'What's Afoot' – Qld Newsletter, July/August 2015

by Claire Siertsema and Yoko Takada

Last year in Australia, World Reflexology Week coincided with the opportunity to benefit the residents of Grantham, Queensland. RAOA member Michelle Green was advised that the community was in desperate need of assistance as many residents were suffering from depression and that suicide was prevalent following the floods of 2011.

Reflexologists from various parts of Brisbane, Ipswich, Toowoomba and Warwick rallied together, volunteering their time to help during this special week in our reflexology calendar. The Lockyer Valley Regional Council kindly provided the Butter Factory as the venue.

Residents had the opportunity to receive treatments over four consecutive Saturdays. Channel 7 News was there to capture the event and explain what it meant to the members of the Grantham community. Sonia Bailey was interviewed and it was televised on Channel 7 Queensland news.

The Grantham Project—rewarding, first and foremost, for Grantham residents, but also for those Reflexologists who took part. See also 'Gracious Grantham', *FootPrints March 2015*.



Volunteers Maxine Kohn (front left) and Julie Hansford



Volunteers (from front to back): Geoff Hanson, Peter Kross, Esabel Lamusse and Vicki Protheroe

Photos courtesy of Heather Edwards



Good Business—Putting your best foot forward

Assisting reflexologists to keep professional patient/client records

An excerpt from RAOA Documents – Health Funds

All **PROFESSIONAL MEMBERS** must:

- ◆ Maintain comprehensive and accurate patient records that comply with applicable laws and professional standards, including, but not limited to, privacy and health records management legislation (including the Commonwealth Privacy Act 1988) and industry codes and standards relating to collecting, using and disclosing personal and sensitive information.
- ◆ Ensure that patient records:
 - ✓ identify the service provider;
 - ✓ are in chronological order and made at the time of providing the service or as soon as practicable afterwards;
 - ✓ clearly identify the patient and the treatment provided including, but not limited to, relevant medical history, presenting complaint, details of previous treatments and referrals;
 - ✓ are a detailed, true and accurate reflection of all treatments/services/goods provided;
 - ✓ are stored in a manner that allows for prompt retrieval;
 - ✓ are written in English;
 - ✓ are in a format that is understandable by a third party and allows for continuity of care; and
 - ✓ identify technique used, body parts treated and methods applied, in addition to specific details of goods supplied, including dosage.
- ◆ Where not otherwise specified under applicable laws or professional standards, retain patient records for a minimum of seven (7) years from the date the relevant service is provided.

Please ensure you continue to take Client information, record notes on each client session and keep these notes on file.





What is ... Sound Therapy?

by Lynn Liniger

www.soundalivetherapeutics.com.au

Sound therapy is a technique that uses sound vibrations to assist the body and mind to relax out of habitual patterns of tension, imbalance and stress response. In doing so, it facilitates self-healing.

In Australia, Sound Therapy is a relatively new term. Traditionally, the approach would be to use Sound Healing or a Sound Healer. The difference is that there is a more reflective element involved, and a methodology behind Sound Therapy.

Sound Therapy works on any slight resistance in the body. If you were to look at your body with a powerful microscope, you would see that it is not a solid object, but is, in fact, a myriad of tiny particles of energy.

Over time, these particles are subjected to a variety of different stressors such as diet, lifestyle, environment, relationships, job, and other factors. These stressors and emotions can cause imbalances and weaknesses in the system, which could then lead to illness and dis-ease.

Sound Therapy has been known to have positive effects with body resistance related illnesses such as Tinnitus, Arthritis, Cancer, Parkinson's, ME, and MS, along with chronic pain and children with learning difficulties. Research* has shown that rhythmic stimulation for just half an hour over a certain period improved the rehabilitation of stroke victims.

The initial signs of body resistance can be clenching the teeth or fists, tightness in the neck and shoulders, or always thinking about your problems. These are often unnoticed until they develop further into diverse reactions within the body. They can be described as being secondary conditions to the primary condition.

There are many traditional solutions for people, to assist with body resistance. The first step is to recognise your stressors and then apply what best suits you. Some may prefer medication, others yoga, running or a hobby. These solutions can be effective, and help tremendously, but what about finding something that can help work through the cause or primary condition and shift the pattern?

To explain scientifically, sound travels into the body and hypo stimulates the Nitric Oxide in that area and can interrupt patterns of tension and pain, allowing the nervous system and muscles to relax into a normal state**.

To understand further, we need to consider how sound affects us. We know that sound and music either calms or stimulates the mind, as certain sounds are known to relax, and others energise.

Using Sound Therapy, the sound is a mirror through which the individual may see themselves more clearly. The individual then reflects on their experience, with the help of the facilitator, allowing for change to occur.

* *Rhythmic Auditory Stimulation in Rehabilitation of Movement Disorders: A Review of Current Research* Thaut, M.H. & Abiru, M., Music Perception Volume 27, Issue 4, PP. 263–269.

** *Sound Therapy Induced Relaxation: Down Regulating Stress Processes and Pathologies* (2003) by John Beaulieu.

Because blood pressure, heart rate and skin resistance are reduced, Sound Therapy has a positive impact on the Autonomic Nervous System. It is gentle, non-invasive, simple and efficient, yet it is powerful, as sound travels four times faster in your body than in the air.

Your body is made up of around 70% water. When sound is played on the skin or around the body, it vibrates the water, bringing your cells back into resonance and least resistance. Sound can be deeper than hypnosis and meditation.

Methods and instruments can vary. The British Academy of Sound Therapy (BAST) method uses instruments such as tuning forks, the voice, Himalayan (Tibetan) and crystal bowls, and percussion instruments. These can be played on and around the body, either one-to-one or in a group session. The group sessions usually last around 45 minutes and can be known as a 'Sound Bath' or 'Sound Immersion'. This is because gentle, harmonious sounds bathe the whole body like a 'sonic massage'.



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- * Symptoms to look for and how to distinguish between the different causes
- * Info on how to apply acupressure (no prior experience required)
- * How to recognise the different types of TCM pathologies
- * How to perform a Sinus Drain – video demonstration included
- * Diet, foods, nutrients, digestive problems, aromatherapy, self-care for Sinus and self-care for shoulder
- * Foot reflexology, face reflexology & auricular therapy reflexes



Activity 9 – RAOA CPT programme

"Acupressure and other protocols for Sinus/Sinusitis"

\$36.50 plus p & p

"Shoulder Pain and Injuries"

\$33 plus p & p



CD packages/documents

Comment from reflexologists: "Range of movement improved after 1 treatment, continued to improve with follow up treatments". "Thank you for your wealth of knowledge on these 2 subjects". "For me it's the best way of learning, in my own time"

Formulated and presented by Vera Emmi (PM RAOA)

To purchase: contact Vera on hbhs08@hotmail.com

Ph: 0407 599 953 (*for full info flyer – email Vera) or

Lea at RAOA Head Office merchandise@reflexology.org.au

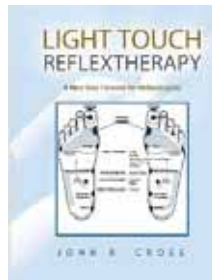
Book Review

by Lynne Booth

Light Touch Reflextherapy: A new way forward for reflexologists

by John R Cross

Reflexologists are always looking for new techniques to enhance their practice, and this new book by Dr John R Cross, *Light Touch Reflextherapy* (LTR) is an interesting and useful adjunct to mainstream reflexology. I have always admired the author's passionate approach to promoting the assimilation of complementary therapies into the medical model of mainstream physical therapies.



of acupuncture needles being used, which are only appropriate when implemented by qualified acupuncturists. The author promotes the concept of 'intention' where the therapist is focusing on balancing energy within the body and he also suggests the idea of 'magnetism of the fingers'. This chapter is full of excellent illustrations and examples of helping conditions such as spinal and head pains, sore throats and internal organic pain.

His slim, new book on *Light Touch Reflextherapy* has a much wider brief than conventional reflexology books; the author makes no apologies for this, as he is taking the reader on to new concepts, which include energy imbalance and an introduction to the major Chakra system, a fairly basic introduction to some of the main acupressure points and then a perhaps provocative introduction, in Chapter 7, to Etheric-off body LTR. The reader is gently introduced to these more esoteric concepts as the book progresses and there is very helpful information in the first chapter on the definitions of what is a Reflex, the theory of the treatment of acute and chronic conditions and brainwave frequency.

The author writes that his pioneering book gives Reflexology a complete makeover from the standard approaches of using moderate to heavy massage on the reflexes, and each chapter manages to give helpful advice, challenge old theories and bring in new concepts of the use of multiple modalities to help heal the body.

In his introduction, the author sets out his experience over many years and charts his developments which have led to these less mainstream theories and the possible connections between Reflexology and other modalities. The book contains some clear line drawing illustrations which are extremely helpful and well labelled, some of which are in colour. I was particularly interested in the illustrations that combined Reflexology reflex areas, Acupressure points (often situated on a similar part of the foot). This is a helpful way for the diagrams to show the skeletal foot as well, as it guides the therapist very precisely to the correct point on the foot. He also illustrates some Acupressure points on the lower leg, trunk, hands and other parts of the body.

Chapter 4 concentrates on balancing the body by superimposing the Chakra system on the feet. Dr Cross very convincingly suggests that, as the reflexes on the feet mirror the body, the feet will also contain the reflected reflexes of the chakras and can be treated accordingly in the same manner. I found the coloured, illustrated chart of the major and minor chakras of the body on page 34 very interesting and informative. Chapter 5 continues with the subject of Chakras but takes the Reflexologist on a treatment protocol.

