

N C R A

NEWSLETTER

Special Edition

Interview with
Lone Sorensen

Alzheimer's/Dementia
Protocol

A Dear Friend and A Mentor



Table of Content

PRESIDENT DESK	3
INTERVIEW WITH LONE	4
IN THE SPOTLIGHT	7
ALZHEIMER'S/DEMENTIA	8
A/D PROTOCOL	9
MIGRAINES	10
(MRSA) SUPERBUG	13
EXTREME REFLEXOLOGY	14
LOVELL SMALL	15
POISON POINTS	17
SUCCESS STORIES	20
WORKSHOPS	21
WRW 2009	23
MEMBERSHIP DRIVE	25

Contributors to
NCRA's Summer Edition Newsletter.

Photography:

Cyndi Hill
Donna Idalski
Toni Wyatt

Articles

Donna Idalski
Moss Arnold
Oran Aviv
Yvette Eastman
David Gutierrez
Ruth Rowell
Helen Fowler
Catherine Tugnait
Toni Wyatt

Cover Photography provided by Stock-xcang.

Cover Design:
Toni Wyatt

Newsletter layout and design:
Toni Wyatt

Editing:
Cyndi Hill
Toni Wyatt

All articles were printed with permission.



Anyone wishing to contribute to the NCRA newsletter, submit articles and pictures to
Toni Wyatt.

tswyat@bellsouth.net OR
5970 Statesville Blvd.
Salisbury, NC 28147

Deadline for Fall Issue, October 1, 2008

From the President's Desk

Lowering The Boom By Cyndi Hill



This world is a changing place! The vast glut of information now being presented in reflexology from other countries, who don't have to put up with our sick-care system, has finally debuted with some impact. There are a few former thoughts that have been reevaluated, some discarded, some fine tuned, and new information being brought to light. What started out as the initial discovery of inclusive maps on the feet has now been expanded to incorporate hands, ears, which was originally referred to as auricular therapy, and even newer research presented for the face.

I once participated in challenging a massage board in North Carolina when they sought to "absorb" us under their newly purchased massage law (check the Jim Black scandal). I was told "It's been 'decided'" that reflexology is a subspecialty of massage." You might "decide" I like liver, but good luck getting me to eat a plate of it. There have been well placed presentations designed to set limits on the "pound of flesh" we can touch, but if that's all reflexology is, then we can not claim it as a wholistic system, but a therapy as indistinct as massage, or fitness, or colonics, oryou get the picture. Since a reflex point can no more be dissected on the foot than it can the ear, how can we then "decide" their absence on the face, or who knows where else these maps may be discovered?

It is interesting to note that the amount of nerve supply to the hands and feet are substantially concentrated in contrast to the remainder of the body. It is also notable that the blood supply to the face is substantially concentrated in contrast to the rest of the skin. This being the case, my esteemed colleagues might want to consider revising their definition of reflexology to concentrate not so much on extremities, but more on the distinction of a complete holographic map of the human body as it represents itself throughout the human being makeup. The problem with the medical system in USA has everything to do with HMO's

PPO's, insurance companies practicing medicine without a license, pharmaceutical companies courting MD's to push their product onto their patients (and they would have put me behind bars for pushing drugs), and medical practitioners struggling to pay off a huge college debt.

Monies for research have been made available primarily to those in the I'll-push-your-drug-club.

That system has made it challenging to obtain funds for research and expand our body of knowledge. As a course in fact, unless you have some sort of medically recognized degree, or attach yourself to someone who does, you will find it challenging to obtain research funds on the basis of your education in reflexology alone. We cannot have it both ways, boys and girls. If we desire funds for research, or seek to command the respect that reflexology is certainly worthy of, we need to take a page from our brothers and sisters across the seas. Educational standards and therefore opportunity for highly regarded research are greatly advanced outside our borders. We, on the other hand, have allowed distance courses and on-line certifications to go unchecked on an unsuspecting public. If you understand the principal of reaping what you've sown, then you can see why we sometimes are connected with those of, shall we say, questionable ethics.

It stands to reason that some of the original schools of reflexology might be feeling the financial pinch from educators outside our borders, but I see absolutely no reason to limit our education to the systems that, however good a start they may be, have added nothing new to their curriculum for decades. If that's all they wish to teach, that's fine. Just don't pretend that's all there is to know. If new discoveries were not brought to fruition, we might well be experiencing blood letting, tomatoes would still be considered poisonous, and you and I

might find ourselves attached firmly to a stake and a well lit fire.

Look at what is happening around the world in reflexology! The first ever International Symposium on Reflexology and Cancer, and the USA has nothing to contribute. Why? The last issue of ARCB's Reflexology Today showcases articles from the past fifteen years that have not been addressed even today! Why?

We have a unique opportunity to take what has worked, omit what has not, and put together something altogether superior for our colleagues abroad. If it's anything we as Americans can do it's put together a persuasive package. They, in turn, can help us by continuing to take advantage of the freedoms they have to practice and gather knowledge for our mutual benefit.

All this talk of professionalism through rules and regulations without substantial education are empty words. We need to make up our minds just who we are. All the regulation in the world cannot make one a professional if that is not who they are. We see it in every walk of life. I'd be a professional ditch digger if that was my occupation. I am a professional reflexologist who will continue to learn whatever I can, whenever possible from the best potential sources. It's who I am.

I have no interest in being given rules without justification. You can't "decide" what is or isn't to suit your interest. Prove the reflex! Oh, you can't without research? Well then get the research! Can't get the research? Why? Educational standards are incomplete. Then fix it. Put first things first. Reflexology was discovered. It has never been and it can never be owned by any one school or person. If something isn't growing, it's dying. Growing causes growing pains, but the struggle is always worth the effort.