In Chapter 2 there is discussion on initial holds on the feet and Dr Cross teaches how to make an assessment of energy imbalance. This is an extremely useful chapter which many reflexology students could read to help them assess the needs of the new or existing client, so that the treatment can be of optimum benefit to their client. There are three basic photos which combine calming techniques used by Reflexologists on what would be the area of solar plexus / diaphragm and the acupoint K1 (Kidney one).

I am a great advocate of Hand Reflexology which I feel is underused and underrated as it is just as powerful as Foot Reflexology, easier to access and the reflexes just take a second or so more to respond. In Chapter 6 I was pleased to see the author encouraging us to use the hands to "perform therapeutically away from the feet in order to both augment the foot treatment or to enable the patient to use points in self-help therapy".

In Chapter 3 the author addresses the treatment of acute conditions and pain syndromes. This is quite an unusual concept and may stimulate considerable debate, as his theory combines treating an acupressure point anywhere in the body while connecting it to reflex point on the foot. Dr Cross is obviously only advocating Acupressure with the finger tips, and there is no suggestion at any time

The very short last Chapter 7 is no doubt for me the most challenging and thought provoking chapter entitled *Etheric (Off Body) LTR*. The author states that you can treat a person without touching their body by massaging the aura that surrounds the body, and that this intention can benefit and help the chakras and the entire etheric field. He realizes this is a difficult debate but says this idea of "off body massage" is not an "airy fairy" concept and cites Kirlian photography, saying that the existence of an aura has been described for thousands of years.

The book is written in an accessible language and the concepts and illustrations mean the author's ideas can be clearly expressed. I hope Reflexologists, Acupuncturists and other therapists will consult this book and discover some new techniques that can be incorporated into their practice. Some may find John Cross's thoughts too radical or esoteric, but I am pleased that a respected practitioner of many years standing has been prepared to challenge.

This is an abridged version of a review by Lynne Booth, originally published in *Positive Health* PH Online Issue 197 August 2012:
www.positivehealth.com/review/light-touch-reflextherapy-a-new-way-forward-for-reflexologists



Reflexology equalizes circulation

by Julie Louise Bateman / Cairns North Queensland
ifet-reflexology@bigpond.com

Vessels of the circulatory system

Three sets of vessels comprise the circulatory system: arteries, lymphatics, and veins. Arteries bring oxygen-carrying blood from the heart to the tissues. In the normal course of blood circulation, small amounts of fluid and protein leak from arteries and veins. Lymphatic vessels bring this protein-rich fluid back into the circulation. The third type of blood vessel is the vein.

Veins bring oxygen-depleted blood from the organs and tissues to the heart and lungs, where it is re-oxygenated. Blood returned to the heart tends to be passive and is enabled by muscle contraction in the arms and legs.

Diseases of the veins fall into two broad categories: blockage from a blood clot (thrombosis) and inadequate venous drainage (insufficiency).

The regulation of the circulatory function ensures that sufficient blood is provided to all parts of the body, whether at rest or working. This function of regulation includes three levels of control:

1. Local vascular control mechanisms
2. Autonomic Nervous System
3. Endocrine System

Varicose Veins

Superficial venous insufficiency is also known as varicose veins. These are dilated, tortuous, snake-like segments of veins that lie just below the skin. They are more common in women, and half of all patients being treated will have a family history. In the absence of a blood clot there is most likely a structural abnormality of the vein wall or valve allowing backflow of blood and increase in pressure within the vessel. Valves, which prevent backflow of blood reflux, may become damaged, resulting in pooling of blood within the veins.

Chronic venous insufficiency is characterized by leg pain, commonly described as heaviness or aching, burning or itchiness and is usually worse in the warmer weather and during menstruation.

Changes in skin colour and texture result from deposits of destroyed red blood cells that accumulate over time and lead to the development of moist, irregular ulcers around the ankle.

Peripheral Vascular Disease

The risk factors for this disease find their way through one of two inflammatory pathways produced by local hormones. They appear to act on three cell types that co-ordinate their action to influence cardiovascular dynamics, structure and function. These cells include:

1. Endothelial cells that line the vascular lumen. These control the flow of nutrients, hormones and immune cells, and regulate vascular tone and blood flow.
2. Vascular smooth muscle cells which also maintain vascular tone and structure.

3. Immune cells, which defend the endothelium from chemical and biological insult.

The disruption or over-expression of the coordinated activities of these cells can lead to peripheral/cardiiovascular diseases.

The endothelial cells are highly metabolically active facilitating a signalling to the endocrine cells to release chemical mediators.

The endothelium secretes a number of vascular-relaxing and vaso-constricting substances. One of the most potent vasodilators is Nitric Oxide (NO). It opposes vaso-constricting effects and suppresses the proliferation of vascular smooth muscle. It plays a crucial role in vascular homeostasis and antithrombotic, anti-inflammatory properties.

Nitric Oxide is produced through the action of the enzyme, nitric oxide synthase, on the amino acid L Arginine, to produce NO.

Pathophysiological Considerations

- ◆ onychomycosis, a common fungal infection of the toenails, is a risk marker for venous insufficiency
- ◆ pregnancy
- ◆ birth control pills (cause chronic inflammation)
- ◆ hormone replacement therapies (cause chronic inflammation)
- ◆ lack of exercise/sedentary lifestyle
- ◆ prolonged sitting or standing
- ◆ obesity
- ◆ aging
- ◆ excessive emotional stress: triggering the release of hormones that promote blood clots
- ◆ chronic inflammation
- ◆ constipation: an overloaded bowel presses against the veins in the lower abdomen year after year, gradually breaking down the valves in the veins and allowing a reverse flow of blood
- ◆ swollen, enlarged, or fatty liver, which slows down the return of the blood in the heart

Medical Treatment Offered

Standard therapies for varicose veins are exercise, weight loss, blood pressure control, and compression stockings. The stockings should be applied in the morning when the veins are empty.

The goal of medical treatment is to restore proper venous blood flow by eliminating varicose and spider veins from the venous circulation.

Methods of treatment for varicose veins and spider veins include *sclerotherapy*, duplex-guided sclerotherapy, *endovenous laser*, and *micro-phlebectomy*.

Continued on page 8

The Reflexology Treatment Sequence

Autonomic Nervous System

The *Autonomic Nervous System (ANS)* is responsible for the good pumping action of the blood and also contains visceral centers as well as vascular.

The *Sympathetic Nervous System (SNS)* is located from T1–L 2. Between C6 and C7 however, the SNS joins with the sympathetic ganglions, with fibers distributing to the walls of the large vessels of the heart, innervating the entire myocardium.

The sympathetic contingent arises again between T1 and T3, destined for the arteries, arterioles and the splanchnic veins.

The splanchnic/gastrointestinal circulation plays a big part in regulating arterial pressure: the three principal arterial trunks converge to form the portal vein, which enters the liver. The portal system is a true vascular serial montage.

Our blood vessels are sympathetically innervated. This system runs around in a DNA-like spiral in every vein and artery.

The *Para-Sympathetic Nervous System (PSNS)* is located at the spine from C7–T1; the PSNS affects several cranial nerves, arteries of the salivary glands, the pancreas, digestive mucosa and coronary arteries are innervated from here. The PSNS then starts again at L2–L4/5.

The Important Meridians

Vital energy circulates within the body along Meridians nourishing all vital processes.

By stimulating the meridians of the leg, we can strengthen the healthy flow of blood and prevent future problems from developing in the legs.

- ◆ Liver (T9) Kidney (L2) and Spleen (T11) Meridians run up the leg. These are **YIN Meridians** and are part of the Para-Sympathetic Nervous System (Cranio-Sacral ... Extension – contracting toward the centre internal ... down and in).

The following show the interrelationships of these:

ORGAN	BODY TISSUE
Liver	Muscles, ligaments and tendons (YIN)
Kidney	Bones, cartilage, hair, nails and teeth (YIN)
Spleen	Connective and adipose tissue (YIN)

REN (commonly known as the **Conception Vessel – CV**) is a YIN Meridian. It is not associated with any single organ and has only one meridian path. It has controlling influence on all other YIN Meridians.

By means of its connection with the 3 lower YIN Meridians, as listed above, it has a special influence on them.

The Reflex area of this Meridian includes the Symphysis Reflex to the Nose Reflex, or SBS, located on the medial side of the base of the nail on the 'Great Big Toe' to the Nose Reflex – on both feet.

- ◆ Gall Bladder (T10), Urinary Bladder (S2), and Stomach (T11) run down along the outside of the leg. These are **YANG Meridians** and are part of the Sympathetic

NS (Cranio-Sacral ... Flexion – expanding away from internal ... up and out).

DU (commonly known as the **Governor Vessel – GV**) is a YANG Meridian. It too is not associated with any single organ and has only one Meridian path. It has a controlling influence on all other YANG Meridians.

The Reflex area of this Meridian includes: the Coccyx Reflex, up to and including the SBS Reflex located on the base of the nail on the medial side of the 'Great Big Toe' and continuing on over the top of the toe to the lateral side, finishing at the base of the nail – on both feet.

This provides a connection between the meridian terminal points.

Upward Massage

By massaging the legs on the inside in an upward manner, we stimulate the circulation of blood within the lower half of the body.

Working the Organs

SPINE: The entire spine, especially the occipital areas. This helps to decode the autonomic nervous signals from the thalamus. C 1–7 area contains the carotid nerve—it regulates blood vessel constriction. Work from T8 to coccyx, thoroughly.

LYMPHATICS: The cleansing process of the lymph restores the body to balance, and stress is absorbed through the Autonomic nervous system.

ENDOCRINES: The stimulators are: SBS, pineal, pituitary, hypothalamus, thymus, duodenum, pancreas, small intestine, kidney, adrenal, ovaries, and testes.

THALAMUS: Antidiuretic hormone (ADH), or vasopressin, is secreted by this gland then transported to the pituitary.

PITUITARY: Is responsible for the release of ADH into the bloodstream - its two primary functions are to retain water in the body and to constrict blood vessels. Vasopressin regulates the body's retention of water by acting to increase water absorption in the collecting ducts of the kidney nephron. It also increases *peripheral vascular resistance*, which in turn increases arterial blood pressure.

ADRENALS: The adrenal medulla comprises of endocrine cells that release epinephrine (vaso-relaxation) and norepinephrine (vaso-constriction), therefore is a neuroendocrine transducer that transforms electrical impulses into hormonal signals.

KIDNEYS: Secrete the enzyme renin. This catalyses the conversion of angiotensinogen (a renin substrate from the liver), which normalizes our blood pressure. The principal site of conversion is the *lungs*, so we would also work the reflex areas for lungs;

Kidneys synthesize prostaglandins. They are *autocrine* and *paracrine* lipid mediators that act upon *platelets*, *endothelium*, *uterine* and *mast cells*. They are synthesized in the cell from the *essential fatty acids* (EFAs) which has an influence on the uterus and the digestive system

Kidneys eliminate excess salt and water to prevent the tissues from retaining them, reducing the risk of edema.

The left kidney and the genital system largely share the same blood and lymph circulation circuit. The right kidney is more dependent upon the digestive system.

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LIVER: One of the real stimulators of the intestines: produces cholesterol; plays a role in our hormonal system – eliminating any excess, especially oestrogen; produces and stocks vitamins and enzymes that are responsible for making our digestive system work efficiently; synthesizes proteins needed in formation and repair of cells.

GALL BLADDER: The production of bile plays an essential role in digesting fats and eliminating cholesterol.

SPLEEN: Its circulatory system links it to the liver and the pancreas and the entire body; destroys red blood cells we don't need; filters the blood, and is a blood reserve. It plays an important role in immunity.

VENA CAVA: The Inferior Vena Cava is in the abdominal cavity and runs alongside the Vertebral Column. This large vein in the stomach area branches out into several other veins which go into the legs.

The caval opening is at T8 on the spine. Compression of the Vena Cava can cause varicose veins, especially on the left side.

LARGE INTESTINE: Constipation compresses the veins, which can dilate and cause varicoses in the legs. It ensures proper blood and lymph circulation.

UTERUS: Retroversion (tilting) of the uterus can cause circulation problems in the pelvis and legs; the purpose of working this area is to restore mobility and proper functioning of this organ.

'Work on the referral areas on other parts of the body, if large veins are present'.

TECHNIQUES

Total Reflexology by Martine Faure-Alderson (refer to Charts).

The Ingham Method by Dwight Byers (refer to Charts).

Teach Yourself Reflexology by Chris Stormer.

Facial Reflexology by Marie-France Muller.

REFERENCE SECTION

The Power of Clinical Nutrition in Cardiovascular & Respiratory Conditions, Henry Osiecki.

Understanding the Messages of your Body, Jean-Pierre Barral.

Understanding Meridians, Jorgen Frydenlund.

Better Health with Foot Reflexology, Dwight Byers.



Tips for occipital headaches

by Dorthe Krogsgaard and Peter Lund Frandsen, Touchpoint, Denmark

Acute pain in the neck and occipital region can often be reduced by specific treatment of the three sensory nerves that supply the area.

These are the occipitalis major, occipitalis minor and auricularis magnus nerves. They all originate from the cervical plexus (C2 and C3), penetrate the neck muscles, run up across the occipital rim and further up towards the top of the head.

These nerves are often involved in headaches, when there are disturbances in innervation from the upper neck segments. It may be due to local joint irritation or tense muscles, or stimulation via associated nerves (including the phrenicus, accessorius and vagus nerves).

Palpation and massage

The three nerves can be palpated where they pass over the edge of the skull. Usually small grooves in the occipital bone indicate the areas. The degree of palpation tenderness specifies the extent to which the nerves are irritated. One can reduce the activity - and hence headache pain - by massaging the nerves gently. Start at the cranial edge and work up over the back of the head in the course of the nerves (see Fig. 1).

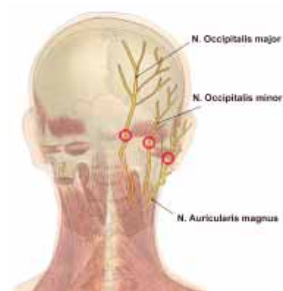


Figure 1: The three sensory nerves at the back of the head

Reflexology

Additional pain relief can be achieved by working with nerve reflex points on the feet for the occipital nerves. Start with a thorough treatment of the upper part of the classical neck reflex corresponding to the nerves originating from C2-C3. Then

proceed with the actual nerve points, which are located as shown in Fig. 2. You can either use regular reflexology techniques, or Nerve Reflexology Technique where you hold a static pressure as long as the point is sore, but no more than 15 seconds.



Figure 2: Nerve reflex points

No.	Nerve	NR-point location	Pressure direction
1	N. Occipitalis major	Bases of the big toes distal phalanx, medial of the flexor tendon	45° from plantar to dorsal and proximal to distal
2	N. Occipitalis minor	Bases of the big toes distal phalanx, lateral of the flexor tendon	45° from plantar to dorsal and proximal to distal
3	N. Auricularis magnus	In the middle of the big toes proximal phalanx, at the plantar-lateral side	45° from plantar to dorsal and lateral to medial

These simple techniques often provide an amazingly quick relief. They constitute an acute symptomatic treatment, very much appreciated by clients. To obtain lasting results, they must be followed by a thorough review of all the factors that might have contributed to the headache evolving.

With headaches in the forehead and temporal region other nerves are involved, including the trigeminal nerve and its branches. More info on this can be found in articles at www.touchpoint.dk and the workshop "Hands on: Headache".

Touchpoint will be teaching in Australia again in 2016.



The multi-dimensional impact of interpersonal touch in Reflexology—Part 2

by Nichola Gregory, nicholajane72@me.com

An Australian study (Paslow, Morgan, Allan, Jorm, O'Donnell, & Purcell, 2007) reviewing the effectiveness of complementary therapies

for anxiety in both children and adolescents, demonstrated that massage had immediate and short-term effects on anxiety.

Another study (DeAngelis & Mwakalyelye, 1995) concluded that babies who were stroked regularly were healthier and thrived better than those babies receiving no touch. This study, interestingly, additionally concluded that those mothers who received massage were less depressed and anxious than those receiving relaxation training only. Similarly, a study carried out by Wiess et al. (2000) found that a mother's nurturing touch was able to foster more secure attachment in low birth weight infants, nine months later.

Touch and Child Development

"The evidence indicates that grooming maintains social relationships between nonhuman primates of every age, sex, and rank. It is plausible that humans' tactile communication system may have evolved from the intricate system of tactile content evident in nonhuman primates." (Hertenstein et al. 2009).

One of the most famous (and possibly cruel) touch related studies was carried out during the 1950s by the American psychologist, Harry Harlow. The study was designed to examine how touch might influence infant coping mechanisms. Harlow raised baby Rhesus monkeys in a cage housing two surrogate 'mothers' – one surrogate was constructed from metal wire and held a feeding bottle – the other surrogate was wrapped in terrycloth. When the baby monkeys became frightened they would cling to the terrycloth surrogate, even if that meant they became dehydrated and starved. Harlow used these studies to demonstrate that intimate body contact, and not feeding, was the most important factor in mother-child bonding.

John Bowlby (1973) is the British psychiatrist responsible for the psychological/developmental concept called attachment theory. Attachment theory suggests that touch provided by primary caregivers enables infants to feel safe and secure – and thus provides the foundation for all securely attached relationships formed in later life. Many subsequent studies have gone on to confirm Bowlby's pioneering work.

Touch into Adulthood

Researchers believe the soothing effects of interpersonal touch remain important throughout adulthood, both in a social interaction context and within the context of interpersonal relationships. Many social

"Touch is central to human social life. It is the most developed sensory modality at birth, and it contributes to cognitive, brain, and socioemotional development throughout infancy and childhood." (Hertenstein et al. 2006)

psychology studies have highlighted the manner in which interpersonal touch can help to regulate social interactions and relationships. Researchers

have identified that touch can even influence the social behaviours of a person, inducing them to sign a petition (Willis & Hamm, 1980), return lost money (Kleinke, 1977), leave a bigger tip (Crusco & Wetzel, 1984), and, motivate people to work harder on shared tasks (Gueguen, 2004).

One interesting study (Eaton, Mitchell-Bonair, & Friedmann) demonstrated that when staff in a care home touched elderly patients at the same time as verbally encouraging them to eat, the patients consumed more calories and protein for five days after the touch. A study by (Grewen, Anderson, Girdler, Light, 2003) revealed that individuals who received pre-stress tactile partner contact demonstrated significantly lower systolic and diastolic blood pressure and heart rate increases than the no contact group.