Interview With Lone Sorensen

by Toni Wyatt

Lone is a trained therapist in foot reflexology, acupuncture, kinesiology and neurology with thirty years in the field of reflex therapy.

Lone was born in Denmark and was educated in Denmark from 1978 to 1985. Lone opened and began operation of her clinic in Denmark, Copenhagen when she was eighteen years old. When she was twenty three Lone began teaching foot reflexology in her school established in Denmark.

Lone teaches reflexology therapies, leaser-therapy and anatomy and she established the initial first three Foot and Face reflexology schools in Argentina. Lone has been teaching Facial Reflexology and Neuro-Foot Reflexology with the assistants of twenty other instructors since 2000, in Spain (Barcelona, Madrid, Alicante), Denmark, Sweden, Finland, Italy, Poland, England, Ireland, Holland, Argentina, Australia, new Zealander, Mexico, and Japan. In 2009 she can add USA/North Carolina, how awesome is that!

When asking Lone what prompted her to suspect that a map existed on the face she said in early experimentation, using a combination of foot reflexology and facial acupressure on children with special needs yielded such remarkable results that it started her on a quest to develop a therapy on the face. "Facial reflexology techniques have evolved over the course of twenty-five years."

"I'm fascinated by the face reflexology primarily because of its proximity to the brain. Our brain, the main organ of the body. Working on the face is a way to stimulate and activate the brain – and the whole body, very near and directly."

Lone began thirty years ago working with foot reflexology and for the last seventeen years she has worked with foot reflexology called Neuro-foot reflexology.

Lone also works with Korean hand reflexology. Combining all tree kinds of reflexology = Temprana Therapy.

In asking for a clear understand of Temprana Therapy, Lone began to define it for me.

Temprana Therapy:

It is a treatment that is unique in the world, in which oriental medicine, the knowledge and experience of

the South American Indians and modern medicine meet to create a new therapeutic methodology.

It is based on the combination of different techniques:

- Facial Reflexology
- Foot Reflexology
- Hand reflexology
- Muscular stimulation
- Brain Gym and Bali gym
- Music Therapy

This therapy's main objective is to get an important improvement in a child's condition that can vary from brain-medullar damage, syndromes, vision distortion, audition, and learning as well as complications that may have happened during labour or in a domestic accident or a chronic disease.

Temprana Therapy insists that the problem must be approached as soon as possible, to get better and faster results. TEMPARANA means EARLY. The different systems that are part of TEMPRANA THERAPY are focused to put the patient in balance, without which no improvement is possible. Responses vary; this is why TEMPRANA THERAPY uses diverse ways to stimulate the body and brain, to make sure that every structure in the body/brain gets activated.

Improve auditory problems, be their origin physical or psychological. Improve the mobility of a patient. through specific stimulations. Improve dyslexia, concentration problems and hyperactivity.

In syndromes like down for example, we can get the patient to use his/her resources to the maximum, to enable the person to live a richer life, according to their capabilities and possibilities.

In speech problems we can assess the imbalance and through concentrated stimulation, depending on the origin of the problem, the therapy can help maximise the potential.

In accident victims who cannot eat normally, the mechanisms that allow mastication and the consequent swallowing are altered, specific results can be obtained.

In children that have epilepsy, whichever the cause might be or the type of epilepsy, we can, through the re- balancing of all the body systems obtain re-

continued on page 5

sults that were not thought possible with traditional techniques.

Temprana Therapy has had 100% success with certain individuals and many of the patients are today medication free and symptoms free.

TEMPRANA THERAPY has cases of autistic children who now are not seen as such anymore, and live a normal or better life.

Over the course of thirteen years Lone has been working with thousands of handicapped children and adult patients in Argentina, with facial reflexology she developed that combines face, foot and hand reflexology and 3 different techniques of Brain gym, with oriental medicine, acupuncture, the primitive techniques of aborigines, zonotherapy and neuroanatomy, which is the basis of the concept of Temprana Stimulation, were very effective as a rehabilitation therapy for children with brain damage, syndromes, mental and learning problems.

When asking Lone if she believed there were other maps on the body not yet discovered this was her response. "I think that we have a lot more to learn about the brain. I'm sure that we have other maps on the body to activate and stimulate de brain.

I have discovered a map in the big toe (under). In this map I have the location of 41 micro areas that belongs to the cortex of the brain. I know that it is just a question of time and possibilities to explore this map more and maybe find other maps in the body that belongs to the brain. I had found 3 different maps in the face for the spinal and I'm sure that in our body we have serials of micro- maps like those, for the brain too."

In asking how research was being utilized, Lone and her Temprana students primarily work with families with handicapped children in this way:

The therapist conducts a consultation with each parent to know about the child's situation and his/her clinical history. The therapist will use facial reflexology, foot reflexology and hand reflexology to analyse the child. An individual treatment plan will be designed for each child, based on the health information given by the parents and the analysis that the therapist conducted.

The treatment plan will be taught to the parents during the course and the parents will have the instructions material and a DVD for home use.

All of the parents will be able to stay in touch via e-mail or telephone. Our qualified therapists will answer any doubts that the parents might have, after the course.

Later the parents will arrange appointments with a therapist to re- assess the child and evaluate his/her improvement and adjust the treatment plan accordingly.

Some of my students are working in institutes for handicapped children, for example children with autism.

"But In our institutes and our students, we always have many patients with neurological illness as Parkinson's, facial Paralyse, brain dysfunctions and hormonal problems too."