Similarly, Ditzen et al. (2007) investigated whether specific kinds of physical interaction between couples can reduce hypothalamic-pituitary-adrenal (HPA) and autonomic responses to psychosocial stress in women. The participants were randomly assigned to one of three control groups – no interaction with their partner; verbal interaction with their partner; physical contact with their partner – before being exposed to a stressor event. The results revealed that those women experiencing physical contact before stress demonstrated significantly lower cortisol and heart rate responses to the stressor event.

Communicating Emotion through Interpersonal Touch

More recently, researchers have been trying to understand the complex relationship between interpersonal touch and human emotions. One fascinating study (Hertenstein et al, 2006) required pairs of participants to be seated at a table, whilst separated by a curtain and unable to see one another. One participant (the encoder) was asked to communicate distinct emotions by touching the other participants forearm. The person being touched (the decoder) was asked to try and identify the communicated emotion from a number of offered response options.

The results suggest human beings come readily equipped with an innate ability to send and receive emotional signals through touch. In fact, participants in this study were able to communicate eight distinct emotions – anger, fear, disgust, love, gratitude, sympathy, happiness, and sadness. The research team expected accuracy rates

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to display at around chance level (25%), however accuracy levels were, in fact, as high as 78%. Such remarkable findings allowed the team to suggest interpersonal touch is important to emotional communication, and potentially intimately involved in the expression of positive emotions between people.

A team from the same research facility latterly carried out a similar study (Hertenstein et al. 2009). In this experiment, participants were required to touch an unacquainted partner on the body to communicate emotion. The encoder entered the room to find the decoder standing blindfolded. The encoder was then randomly shown one of eight emotions on a piece of paper and asked to first think about how they wanted to communicate the emotion – before touching the decoder on an appropriate part of the body.

The study concluded that touch communicates eight emotions: anger, fear, happiness, sadness, disgust, love, gratitude, and sympathy. Accuracy rates in this study ranged on average from 50–70%. Researchers additionally concluded that touch demonstrates greater differentiation (of emotion) than the voice, and perhaps the face.

“Emotional/hedonistic touch can be differentiated from perceptual touch at many different levels of neural processing.” (Gallace & Spence, 2014)

Another study (Gazzola, Spezio, Etal, Castelli, Adolphs, 2012) used fMRI scans to measure brain activity in individuals receiving interpersonal touch. The participants – all heterosexual males – were shown a video of a man or a woman appearing to touch their leg. The videos, however, were fake, and the real touch was provided by a woman who remained shielded from the study participants’ view. In this study, findings revealed the participants, perhaps unsurprisingly, rated the experience of male touch as less pleasant than that of the female touch. Perhaps more interestingly, the fMRI scans highlighted that part of the brain called the primary somatosensory cortex showed increased activity when the participants received what they perceived as female touch.

These findings are particularly important because, prior to this study, researchers believed the primary somatosensory cortex was responsible for encoding only very basic qualities of touch, such as pressure, or texture. However, because brain activity was being influenced by the participant’s perception of who they thought was touching them, the study was able to conclude that emotional and social components of touch are absolutely entwined with tactile sensations – and thus the experience of touch is affected by the individual’s social evaluation of the person providing the touch.

Therapeutic Touch (TT)

Therapeutic Touch was pioneered by Delores Kreiger, a Professor of Nursing at New York University, and is widely integrating into nursing in the USA and Canada. Therapeutic Touch can be distinguished from most other bio-energetic

therapies because the modality has been demonstrated to be effective after extensive, empirical investigation (Graham, 1999).

Therapeutic Touch can be carried out using physical or non-physical contact. In essence, the practitioner is attempting to focus their attention towards achieving a relaxed and focused state in which they make an assessment of the patient’s energetic body field. The practitioner attempts to achieve this stance by developing an awareness of sensations in their own hands and body. The patient’s affected area is balanced using colour imagery as a focus for directing healing energies – for example, red to warm and stimulate an area – blue to cool or sedate – yellow to energise. When the practitioner becomes aware of the patient’s energetic body field starting to feel more balanced, the healing session is considered complete.

A 2009 study reviewing prior research relating to the effects of therapeutic touch on pain, recommended grounds for implementing TT as a pain management intervention because of ‘a majority of statistically significant positive results’ (Monroe, 2009).

Whilst Therapeutic Touch differs from reflexology in that it offers no direct stimulation to the tissues of the body – it does share certainly a similar focus of intention stemming from the practitioner. The concept of transferring emotional or energetic content between the client and practitioner can also be found within a counselling and psychotherapy context (i.e. transference/counter-transference).

Summary

In medieval Europe, rich nobles were reported to have slept in beds large enough to accommodate their wife, children, servants, and even their knights – this close-proximity sleeping arrangement offered a perfect protection against the icy chills of winter. Across the centuries, influenced by the fluctuating nature of social and cultural norms, many forms of interpersonal touch have become less common. Indeed, the idea of sleeping on mass today might be considered as unhygienic, invasive, inappropriate, or even challenging.

Sadly, gone too are the days where the empathetic nursery nurse or teacher might freely offer a kindly hug to an emotionally distressed child. Human beings seem to be more isolated within their own personal space and detached from instinctual acts of interpersonal touch than at any other time in history. Perhaps this trend towards social and physical isolation provides a rationale for why human beings are so drawn towards healing modalities such as reflexology? Being touched, it would seem, is an innate requirement for many human beings – from the cradle to the grave.

“Touch has the potential to trigger a catharsis, to be a catalyst for meaningful change, to provide a corrective emotional experience.” (Williams, Clarke, & Gibson, 2011)

There are many complementary modalities offering interpersonal touch to clients, however, reflexology undoubtedly stands alone in its capacity to offer a combination of interpersonal touch, focused intention,

and the benefit of an emotionally supportive therapeutic relationship. Reflexology impacts both body and mind in a complex, multi-dimensional manner. The scientific principles of psychoneuroimmunology, and the fields close working relationship between the psychological, immunological, and cognitive neuroscience communities, are helping to highlight the underlying principles of many holistic mind/body modalities.

- ◆ Reflexologists touch - research helps us to understand how that touch is impacting our clients neurological, endocrine, and psychological processes.
- ◆ Reflexologists work with intention – new research is helping us to better understand how that intention within our touch can be decoded by the receiver.
- ◆ Reflexologists listen, empathise and even educate – research is helping us to understand more about how stress and emotional states can impact physiology – and about how supportive therapeutic relationships can promote autonomy and self-directed change.

“No single science approaches completeness. A little knowledge here and a little there applied to whatever method you may already be using to help suffering humanity may prove a priceless asset to your success.”
(Eunice D. Ingham)

No single field of research relies solely upon its own findings – nor should reflexology. There is an enormous difference between personal opinion and factual verified information. As the modality moves forward, in attempting to refine the definition of reflexology we should endeavour to embrace the findings of the wider scientific community. There seems to be a concern present within parts of our industry that, in embracing scientific or academic information, we may be in danger of losing, or become detached from, the metaphysical core principles of the modality. On the contrary, as is blindingly transparent from the information presented, the scientific research community is undoubtedly only better informing our intellectual understanding of reflexology.

The language utilised may differ somewhat – the reflexologist might refer to intention or energy transfer, whilst the cognitive neuroscientist or psychologist might refer to encoded and decoded information – perhaps though in truth the only difference is in the language? Certainly, for the time being at least, neither group can claim to truly understand the origins of such energy/information – but we are certainly becoming clearer about its potential impact.

As professional reflexologists we should embrace scientific research – embrace knowledge – and in doing so embrace a renewed understanding of the multi-dimensional impact of the reflexology package.

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Intuition and Sound Reflexology

by Helen Perkins

The development of Intuition and Sound Reflexology was a gradual progression for me. I found that the traditional benefits of reflexology, treating the whole body and a wide range of symptoms for various ailments, could be greatly enhanced by using my own intuitive skills to 'feel' or 'sense' which reflexes were out of balance. Recognizing that the feet encompass the whole body and its systems so easily, I was able to develop an intuitive approach to this ancient art by finding those reflex points that required treatment. I named this 'Intuition Reflexology', which in due course evolved into a treatment incorporating sound as well. Intuition is often called the sixth sense because of its relation to the other five senses that play such an important part in our lives.

For example, the laying-on of hands can be used to direct energy to help or heal someone who is ill. This sense of touch is used in Intuition Reflexology to locate energy blockages in the body. By stimulating or soothing the corresponding reflexes, the person receiving the treatment is able to respond, or 'to heal'.



Helen Perkins vocalizing with intuition and sound reflexology during a treatment

To fully appreciate how this works, it is important to understand that the human body is a living energy, made up of varying electromagnetic particles, forming a dense area that is our physical structure and extending outwards in fine layers, sometimes called the aura. Modern physics together with the Greek and philosophical Eastern traditions have formed new concepts, changing the view we have of health and well-being.

These energies, or life force, which flow through meridians in Chinese medicine (as 'chi') or through chakra energy gateways in Indian medicine (as 'prana'), sustain and regulate the function of the organs and body systems. Symptoms of ill-health can be traced to an energy flow that has been interrupted, causing a blockage, stagnation and disease. The particular area of the body affected has simultaneously changed the surrounding energy field, so it vibrates at a different frequency to when it was healthy. The reflexologist can also use the sense of hearing to 'feel' or be aware of the atmosphere while working with the client. Hearing an inner voice often helps to understand the nature of the complaint and what other reflexes might be useful.

The intuitive reflexologist may also 'smell' something that has a relationship to the problem or nature of the person they are treating. It may even suggest an aromatherapy oil that could be useful, either through application to the appropriate area of the body or used in an oil burner.

Vision through the mind's eye can also occur, for both parties. The client may be relaxed or sleeping well, dreaming of colours and images. At the same time, the

reflexologist may 'see' these visions, which might lead on to colour healing. This can be visualized to the client, or involve the use of a colour torch or colour healing bottle touched on the appropriate reflex point.

Using the sense of taste, the reflexologist may experience a flavour, dryness or excessive saliva in the mouth, which indicates some symptom in the client's being that needs to be addressed. Water and diet are vital to good health, and in particular the drinking of fluids after a reflexology treatment helps with the circulation of nutrients and elimination of toxins from the body. Still in this area, the tongue is a vital organ for the power of speech, and the larynx and throat for the passage of air and breathing – in short, the power of life. An extension of this concept is the rapport and communication between client and reflexologist – knowing when to speak and when to be silent.

Music can also be helpful during a session, an idea that I developed when I started to 'hear' a tone whenever I paused on a reflex spot that required balance or healing. Consulting with the client, I started to vocalize with sound as a healing tool on to the particular reflex point – a further use of the sense of the spoken word. Vowel sounds can be pronounced in such a way as to create an effect in parallel to the actual words that carry meaning to the listener. The sense organ that hears these words is the ear, yet the tone or pitch through which it is carried is also a vibration that is felt within the energy field.

In science, Kirlian photography has been used to identify the energy fields around an object, and ultrasound can record a sonar reading of the shape and mass. For those people with a vivid use of intuition and other senses, disease may be perceived, for example, through differences in touch, density and light, temperature, sound, odour, colour, light and shade; there may also be visual imaging and inner feelings.

Intuition Reflexology therefore senses the vibration of each reflex point, while Sound Reflexology makes the corresponding sound. As sound, too, has different frequencies, these can be used to help heal the body. This is not as unusual as it may at first appear. Different cultures over many hundreds of years have used these simple but effective self-help methods that are today becoming more widely recognized and accepted. Musical instruments such as gongs, singing bowls, tuning forks, the Australian didgeridoo, kettledrums and the medieval monochord make sounds for healing. The most recent innovation is using electronic frequencies, such as in the study of cimatics and in radio-frequency acupuncture. There are now many workshops for training or 'freeing' the voice, and the 'voice print' can be identified with certain disorders in the body using bioacoustics.

Intuition and Sound Reflexology uses all the senses to determine the exact pitch, tone or syllable articulation that needs to be vocalized by the reflexologist. The

Continued on page 14

musical pitch, tone and style will vary from one person to another as each client's energy field holds the pattern and uniqueness of that one individual.

The reflexologist senses first with the fingers, interpreting the vibration of the reflex point or area, and then, with the intent of healing or balancing, will produce the sound. The sound is vocalized three times by the reflexologist, with periods of silence in between, to allow for any adjustments that need to be made to the sound if the vibration of the reflex changes. In addition, the silence allows the sound to continue to its destination, penetrating the energy blockage or energizing and complementing its field.

Sound Reflexology can be used with any condition; however, in the case of the long-term or chronically ill, regular Intuition and Sound Reflexology is often able to bring a reversal of symptoms, allowing a better quality of life. 'Singing to the bones' and other skeletal problems also works very well.

Different styles of 'singing' and voice work are practised in the workshops as the Sound Reflexologist needs to be totally uninhibited; intuition or inner feelings may sense a sound that might otherwise be considered discordant or disharmonious. Many cultures around the world use sounds regularly to express themselves: singing, chanting, wailing, shouting or humming. There are many more that can be just as effective for the reflexologist and their client. Clients' responses can vary during treatment – sleep, relaxation, imagined colours, colours in motion like waves or dots, and feelings flowing or pulsating to a specific part of the body.

Those that do not 'see' in this way might sense a tingling, heat, cold or pain in a particular area. Past memories may surface, or emotions such as joy, anger or gratitude. Often, there is an energy shift or realignment, which can be experienced as a twitch or jerk of the body. In some cases, the client may like to join in with the sounds, as a cathartic experience.

In any event, individual response should be encouraged as part of the session – there is no 'right' or 'wrong' reaction – the sixth sense will lead the way.

Case Studies

Case Study 1

Client R: a woman of 73 years, who has upper back scoliosis, with the clavicle and scapula raised slightly on the right side. She has 'tennis elbow' pain in her right side. R manages to live with her back discomfort and has recently found that a course of Intuition Reflexology helped a digestive complaint that otherwise meant surgery. She was willing to try Sound Reflexology for the tennis elbow pain. She had four treatments twice a week for two weeks and was very responsive. She was able to 'see' moving colours and experienced waves of sound coming upward from her feet and directly into her elbow. She relaxed well and the pain was gone after the course and has still not returned after three years.

Case Study 2

Client T: a woman of 50 years, who was physically abused when she was in her forties. She experienced severe pain in her left buttock and thigh and had tried many other therapies. The Sound Reflexology was carried out weekly for six sessions. The sound used was discordant, perhaps reflecting T's pain and anguish from her past trauma. After the fifth treatment, when she reached home, she experienced a severe headache and vomited. The pain had gone the next day. The sixth treatment was used to check that her whole system was in balance after the release.

Case Study 3

Client J: a woman of 63 years, who has diabetes and multiple sclerosis (MS). She has been having regular Intuition Reflexology to help the mobility in her feet as she is able to walk with a frame. As with most cases of MS, one side of the body is affected more than the other side. J's left foot drags when she is walking and her left hand is



The author with Client J using intuition and sound reflexology at the Sue Ryder Care Hospice in Peterborough

stiff. Concentrating more on the left hand and foot, Sound Reflexology is being used on a weekly basis. J relaxes well and 'feels' the sound, which is mainly lower tones with vowel pronunciation, move up and around her neck. She is excited by this experience and feels better in herself. This case study is ongoing.

Case Study 4

Client A: a woman of 49 years, who has MS. She is experiencing lower back pain. She has been having reflexology to help the mobility in her hands, enabling her to write. There has also been a problem with constipation, which has been cleared. In applying sound to the reflexology with A, I use deep, comforting sounds with overtones. She sees waving lines of colour, changing their shades and settling into her lower body. Her back pain has been significantly reduced. This case study is ongoing with weekly appointments.

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This article was originally published in *Positive Health* PH Online Issue 63 2001— www.positivehealth.com/article/reflexology/intuition-and-sound-reflexology



Reflexology training with the East Timor Blind Union

by Jocelyn Johnke



The East Timor Blind Union, known as ETBU, was set up in 2004 by Domingos Gusmao with the aid of a couple of co-founders. The building they use is located in Dili, the capital of East Timor. Domingos, a thirty-seven year old blind man, is convinced that proper education is the facilitator for blind people to better themselves and grow in dignity. The institute aims to help the blind in East Timor, with the priority given to education that will enable them to stand on their own. Students learn to read Braille, live independently, use a white stick, as well as study music and computer skills.

Finance is always a problem and comes with numerous challenges. Members of the ETBU are able to earn money with theatre performances and live music at weddings and other events. Now, some are earning money, not only with massage, but also with Reflexology.

The first tick on my 'to do' list in readiness for Reflexology training with the ETBU, was getting all Reflexology diagrams and instructions transcribed into Bahasa Indonesia Braille. Although Tetun is the main language spoken in East Timor, with the dialect changing from district to district, most people understand Bahasa Indonesia. Vision Australia took on the challenge and came up trumps magnificently, generously giving this to me at a vastly reduced cost. Notice in the photographs the indescribable joy on the face of Domingos as his fingers touch the Braille.



Bali was my first port of call before heading over to Dili. I watched my luggage, filled with two pairs of plastic feet, two plastic hands, a plastic ear, plus a plastic female head and shoulders, slide through the security scanner at customs, then slide back again before making its final exit. The customs officers had found the body parts and demanded I open my suitcase! After listening to my explanation they then took great delight in sharing all their aches and pains, expecting me to give them a treatment at 11 o'clock at night. This was 2am Sydney time.

Hotel Dili provided a large open space, complete with ceiling fans and an easy access toilet, for the Reflexology training. Each morning the five participants, three men and two women, would arrive in a truck then walk in single file, each with a hand on the shoulder of the person in front, with me in the lead. The same happened in reverse every afternoon.



We sat on the floor in pairs, one side resting, and the other side working, each with a cushion, wet wipes and body lotion. I do have limited Bahasa Indonesia skills but, fortunately, Domingos speaks great English so translation wasn't a problem. He had also participated in the Reflexology training earlier in the year at the Leprosy Mission, so was familiar with the concept. The training was slow going as those either side of me would feel the movement of my hand on the feet first before doing likewise. I also had a pair of plastic feet with large noticeboard pins marking the reflex points. This was a great success, as those resting could not only feel the pressure in their feet, but could also identify the reflexes by following the pins. I also tried large, cardboard cut-outs of feet with Blu Tack marking areas and reflexes covered in plastic sleeves. This was a complete failure as the Blu Tack got trodden on, sat on and completely squashed beyond recognition.

Periodically, Domingos would guide his friends through the Braille diagrams and instructions. Watching the recognition on their faces as their fingers moved rapidly over the words was a truly awesome and inspiring

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sight. During the five days of training we covered Foot Reflexology, Hand Reflexology and the Indian Head Massage. We did attempt Face Reflexology but realized very quickly that this would require at least a week on its own, and one to one tuition would be a must.