The only draw back to Facial Reflexology is that you activate only the blood flow in the face not the whole body as with foot refkexology. Lone said this is why you always combine Facial Reflexology with Foot Reflexology in case the patient is handicapped- espicially if that person is unable to move.

You may ask how long would it take to aquire this knowledge.

1. A Basic course of Facial Reflexology last 4 modules of 16 hours each.
2. Then after base axmen, my school offer 12 different additional and special Courses of methods of Facial Reflexology.
3. Temprana Therapy education last 5 modules of 8 days
4. Neuro – foot Reflexology last 3 modules of 16 hours each.

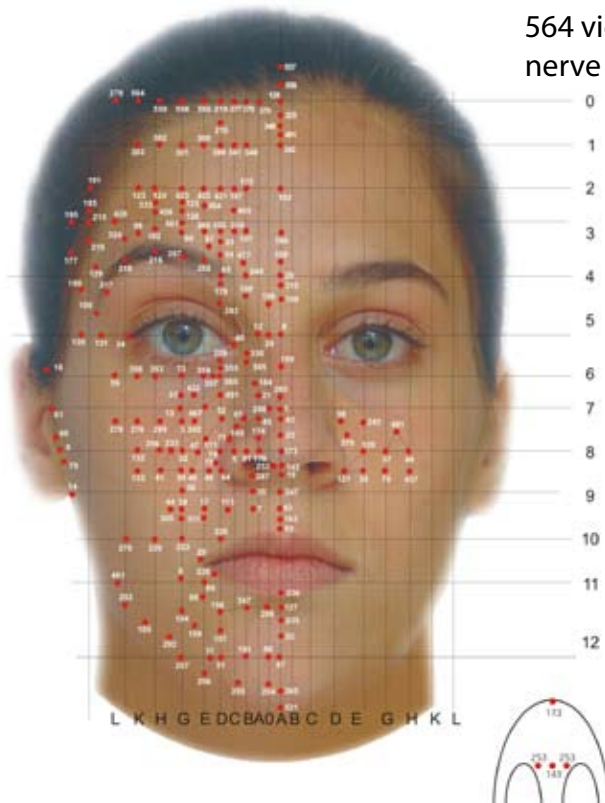
When I spoke with Lone about coming to the US she was eager to do so and at a great rate for an introductory course of Facial Reflexology.

www.reflexologiafacial.es
www.temprana.com
www.cosmoface.info

Open the door to the reflexology educational opportunities that NCRA is providing and change someones quality of life.

Register before October 1, 2008 for the best price.

Lone's detailed maps shows the intensity of her work with Facial Reflexology.
 Allow the opportunity to expand your knowledge of reflexology.



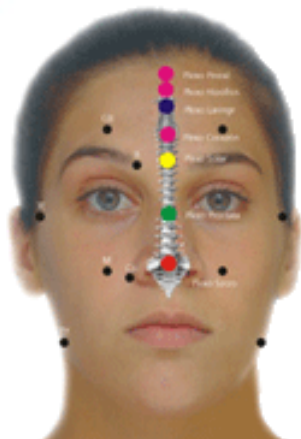
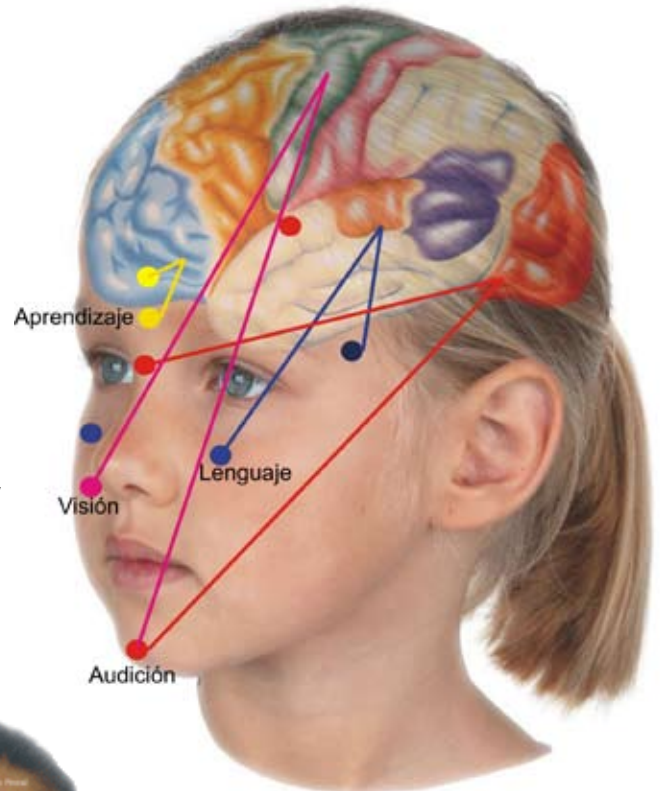
564 vietnamese
 nerve points



Brain Cortex Map



Nerve
 points for
 the cortex,
 frontal,
 parital,
 temporal
 and occipital



In The Spotlight

Donna Idalski and Jo Landon, two of NCRA's associate members are hard at work or hitting the books may be a better word for it. Both ladies are setting their sights on their certification in October with IIR.

Next ARCB, right ladies?

Gearing Up For *Certification*

By Donna Idalski

J and I have been getting together to study for our final exam with IIR in October. It was interesting the first time we met at the restaurant; since we had never met in person we had no idea what the other looked like. (We met via the internet by Cyndi Hill, our fearful leader). Isn't the internet great!