Domingos was eager to have more ETBU members trained in Reflexology. This became quite a dilemma until my husband, the bearded model in the photographs, had the brilliant idea of training the more proficient, who could



then become trainers themselves. It was agreed that I would return to Dili in three months to give further training to Domingos, Fernando and Amandio. In the meantime, they promised to practice, practice and practice.

I returned in February with another copy of the treasured Reflexology diagrams and instructions, as well as 'cheat sheets', in Bahasa Indonesia Braille, and was thrilled to learn that Amandio already had several regular clients. Because the rainy season had come late, many of the roads out in the districts were still flooded, making it impossible for Fernando to travel to Dili from Bobonaro where he lives. However, the training proceeded with the other two students, who moved forward in leaps and bounds.



Is adrenal burnout diminishing your performance in business?

by Jodi Chapman BHSc, Director, Advanced Wellness & Behavioural Centre
www.advancedwellness.com.au

As a professional, you're warned of the risks of overworking, so you should know to schedule in downtime, and maintain a balanced lifestyle. However, other life factors could also be inhibiting your performance; you may not know it until it's too late.

Falling behind, becoming forgetful, feeling stressed, getting tired before the day is done, are all indications that your adrenal glands are beginning to tire. Ongoing issues include low mood, poor focus or thinking, depression, anxiety, low libido, low motivation and feelings of sadness or lack of joy in daily life. These are all warning signs of adrenal burnout, and should be taken very seriously.

Poor sleep patterns or chronic insomnia, chronic stress, and high levels of responsibility produce additional pressure on the adrenal glands, forcing a higher than usual production of cortisol. If this goes on long term it depletes the body's ability to produce adrenaline, eventually leading to chronic fatigue syndrome.

A recent female patient described sleeping longer hours, up to 9–10 hours per night, though was still tired on waking. Sleep was broken, with bouts of sweating through the night. Her memory had diminished, concentration levels were dramatically reduced, and she needed to sleep in the

afternoon almost daily to get through the evening, only to crash again around 8pm each night. Each day felt like a marathon, the most basic of daily tasks became a massive effort. Continuing her daily exercise felt like such an effort compared to the past; with her heart rate dramatically increased, her stamina, endurance and muscle strength were dramatically decreased. Blood tests found her adrenal hormones severely depleted. These hormones go on to make your testosterone, oestrogen and progesterone through your adrenal glands, so depletion can also cause hormonal imbalances.

Long term physical or emotional stress, lack of sleep or chronic insomnia, regardless of the cause, a depleted immune system, chronic inflammation, and poor nutrition all have the ability to create the same condition in your body as overworking, often suddenly causing an adrenal crash when you least expect it.

With careful rebuilding of the adrenal and hormonal system, recovery from adrenal burnout like this can take from months to years, though the consequences of this condition are far worse than the initial fatigue. A dramatic

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aging effect can occur if your hormones are depleted, causing muscle wastage and loss of bone strength, excess fat deposition, and it may eventually lead to osteoporosis. Hormone depletion has also been known to be a common factor amongst patients diagnosed with a wide range of cancers, Alzheimer's or dementia.

Rebuilding the adrenal system takes time and targeted nutrient replenishment. The right care, and a sound knowledge of how your body functions and what your body needs, as well as knowing how much rest you as an individual require, are essential to maintaining peak levels of energy and strength for optimal performance long term.

Originally published in Business Matters Magazine Issue 72, 2015. Reprinted with permission.



Healthy habits—*Health benefits of chicory root*

Dr Edward F. Group III, DC, ND, DACBN, DCBCN, DABFM
www.globalhealingcenter.com

Chicory root has a long history of providing support to liver problems. Ancient Romans used the herb to help cleanse the blood. Egyptians were known to consume chicory root in large amounts to help purify the liver and the blood. It's popular today as a caffeine free replacement for coffee – you may have tried it if you've visited New Orleans.

Digestive Support

Chicory may provide direct functional support to the digestive reactions in the body. First of all, chicory root increases the flow of bile, which supports digestion. Because extra bile helps break down fats, chicory root may help optimize blood composition and is worth consideration by anyone seeking to achieve optimal liver and gallbladder health.

Secondly, organic chicory root contains inulin, a soluble fibre that feeds digestive flora in the intestines. Many plants contain inulin, but chicory root has the highest concentration. Nourishing the healthy flora in the intestines enhances digestion. Furthermore, since inulin content is not digestible, the lack of glucose can help promote optimal blood sugar levels while also increasing stool bulk and consistency to help eliminate toxins efficiently.

Antioxidant Activity

Many herbs are high in antioxidants, which, in plants, often come in the form of compounds called phenolics. Chicory is a rich source of these and the protective effects of polyphenols on the cardiovascular system is widely acknowledged. Chicory coffee has repeatedly been assessed for resistance to redness due to its phenolics and caffeic acid content.¹ Adding chicory root to the diet of lab rats significantly increased antioxidant levels in the blood. Researchers believe the benefit of dietary supplementation with chicory is because of its polyphenolic (antioxidant) compounds.²

Against Harmful Organisms

Having shown potent activity, chicory root extract has generated interest for its potential role against harmful organisms.³ An Italian study found chicory root extract to have fungal cleansing qualities in certain situations.⁴ Chicory root is toxic to strains of Salmonella at high amounts and a 28-day rat study found no side effects from large servings of chicory root extract.⁵



Relation to the Liver

In addition to its beneficial antioxidant effect, chicory root provides functional support to the liver.⁶ The Zoology Department at Mansoura University in Egypt concluded chicory has a promising role worth considering for halting oxidative stress and liver injury in some situations.⁷

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Candida and your health—Part 2

by Vera Emmi – Healthy Body Healthy Skin
hbhs08@hotmail.com

In Part 1 of 'Candida and your Health' (see June *FootPrints*) we spoke about Candida in general, the signs/symptoms and probable causes. In this issue we will discuss the importance of eating the right foods to assist balance/reduce excess Candida, and 'die-off' processes. If you eat foods containing mould regularly, you will soon experience many of the symptoms discussed in Part 1 of this article.

DIET is critical, and you may need to work with someone in that field to assist your client. However diet alone may not be sufficient and in most cases supplementation, including antifungal supplements, will be required.

Below, I have given some ideas for diet, however there are many Candida diets available and it will depend on the severity of the Candida as to the foods that are best eliminated and for how long. For example, while it is still in its yeast form it is easier to control. Once it reaches the mycelial form, then extra measures need to be taken.

IT IS NOT THE PURPOSE OF THIS ARTICLE FOR YOU TO ADVISE YOUR CLIENTS ON WHAT FOODS TO EAT, IF IT IS OUTSIDE OF YOUR SCOPE OF PRACTICE. However, the information below can be used to assist you in establishing whether Candida is relative to your clients' symptoms, because without addressing the 'root cause' of your clients' symptoms the results of their reflexology treatments will be compromised. At the end of the day we all want our clients to achieve the best and quickest results possible.

But, I hear you say, I'm not a dietician or naturopath. That's OK – but you CAN ask your clients to keep a one week food diary, and use the information provided in this article to determine for your OWN knowledge if you suspect Candida could be an issue. Then take it from there ... and REFER ON IF NECESSARY.

Please note: the information below does not take into account personal dietary requirements for other ailments or medical conditions.

It is common knowledge that juice from ½ a lemon in warm water is a great start to any day. This is no exception for those with Candida, or if you want to reduce your Candida load. Drinking 1½ to 2 litres of water is also recommended – preferably filtered.

Foods to Avoid

Avoid all sources of sugar and especially fast-releasing sugars (including fruit). This also includes dried fruit as it is high in sugar and fruit juices. Once under control, a piece of fruit with a low GI (Glycaemic Index) load can be introduced. Fruits with low GI include strawberries, cherries and grapefruit.

Avoid processed foods or foods with added sugar – read your labels.

Avoid honey, golden syrup, lactose, glucose, sucrose, and fructose.

Avoid yeast-containing foods, mushrooms and fermented foods such as alcohol (beer, wine, spirits – as

alcohol is from fermented sugar) and vinegar. This includes pickles, relishes, olives, soy sauce, tomato sauce, mustard, barbecue sauce, mayonnaise and salad dressings.

Wheat is often best reduced since it irritates the gut. This includes cakes, bread, flour, pastries.

Oats, rye, corn and barley are also best avoided, especially in the initial stages.

Avoid all pork – including ham and bacon.

All pickled and smoked meat and fish are also to be avoided.

Also, coffee (drink chicory root coffee instead) and tea (drink dandelion tea instead), cheese and dairy – lactose provides a food supply for Candida. Live, plain yoghurt and kefir are permitted.

If the Candida is really bad, then the following vegetables should also be avoided until it is under control – beans, (except green beans) beets, carrots, peas, potatoes, sweet potatoes, parsnips, sweet corn.

Some of these foods can then be slowly introduced once the Candida is under control, except sugars or sugar forming foods.

Foods allowed

Vegetables – all green leafy vegetables (except those mentioned above) starve the Candida of the sugar and mould diet that feed it and also absorb fungal poisons that carry them out of your body.

All other vegetables, including onions and garlic, **except** those listed above.

All salads.

Home-made salad dressings – not vinegar (use lemon juice in its place). Organic or good quality Apple Cider Vinegar is allowed.

Avocados, limes and lemons. Green apples.