At our initial meeting I decided, I want to be as organized as Jo. It will never happen but it's a nice pipe dream.

Being able to study with Jo and see the differences of what we learned from different instructors is enlightening and informative. Studying together every week or two, what ever our busy schedule will allow, helps to give us more motivation.

Jo came up with a great idea; the both of us making up mock test for the other, so we picked two systems, wrote the test and gave them to each other. Now we have another starting point to work on our weak points so we can move onto the next system.

The first time we met at the restaurant to study, we had the opportunity to tell the waitress about reflexology when she asked why we were studying so hard. We gave her a few tips of what to do for her headaches. When I went there another time and saw her I asked how her headaches were, she told me they were better but she's probably not doing it exactly how we showed her. She told me she was thinking about taking the course herself so today I gave her some papers telling about IIR and a sign up sheet. She's interested in taking the workshop.

This is just one of the reasons *I LOVE REFLEXOLOGY!!!*

I made yet another new friend and we were able to help someone else who may become a fellow reflexologist and friend.



It is literally true that you can succeed best and quickest by helping others to succeed.

-Napoleon Hill

Working with Clients who have Alzheimer's/Dementia

By Oran Aviv

Those suffering from Alzheimer's/Dementia can benefit greatly from Reflexology and other complimentary or alternative treatments, but the practitioner needs to take into consideration some of the challenges of a client with dementia.

Dementia is organic brain damage. It is degeneration of the brain cells. Alzheimer's is the main disease that leads to 50% of the cases of dementia. It causes cognitive, emotional and personality changes. As the disease progresses, these changes become more severe. Treatments need to be attuned to the client's stage of dementia, but there are some basic rules that will make your treatment pleasant and comfortable for clients at any stage:

1. Respect and Patience

Probably the most important way to have a positive relationship with clients that have Alzheimer's/Dementia is to respect them and treat them as fellow human beings.

Although this seems obvious, I have found that many people who work with Alzheimer's/Dementia patients tend to talk down to them like children. This is terribly degrading and hurtful.

A person with Alzheimer's/Dementia may forget who you are at each treatment. Always introduce yourself as if it is the first time you are meeting. Avoid putting your client into an uncomfortable position by asking him if he knows who you are; rather say your name and ask him if he would like a treatment today.

Never talk about your client in front of him. If you need to discuss your treatment with a family member, do this privately or on the phone.

2. Make the treatment short and precise

The attention span of a client with dementia can be limited. It is best to begin with a short 20 minute treatment to see how your client responds. In subsequent treatments, you may be able to increase the duration of the session.

Plan your session to be only a treatment. Your client may not know the answers to your questions, which could cause feelings of confusion, frustration or incompetence. Obtain information about health history and permission from a family member prior to the treatment session.

3. Treatment Environment

It is extremely difficult for a person with Alzheimer's/Dementia to focus. The treatment has to take place where there are no distractions. The treatment room should be quiet; even playing soft music may be a distraction for someone with Alzheimer's. As much as possible, avoid distractions such as people walking in and out or noise outside the window.

Hunger and thirst are other distractions to consider before providing a treatment. Make sure the treatment is not set right before mealtime.

Finally, it is best to set appointments in the morning. In the afternoon your client may be tired – an additional distraction. Later in the afternoon Alzheimer's/Dementia patients may be most agitated, with a drop in cognitive ability. This time is known as sun downing since it occurs around sunset.

4. Emotions

Many times a complementary treatment like Reflexology, can cause a flood of emotions. Life is already very confusing for a person with Alzheimer's/Dementia. Many will do their best to hide their condition from others and themselves. They tend to find excuses to explain their memory loss and change, but the disease is scary and frustrating. These hidden emotions can come out during a treatment.

As the disease progresses, a person may tend to remember more past than current events. The person many times will relive their past and actually think they are the younger person they once were. If this person had a rich and happy youth and childhood this may be a lovely experience. If the person was, for example, in the Holocaust, he may be reliving a bitter, sad and frightening experience.

If there is a flood of emotion, redirecting the person to another topic may reduce anger and upset. This can easily be done by staying on the same subject, but redirecting to something more pleasant. For example, if a person becomes upset remembering that his spouse died, try asking questions about his children and grandchildren.

I find treating those with Alzheimer's/Dementia to be a most rewarding experience. Complimentary treatments can have an important calming effect on these clients, but they can do much more. These clients normally lack private and personal time with others, and can benefit from receiving the full

attention of a therapist during a session. Most people with Alzheimer's/Dementia feel very lost and lonely. Many have lost contact with friends and even family.

Family members may have a very difficult time relating to their family member who has regressed due to the disease. As a therapist, you are meeting the person as he is now and can accept him as he is today. By caring, touching and being there for him, your treatments can have a very amazing effect on one with Alzheimer's/Dementia.

Oran Aviv
Oran@reflexandmore.com

Oran Aviv has been practicing Reflexology since 1995 and is a graduate of the Israel Alzheimer's Association's "Health Activities" Project course. She volunteers in the Alzheimer's/Dementia unit of the Kfar Saba Senior Day Center in Israel where she gives Reflexology treatments and organizes activities to improve memory and cognitive ability.

Alzheimer's/Dementia Protocol

By Cynthia B. Hill

The stress of these disorders effects caregivers and sufferers alike. Although we do not diagnose in the medical sense, and we do not treat for "specific" disorders (again in the medical sense), these disorders can be greatly eased by following the steps addressed below. If this eases even one case I am grateful. Know that I've worked with some of this population and find the following quite effective. Teach it to caregivers. Use it for your family.

When addressing the normal physical body involved in this disorder it's redundant to remind you to address the toes. Toe openers are more than just relaxers here. You are stimulating much needed oxygen delivery to all organs above the neck. I would however recommend you proceed with a very light touch with the toes, so as to notice inconsistencies within the tissue on the ball and sides of the ball of each toe. Giving careful attention to the spaces between the toes and how the toes make contact with one another, notice if there is any hardening of the skin, markings, scars, ect. It is to the client's advantage to address unusually tough skin and advise them to take whatever precautions necessary to eliminate any warts, fungus, or eruptions found on the toes and in the spinal reflex areas.

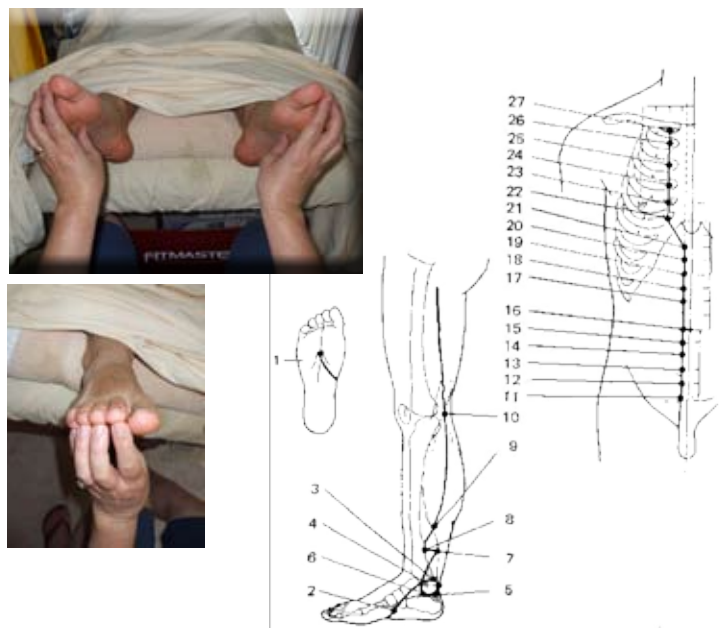
Addressing the Kidney meridian would be the next course of action. It may also be the most important. From K-1 through K-4 are advised for mental, emotional, depression, anxiety, and insomnia as well as toning the kidneys, and low back which can be affected by long periods of time in which a person sits and dwells.

The spleen and stomach reflexes and energies are easy enough to incorporate here. Work them gently and determine if you need to stimulate the appetite. Access accordingly. The heart reflex and heart energy points need to be addressed. Since the Chinese maintain that the heart houses the brain (or head) it's easy to see why it's important.

Finally a gentle close involves accessing GB-40, St44, and the pituitary/pineal reflexes. Hold gently, just under the skin for 4 or 12 breaths. This is extremely powerful and it tends to calm an agitated mind so you may find yourself using this close on more than just your dementia or Alzheimer's sufferers. The next phase of the close involves touching the pads of each toe with the thumb resting on K-1. This needs to be held for at least 3-5 minutes, and longer if you can manage it. You usually won't have any resistance.

The same protocol can be used on attending family members as they are affected by the person suffering dementia from a "helpless bystander's" prospective. It's important that the client and the care givers receive regular, consistent reflexology for the well being of everyone involved.

With the growing numbers of our population I was surprised that this was not already written. Well it is now. I hope this will be of help to you.

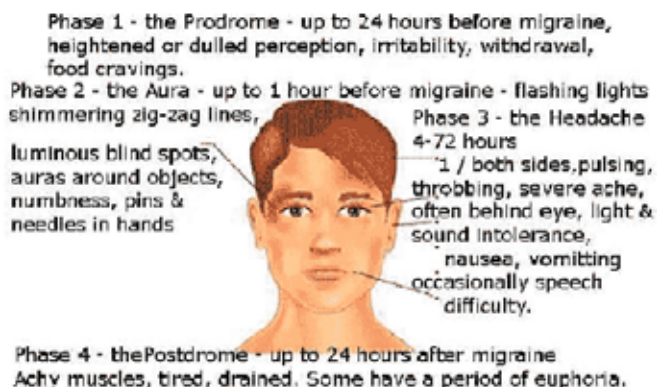


HEADACHES ARE HEADACHES and MIGRAINES ARE SOMETHING ELSE!

by Yvette Eastman
TouchPoint Reflexology
www.touchpointreflexology.com

There are many forms of headaches – some caused by food, or the lack of it, some by neck tension, some by bowel problems, by sleeping in the wrong position. They hurt, they impede your life and they are bearable.

Migraines, on the other hand, are unbearable. They generally attack one side of the head, often directly behind the eye. The pain is said to be the highest on the pain threshold that we can bear. They often announce their arriving with visual distortion, nausea, tingling in parts of the body.



Migraine is a disease, a headache is only a symptom. In the migraine, pain is caused by vasodilation in the cranial blood vessels (expansion of the blood vessels), while headache pain is caused by vasoconstriction (narrowing of the blood vessels). During a migraine, inflammation of the tissue surrounding the brain, i.e., neurogenic inflammation, exacerbates the pain. Medicine often prescribed to treat a headache, such as beta-blockers, dilate the blood vessels and therefore can make a Migraine worse.

Unlike a headache, the Migraine disease has many symptoms, including nausea, vomiting, auras (light spots), sensitivity to light and sound, numbness, difficulty in speech, and severe semihemispherical head pain. One Migraine attack alone can last for eight hours, several days, or even weeks.