Chicken, turkey, beef, lamb, veal, fish and all seafood, providing they are fresh and NOT dried, smoked or pickled. Avoid farmed fish and salmon.

Eggs.

Legumes such as chickpeas, lentils, soybeans, snow peas, lima beans etc.

All nuts and seeds **except** peanuts, cashews and pistachios. Store nuts in fridge if you live in a humid climate, otherwise they will accumulate mould without you knowing.

Garlic, ginger, turmeric, paprika, oregano, nutmeg, curry, cloves, chilies, black pepper, nutmeg, basil, cinnamon, curry, mustard powder, rosemary, thyme are all allowed.

Water, soda water and unflavored mineral water.

Soy milk, rice milk, almond milk. Plain, unflavored yoghurt and kefir.

Butter is allowed.

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Stevia is allowed if you really need to have something sweet. (Personally, I don't recommend it, as the goal is to also change your taste buds and remove the desire for sugars.)

Spreads such as tahini, nut spreads (not peanut butter) hummus, guacamole (home-made are best, otherwise read labels of pre-packaged varieties for sugar and other ingredients not allowed).

Unfortunately diet alone will not work to eradicate Candida. Supplementation to assist with 'die off' and strengthen the spleen/immunity will be essential. These include specific digestive enzymes, herbs and specific probiotic strains. A study has shown that Bifidobacterium longum BB536 has been effective for Candida, while Lactobacillus rhamnosus has been shown to assist with immunity. It's also good to use a probiotic with at least 4-5 different strains of bacteria.

The list of supplements that assist with die-off are numerous, and other factors are to be taken into consideration, however they may include (but are not limited to):

Molybdenum, Vitamin C, Milk Thistle, Swedish Bitters, Pau D'arco Bark, Vitamin B5, Biotin, Berberine, Ashwaghandha, Black Walnut,

Neem, Calendula, to name just some. In my experience formulas work better than single ingredients.

Another factor to consider is whether there are any other nutritional deficiencies, and this is where you will need to work with a medical practitioner to obtain bloods, or work with a naturopath or health care practitioner who has access to Functional Medicine tests. Either way, you will need a 'buddy' to assist in achieving long term results, especially if it is a really serious case of Candida. Your natural health care practitioner will be able to assist with special anti-fungal formulas. When taking anti-fungals and probiotics—they are best taken 1 hour apart from each other.

The following are some Candida fighting foods:

Coconut oil, garlic, onions, brussels sprouts, broccoli, cauliflower, kale, turnip, live yoghurt, kefir, seaweed, tumeric, ginger, cinnamon, Extra Virgin olive oil, pumpkin seeds, lemon juice and lime juice. Be sure to include them in your daily diet plan.

Again I'm restricted by space, but I do hope that this has given you a reason to do some further research yourself.

References:

Notes from numerous courses, workshops, seminars and webinars I have attended/ listened to over the years, information from my suppliers and newsletters I subscribe to, my own research, life and work/client experience and www.thecandidadiet.com



Photo by Genevieve Rose



What does GI mean?

Dietitians Association of Australia, www.daa.asn.au

The glycaemic index (GI) is a ranking given to food to describe how quickly the carbohydrate in the food is broken down and absorbed into the bloodstream.

The GI scale ranges from 0 to 100.

- ◆ Lower numbers represent a low GI food
- ◆ Higher numbers represent a high GI food

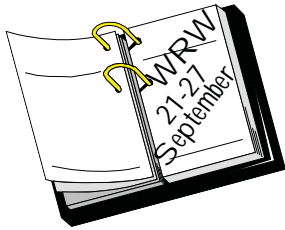
Foods with a high GI are quickly broken down and absorbed by the body and result in a rapid rise in blood sugar levels. Low GI foods are broken down and absorbed more slowly into the blood stream. They result in a steady rise in blood sugar and insulin levels.

Eating low GI foods may:

- ◆ help to keep hunger at bay for longer after eating
- ◆ provide a gradual, continuous supply of energy from one meal to the next
- ◆ help to keep blood sugar levels stable in those with diabetes, by providing a slower, more sustained release of sugar into the bloodstream

An Accredited Practising Dietitian can provide further information and support on how the GI can best be applied to your diet and lifestyle.





CPT Education—Calendar of Events

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2015	PRESENTER	TITLE	LOCATION/CONTACT
AGM Sunday 25 October	RAoA Event Hosted by Sydney Branch	AGM Workshop Integrated approach to Fertility, Pregnancy and Beyond	Sydney Presented by RAoA www.reflexology.org.au admin@reflexology.org.au
November 13–16	Sue Ehinger	Facial Reflexology 3 & 4	Melbourne Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com
November 14 & 15	Lyndall Mollart	Maternity Reflexology Part 2	Sydney Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com

2016	PRESENTER	TITLE	LOCATION/CONTACT
Feb 20 & 21	Lone Sorensen	Facial Reflexology Module 5	Sydney Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com
Feb 23 & 24	Lone Sorensen	Ocular Therapy	Sydney Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com
Feb 26,27,28	Lone Sorensen	Neuro Hand Reflex Therapy	Sydney Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com
Feb 27–28th	Sharon Stathis	Ayurvedic Reflexology SMART 1 seminar	Melbourne Presented by RAoA www.reflexology.org.au admin@reflexology.org.au
March 1 & 2	Lone Sorensen	Facial Reflexology for Children with Special Needs	Sydney Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com
April 30 & May 1	Sue Ehinger	Auriculartherapy	Sydney Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com



Welcome New Members March–July 2015

Firstname	Surname	Locality	State
Samantha	Lennie	Woollahra	NSW
Clara	Smits	Eastwood	NSW
Robyn	Riley	Springwood	NSW
Kazuyo	Takeda	Lane Cove	NSW
Gemma	O'Regan	Dee Why	NSW
Jodie	Asher	Wakerley	QLD
Joanne	Ketterer	Cleveland	QLD
Katherine	Coolican	Maroochydore	QLD
Karen	Foster	Arana Hills	QLD
Diana	Dryer	Cashmere	QLD
Jennifer	Knight	Boondall	QLD
Clare	Nott	Stones Corner	QLD
Lesley	Mullen	Twin Waters	QLD
Kelly	Scott	Banyo	QLD
Lenore	Sims	Cairns	QLD
Jana	Richter	Stepney	SA
Ming	Lu	Prospect East	SA

First name	Surname	Locality	State
Carla	Farrelly	Mooroolbark	VIC
Jennifer	Rotow	Ringwood East	VIC
Kathryn	McGrath	Upper Beaconsfield	VIC
Tennille	Reilly	Thornbury	VIC
Mary	Ellul	Hughesdale	VIC
Margaret	Bartle	Werribee	VIC
Leonie	Gillow	Drouin	VIC
Kirsty	Ross	Werribee	VIC
Anne	McCauley	Greensboroug	VIC
Kim	Fazzolari	Balwyn North	VIC
Brigitte	Staub-Pflueger	Mitcham	VIC
Jacqueline	Liddell	Baxter	VIC
Margaret	Dragojlo	Rye	VIC
Carla	Beattie	High Wycombe	WA
Kirsty	Ludbrook	Lesmurdie	WA
Ann	Rowe	Rockingham	WA





July Board Report

by Lynda Kidd, Vice President and Sonia Bailey, President

The retirement of Susan Ramsay and Heather Edwards from the Board, at the end of June, has seen yet another two members joining the Board of Directors: James Flaxman from South Australia and Vera Emmi from Queensland. We welcome you and thank you for your commitment to the RAOA. Vera has taken on the role of CPT Director and James, who is RAOA Company Secretary and Web Administrator already, has taken on Governance.

At the July Board meeting the Directors discussed many items, including:

- ◆ Changes to the State Branches: After much discussion it was clear that some States wished to remain with the current formal branch setting (Chair, Vice-Chair, Secretary, Treasurer, Events/CPT, Newsletter Editor, Welcome Mentor, WHS, Assistants, etc) with all the formal meetings, agenda and minutes taken. Then, other States wanted, or needed, to reduce the work done by the members. It was therefore decided to let each State branch be run as they themselves see fit. There is no breach of the RAOA Constitution's laws if this occurs.

This means that some branches will continue by remaining independent and organising their branch functions and meetings, whilst others will be operating more as some regional areas do, with some members still organising meetings and EPE's, but able to ask the office staff for assistance as required. For example, this means they will be able to contact the Marketing Officer (Lesley Grahame) to create and print brochures, the Membership Officer (Jenn Cooper) to perform mail outs to non-email members, and the Finance Officer (Lea Brown) to complete payments of venues and presenter fees. Procedures on organising assistance from the office around these tasks will be finalised and sent to all current branch Chairs shortly.

- ◆ Following many discussions earlier this year regarding the Constitution, it was deemed necessary for a small group of Board Members to form a committee to discuss updating the Constitution. These changes mainly affect the 'Nomination of Directors', Section 11. At present the review is being looked over by a Constitutional Lawyer and we hope to have the changes announced and fully explained one month prior to the AGM in October. The main change is regarding the date of 'change-over' of Directors, from 1st July to the time of the AGM. Although Directors are nominated from a State and are a voice for their State, they are not a representative of the State – Directors represent the Company.