As mentioned above, the Migraine disease is induced by various trigger mechanisms, that usually work in combinations, and which can be broken down into two primary categories: uncontrollable and controllable. Migraine is a disease that involves a heightening of all of one's senses. A Migraineur is more sensitive to his or her surroundings, including light, sound, smells, taste (chemicals in foods), and touch (including the touch of the atmospheric pressure on one's body). Awareness of one's environment is critical for a Migraineur. An informal phone in research program in Germany found that the frequency and sever-

ity of Migraines was in direct ratio to the drop in barometric pressure, the passing of a warm front, high temperature and humidity, rain and wind from the southeast and barometric changes.

Another common uncontrollable trigger is the menstrual cycle, often developing around the time of the first menstrual period, called the menarche. The Migraine appears to be the result of falling levels or reduced availability of estrogen. Migraine sometimes becomes worse in the first trimester of pregnancy, but many women are Migraine-free later in their pregnancy. Menstrual Migraine is often more difficult to treat than other types of head pain.

Controllable triggers, on the other hand, include bright light, chemical smells, second-hand smoke, particular alcohols such as red wine and some hard alcohols such as scotch, foods that are known vasodilator such as fish, chocolate, aged cheese, licorice, often preservatives in foods especially nitrates and the radical vasodilator MSG.

Conventional theory says that, if one avoids controllable triggers during Migraine-weather or menstrual cycles, one may be able to escape a Migraine attack. Another tip: take abortive medication prescribed for Migraine at the earliest sign of a Migraine attack. Oftentimes, if one waits to take the medication until the attack has matured, the medication may prove practically ineffective. This includes various herbal remedies.

Migraine disease can be life threatening, and it can have a devastating and disruptive effect on normal living. Migraine sufferers experience not only excruciating pain, but social ostracism, job loss, disruption to personal relationships, and prejudices in the workplace. People often believe that those with Migraines just can't handle life, or, in reality, are drug addicts or alcoholics. Such perception can be formed when, for example, people see a Migraineur wearing sun glasses indoors (photo sensitive), lying in a dark and silent room (photo and sound sensitive), making frequent trips to the rest room (nausea and vomiting), leaving early, working late, slurred speech, all what they may think is erratic behavior. Historically, patients with the most intractable Migraines experience a downward spiral in terms of income and contributions to society.

If you are not a Migraine sufferer, be aware of advice offered to the person in your life that suffers from Migraines. Make sure it's not toxic (i.e., you need to avoid stress, cheer up, don't drink Coke, or other well-meaning but emotionally debilitating statements). Rather, offer to turn down the lights and the TV, and let them know you understand. Remember: Migraine is an "invisible" disorder.

continued on page 11

AND NOW FOR THE NON-CONVENTIONAL APPRAISAL OF MIGRAINES

Let's take an in-depth and totally alternative look at your friend, the Migraineur. Here is a person who is always "on". She is a person (I will use the "she" since so many more migraine sufferers are women) who is constantly on the go, rarely resting, always busy. Her mind is always trying to figure out the best way to do something, striving for solutions and looking for any possible problem she may have to deal with. She is totally reliable and responsible. She is the ideal employee or career person. She may not get ahead more than now (although she has these aspirations) because she is so good at what she does that nobody could replace her. Her mind and body are always ready for action. She is tireless. Her name is Zealous Fireball! She does not seek the limelight, yet she is always "on". I am sure you know what I mean.

This causes her adrenal glands to constantly pump out "get-up and go" hormones. These are also the "fight/flight" hormones and when you think about the adrenal glands, you should think about stress. Stress can take many forms: taking an examination, recovering from a broken bone, running away from an invading army, or maintaining proper levels of energy substrates in the face of even mild starvation.

SOME TECHNICAL STUFF ABOUT STRESS AND THE ADRENALS

Norepinephrine and epinephrine are stored in electron-dense granules which also contain ATP and several neuropeptides. Secretion of these hormones is stimulated by acetylcholine release from preganglionic sympathetic fibers innervating the medulla. Many types of "stresses" stimulate such secretion, including exercise, hypoglycemia and trauma. Following secretion into blood, the catecholamines bind loosely to and are carried in the circulation by albumin and perhaps other serum proteins.

In general, circulating epinephrine and norepinephrine released from the adrenal medulla have the same effects on target organs as direct stimulation by sympathetic nerves, although their effect is longer lasting. Additionally, of course, circulating hormones can cause effects in cells and tissues that are not directly innervated. The physiologic consequences of medullary catecholamine release are justifiably framed as responses which aid in dealing with stress. These effects can be predicted to some degree by imagining what would be needed if, for example, you were trapped in Jurassic Park when the power went off. A listing of some major effects mediated by epinephrine and norepinephrine are:

- Increased rate and force of contraction of the heart muscle: this is predominantly an effect of epinephrine acting through beta receptors.

- Constriction of blood vessels: norepinephrine, in particular, causes widespread vasoconstriction, resulting in increased resistance and hence arterial blood pressure.
- Dilation of bronchioles: assists in pulmonary ventilation.
- Stimulation of lipolysis in fat cells: this provides fatty acids for energy production in many tissues and aids in conservation of dwindling reserves of blood glucose.
- Increased metabolic rate: oxygen consumption and heat production increase throughout the body in response to epinephrine. Medullary hormones also promote breakdown of glycogen in skeletal muscle to provide glucose for energy production.
- Dilation of the pupils: particularly important in situations where you are surrounded by velociraptors under conditions of low ambient light.
- Inhibition of certain "non-essential" processes: an example is inhibition of gastrointestinal secretion and motor activity.

Common stimuli for secretion of adrenomedullary hormones include exercise, hypoglycemia, hemorrhage and emotional distress.

The adrenals have about 50 different functions. When they become exhausted, all parts of your system suffer – from drying skin to water retention to the ability to deal with your stressful life.

When life is stressful, the adrenals keep on chugging away, doing what they are designed to do – manufacturing and delivering stress relieving hormones.

Can you see how exhausted the adrenals become in the ideal employees Miss Zealous Fireball's life?

BACK TO MISS FIREBALL

It is evening, (or Friday after work, or holiday time), and Ms. Zealous Fireball attempts to ease out. She is relaxing. Her adrenals check out the situation and exclaim, "Thank Goodness! We can quit pumping now, and rest!" And so the adrenals stop pumping. But the Fireball's body is used to the hormone energy and now it goes into withdrawal. This withdrawal is similar to any withdrawal from any drug, and with it comes nausea, hallucination, pain and other noxious feelings. Witness the migraine.

They tend to come when Miss Zealous is resting, sleeping or relaxing. They are the body's inability to come down from stress, to relax and rehabilitate.

The hardest thing about the Migraineur is to change his/her lifestyle so as to pace herself and relieve herself of the burden of perfection and of the constant spotlight which only she knows about!

continued on page 12

A CORRECTION FOR MIGRAINES

The following is a "band-aid" for the problem. It does not solve it but assists in relief from the incredible pain.

The first thing to do is to raise your blood sugar as soon as you feel the start of a migraine. So if you have a window where you feel sick or see auras, immediately eat an orange. This will raise your blood sugar and may stop the advent of the migraine.

Should the migraine continue, there are several steps to take. If any one works, stop – there is no need to continue with the rest of them. If there is little or no result go on with the next step.

1. Place a comb over the top of the palm of your hand, where the fingers join the palm, the teeth pressing into the palm of your hand. Use the hand on the same side as the migraine.

2. Close your hand over the comb, pressing its teeth down, into your hand. This cuts off pain centres to/from the head.

3. Now take a towel, dampen it, heat it in a microwave and place it around your neck. Cover it with a plastic bag and a scarf, to keep the heat in. In a migraine, the capillaries in the muscles around the skull dilate, while the ones in the neck contract. So blood cannot flow properly. The heat will dilate the neck vessels. Some people will feel good applying ice or cold to the pain area of the head. Some need only heat in the neck.

4. Now find the spot in the heel of the thumb that hurts a great deal when pressed. Find it by rubbing your hand into the corner of a table or chair till you locate the pain. Leave your hands in place and lean into the corners with that painful spot. Use the hand on the same side as the migraine.

5. Now comes the least desirable of the corrections. Take 2 drops of FRESH lemon juice which you squeezed into a spoon or eye dropper. Place those two drops in the nostril of the affected side. Do NOT snort it up your nose, just let the juice flow in, hold your head up for a moment, then, bring your head back down. A droplet might flow out. That is OK. Usually, within 15 minutes, you will find great relief. Now you can go back to sleep or return to what you were doing.

6. DO realize that, along with the stress you deal with, food can be a major trigger for migraineurs. Avoid chocolate, red wine, cheese, shell fish, licorice.

HERBS AND STUFF

Petasites Hybridus (Butterbur root) is a new non-drug preventive treatment available in the United States. It is available under the name of Petadolex™ from the well re-

spected German firm of Weber & Weber. In recent double blind studies it was shown 77% effective as a Migraine prophylaxis. Dose is one 50mg capsule twice a day.

Feverfew Leaf is a good non-drug preventative treatment you may want to explore. Its main uses are for migraines and arthritis. Studies at the London Migraine Clinic have increased interest in this herb. This herb continues to undergo extensive scientific investigation of the parthenolide content, and how it normalizes the function of platelets in the blood system by inhibiting platelet aggregation, reducing serotonin release from platelets and blocking the formation of pro-inflammatory mediators. Seventy percent of the patients in these studies report fewer attacks of migraines and less painful attacks. Researchers believe that Feverfew prevents the spasms of blood vessels in the head that trigger migraines. This herb also relieves the inflammation associated with arthritis. Other benefits include: relief from nausea and vomiting; improvement of digestion; more restful sleep; and, relief of dizziness, brain, and nerve pressure.

Vitamin B2 supplements is another preventative non-drug treatment you may want to consider taking. A study in Belgium found that people who took 400 milligrams of vitamin B2 daily had about one-third fewer migraines than did those taking a placebo. The study, published in the February issue of the journal Neurology, included 55 patients in Belgium and Luxembourg who normally had two to eight migraine attacks each month.

Magnesium as an alternative preventive treatment has mixed support in the medical community. Research is not complete and observations have not been confirmed yet. Perhaps oral magnesium supplementation should be a part of treatment for migraine as a preventive. Taking a 100% of the USDA recommended DV (daily value) would be safe and prudent. That would be 400mg of magnesium (from magnesium oxide or magnesium sulphate) a day. A Canadian approach suggested that physicians advise migraine patients to consume at least 6 mg magnesium per day for each kilogram of body weight. An even higher intake of 10 mg/day per Kg of body weight may be desirable provided that it does not trigger a laxative effect. Breaking the dosage into three or four parts taken at different times of day helps prevent laxative effect. Magnesium hydroxide is NOT recommended because of poor bioavailability and because they know of no instance of it having any beneficial use other than as a laxative. Other Magnesium compounds appear to be better, including Magnesium oxide, Magnesium sulphate, and Magnesium citrate. Natural magnesium in water (magnesium carbonate dissolved in CO2-rich water) is 30% more bio-available than Magnesium in food or pill, and offers much greater cardio-protection. If pills are used, they suggest chelated, Krebs cycle, with several Magnesium compounds; this gives greater bio-availability, and doesn't upset the stomach.