- ◆ Committees of RAOA require a 'Terms of Reference' (who is on the committee, what the committee does and the outcomes for the committee). Any member would then be appointed under those terms. Committees are not State focused, but Company focused. For example, committees working on Governance, WHS, Finance, Audit & Risk, Research, Marketing & Promotions, Education, CPT. It is also noted that a Director does not need to be the Chair of the Committee, as they are not elected, but automatically on the committee. The rest of the committee is appointed by the Board after nominations have been received from members.
- ◆ Rollover of CPT points was discussed again. There are two important factors, one being 'Health Funds'. They give our CPT program a 'stamp of approval' and have over the years commented how impressed they are by our standards. The second is that rollover of CPT requires purchasing specialised software, which we have not allowed for in the current budget. We are not ruling it out, but are advising you that this may occur further down the track. There is a lot to consider, and if you would like to help look into these possibilities, why not join the CPT Committee?
- ◆ The AGM this year is at Crows Nest in Sydney, in conjunction with the fertility workshop organised by the NSW branch. The National Conference & AGM will be in Perth 14 & 15 October, 2016 followed by the AGM in Brisbane, 2017.
- ◆ Making standard client forms available via Merchandise: After much consideration, it seems there is too much legality in creating and selling a standardised client form. For example: differences in qualifications/training – if you ask questions re medications, it indicates you are trained in medications and understand about the medications (which makes you legally responsible); if not qualified to deal with a condition you must ensure your client has approval from their GP to receive reflexology, otherwise you may be legally liable for any negative response. So you must be trained to the level of the questions you are asking on your client forms. It was decided our members have a diverse range of training and most seem happy with creating their own client history and treatment forms.
- ◆ The Board members are looking forward to meeting all members who are attending the AGM and workshop day in Sydney.



STATE MATTERS

I was looking at the blank screen and wondering what to write. Thankfully, I am now over the panic stage and my mind is compiling rational thoughts.

Not much has happened since the last report.

The ABM was held and not many of the vacant positions were filled (more of the diminishing number—the same people just taking on more portfolios).

BUT we are planning some exciting events for later this year.

The *first* is a Study/Training day being held on 13th September: Amanda Barnett Wood (4 hour workshop) on Muscle Testing (Kinesiology) and Alison Lovett (1.5 hour presentation) introducing the Australian Bush Flower Essences.

VICTORIA



Amanda will give us a simple tool to assist us with clients' wellbeing. Alison will explain energy medicine, meridians, the Chakra system and how our emotions and thoughts actually affect **our** health.

The cost is \$50 and morning tea, lunch and afternoon tea are supplied.

The *second* is a Xmas/EOY meeting where members will not be charged for attending. Food will be supplied and there will be speakers on various topics.

I look forward to writing about the Training Day in the next edition.

David Grinblat

In the maintaining of engaged, informed and enthused fellow members in NSW, the importance of communicating to membership requires both the continuity of norms and advancing innovations that enrich their experience. Our state's premier medium is the 'FeetSpeak' quarterly newsletter, which performs this role superbly; an exciting addition will be 'FeetSpeak Extra'. This new format will raise the branch profile, provide more direct information and deliver to the NSW branch members an elevated sense of connectedness. Look for its arrival!

We have a very active Employment/Referral Officer in Ann Jacobs, acting as a liaison between potential volunteering opportunities, therapists' clinic offers and state members, through a database service. If you feel attracted to being included on this database, please contact Ann directly to register. Email: ann@finmin.net.

Upcoming special events over the next few months like WRW (World Reflexology Week) in September, and MBS (Mind Body Spirit Festival, Sydney) and National



NEW SOUTH WALES

AGM/Speaker Day Event in October, should all be considered as valued CPT participation opportunities to place in your diaries. Continue referring to the RAoA Website, 'FeetSpeak'/'Extra' and the RAoA E-newsletter for inspiration.

At July's general member meeting, the continuing branch committee reforms program introduced in February (addressing committee's structure and member access) was finalised, with member support to all proposals. The main points are: Executive Committee office roles reduced to twelve (removing inactive and/or underactive positions within the committee), preparing the ground for broader membership CPT participation at committee level, and implementing technology communications into meeting formats. All of these innovations act as a conduit to future inclusivity and state member engagement, beginning in the 2016-17 committee's term.

Tony Pullin

TASMANIA



Our little branch is budding again. We have new enthusiasm in amongst our members.

Tasmania's August meeting will explore the link between numerology, astrology, Australian bush flower essences and reflexology, with Gaylene Webb. We are also working on a February weekend wilderness workshop to be held in Poatina, central Tasmania. The workshop will be presented by Susan Ramsey and will cover Reflexology for the young.

We ask mainland members to consider adventuring down to see Tassie at its best whilst gaining valuable knowledge and CPT points. More information on this workshop is available through the RAoA website.

Lynda Kidd



SOUTH AUSTRALIA

A Hearty Greeting to you all. Our group in Adelaide is dedicated to being here, once again, to keep you (in the whole of Aussie land) on the pulse of what is happening for our locals. Coming together with a mission to support South Australians with their Reflexology work!

At this point we do not have an elected director, chairperson or vice chair.

An extended thank you to the amazing Sue Ramsey, always there helping and working behind the scenes, doing what she can for Reflexology. We will miss her presence over the coming year!

It was fabulous to see fresh faces, with Sherie and Marie at our meeting. We always welcome and encourage new people to come and get to know us.

Exciting news for our next Workshop on Sunday, September 27th in Gawler:

SA's own Reflexology Path in Gawler will be revealed. You can check out our progress on you tube—<https://www.youtube.com/watch?v=6XI9M1B-gsg>

The workshop is to be held at 'Riverdell', 51 Clifford Rd, Hillier, SA 5116.

This will be an all day event, starting at 9.30am and finishing at 4.30pm. We will begin the day by sharing skills with a mini workshop on Vertical Reflexology, followed by Auricular and Hand Reflexology. In the afternoon will be our practicum exchange and Path opening!

This will be a great day for members, at \$45, and non-members, at \$55.

Members can gain 7 CPT points for attendance.

Any enquiries to Jamesflaxman@gmail.com

Chris Spencer



QUEENSLAND

Good Day from Qld! Well, it is time now to thank the past committee members of 2014/15 for all their continued dedication and immense effort on our behalf to support and maintain our wonderful profession, and also to congratulate the new incoming members that have offered up their time and commitment for the coming year.

We have a very exciting connection developing with BUPA; they have allowed us to do staff treatments across a number of their branches in Brisbane and surrounds. This drive is focussed on "Adopting a BUPA member of staff". There are currently only a few areas earmarked for these members, however the staff member could well reside in your vicinity and these areas will be expanding in the very

near future. This is a wonderful opportunity to refer them to more of our Reflexologists in other areas.

We are also working on getting other private healthcare providers on board with us in this venture and we have reserved this drive to follow through to our World Reflexology Week focus, which takes place in the not too distant future. So I guess it is a good time to say ... watch this space for more positive feedback ...!

Our Regional branches are travelling well and maintaining a high level of contact with their fellow members in the various areas, as well as covering some wonderful educational components in their meetings.

Let us all travel gently forward and "be the change that you wish to see in the world." (Mahatma Gandhi)

Linda Williams



WESTERN AUSTRALIA

Greetings from WA. Well, here in WA we have welcomed a new branch committee, and everyone has hit the ground running. We have been busy planning where the year ahead will take us. We have been working on building our support network for each other and our new members, planning our study days for the year and some community events for World Reflexology Week at the end

of September. Our Conference committee team has been busy behind the scenes getting organised for next year.

We are looking forward to a strong and successful year, as individuals, professionals, and as a team within our State.

Our upcoming study day has the theme of "Health and Wellness day" and we will be covering many aspects of life to keep us all healthy and well in body, mind and spirit. We cannot wait to see where this year will take us. Thank you to the team for their support so far.

Till next time ...

Kelly Maloney

FootPrints Journal

ISSN 1039-2092

Published by the Reflexology Association of Australia, Limited

Copy deadlines

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

Subscriptions—\$50 for 4 Issues

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

Advertising sizes and rates

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

Inserts

Per A4 sheet to all States \$255.00
To an individual State .70c per copy

Inside back cover only available @ \$400 per issue

Contact Heather Edwards—secretary@reflexology.org.au

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

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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

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

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We are passionate about Reflexology and the growth of our industry. We're big enough where it counts and small enough to care.

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Reflexology Association of Australia

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

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

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

We will achieve our mission by:

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

Many thanks to Kate McKnight and Helen Adendorff for the roles they have played in the lives of RAOA members through this quarterly journal. The following tributes were printed in the July/August edition of 'What's Afoot?', Qld Newsletter.

Kate was RAOA Facebook administrator for the past 3 years. She grew it from its small beginnings to have almost 2000 'likes' and it continues to grow. The most active of administrators, she attended to the page on many occasions 24/7. Its growth was largely due to Kate's inspirational posts, her attention to all who made comments and her undying dedication to promoting reflexology and wellbeing.

Helen has been our national 'FootPrints' editor for the past four years. She successfully juggled the sourcing of articles and editing of 'FootPrints' with her work with the Queensland Police and the running of her own reflexology clinic. Right from the very first edition, she was able to source different articles of interest to our members. Our magazine just got better and better thanks to Helen's co-ordination.

Why be a Volunteer

Anonymous

It's not for the money, it's not for fame
and it's not for any personal gain.
It's for love of fellow man,
It's just to lend a helping hand.
It's just to give the title of self.
That's something you can't buy with wealth.



It's not the medals worn with pride.
It's just for that feeling deep inside.
It's that reward down in your heart.
It's the feeling that you've been a part
Of helping others far and near,
That makes you a VOLUNTEER.

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