For images to clarify "Corrections for Migraines" go to:
www.touchpointreflexology.com/tomarchives/tom_migraines.html

French Volcanic Clay Kills Antibiotic-Resistant MRSA Superbug

by David Gutierrez

(NaturalNews) Researchers have discovered that a clay made from volcanic ash in France has powerful antibiotic properties and is capable of killing even antibiotic-resistant superbugs such as methicillin-resistant *Staphylococcus aureus* (MRSA).

"It's fascinating," said researcher Shelley Haydel, a microbiologist at Arizona State University. "Here we are bridging geology, microbiology, cell biology. A year ago, I'd look at the clay and say, 'Well, that's dirt.'"

MRSA is an antibiotic-resistant variety of the common bacteria that causes staph infections. This makes it more likely to develop potentially fatal complications, as it can proceed untreated for longer and spreads rapidly in institutional settings such as hospitals, prisons and schools.

Researchers added the volcanic clay, called *agricur*, to cell colonies of MRSA, and found that 99 percent of colonies were eliminated within 24 hours. In the same time period, colonies not treated with the clay grew by 45 percent. The clay exhibited similar antibiotic effects against salmonella, *E. coli* and buruli.

Buruli is a flesh-eating relative of leprosy that causes disfigurement of children. Due to its prevalence in Africa, the World Health Organization has classified it as "an emerging public health threat."

The researchers do not yet know what about the clay is responsible for its antibiotic properties. While clay has a history as a folk remedy for nausea and a spa treatment, the former use has not been seriously studied and the latter is due to clay's ability to hold heat and draw out toxins.

"We have multiple working hypotheses," to explain the properties of antibacterial clay, researcher Lynda Williams said. "Our primary hypothesis is that the clay minerals transfer elements, not yet identified, to the bacteria that impede their metabolic function. It is entirely possible that it is not one single element that is toxic to the bacteria, but a combination of elements and chemical conditions that attack the bacteria from different angles so as to overwhelm their defense systems."

While unlikely, it is also possible that the clay kills bacteria through physical rather than chemical processes, which would make it incredibly difficult for the bacteria to develop resistance to it.

Printed with permission by: NaturalNews.com
Originally published April 15 2008

The signs of outstanding leadership
are found among the followers.

Max DePrez

Extreme *Reflexology, NCRA Edition*

From Cyndi Hill

WSOC-TV is not something that means a lot to me. I don't watch TV. No, I'm not a communist, or part of some cult. I just don't have time to watch TV, therefore I don't subscribe to a service. So when Toni Wyatt called me excited about an Extreme Makeover/ Home Edition for a family in Charlotte NC, she had to explain it to me step by step. It didn't take long for her to convince me to volunteer. The focus was a house for a family built in 7 days which is really 5 days when you consider construction doesn't happen till the old structure is demolished. Granted, they already had one volunteer per nail so our talents as reflexologist were more valuable than our limited expertise in carpentry.

When we arrived, we saw massive traffic, extensive security, and what looked like a Cecil B DeMill cast of thousands! After registering with the volunteer tent and receiving our hard hats and



some very cool t-shirts, we were on the bus to volunteer to the show's latest construction location. But not before explaining to the coordinators what reflexology is, demonstrating the technique (yes, we gave abbreviated versions), and hearing for what would be the hundredth time that day, "I never heard of reflexology! This is really cool!" Have these people been under a rock? Or have we? I found myself chanting the definition of reflexology practically all day; to the insulation team who were sprawled out like the final scene in Shoot Out at the OK Corral, to workers, to team coordinators, none of them seemed to know the first thing about reflexology. They do now! Toni and I chose to work with hands instead of feet for

obvious reasons. The results were (yawn) spectacular as usual. People were amazed.

After a day of reflexology, helping serve lunch, reflexology and hearing the folks we'd worked on earlier still talking about it, we decided to take our leave. I came away with this: whenever you help someone for no apparent reason, good things happen. These folks came out in droves to help a family. We came out to help the workers. They learned about this thing called reflexology, and many of their aches and pains were eased. I learned just how uninformed the public is about our modality.



And as an added bonus I had the honor of doing for others what they could not do for themselves. Life's an adventure. Get out there and live it. While you're at it, could you mention Reflexology?



From Toni Wyatt

I must add this footnote. Upon our arrival to the build site and until we left, Cyndi was like a child seeing the ocean for the first time. I have been involved in quick builds before so I have seen controlled chaos and that is what this was. If you have never given like this before, you need to. It feels great to give to those that need and are not asking. It makes no difference how tired you are at the end of the day because you feel GREAT!

Lovell Small, LPN, CR

My Mentor

By Cyndi Hill

Lovell Small came into my life as she accompanied our minister and his wife to worship one summer Sunday morning. An old friend from Boca Raton Fla., she wanted to hear Dick Ganter preach again. As we were introduced a connection was sparked. Talking to this petite yet powerful woman was like having a walking encyclopedia of wellness information animating herself before my very eyes. Even casual conversation made me consider taking notes. As she explained reflexology to me, I knew I had found what I wanted to be when I grew up: a Reflexologist. (Sure I was married with children, but who says growing up is on a scheduled time table?)

Lovell worked on me almost daily that first week she was here. Good thing too, as I was suffering from plantar fasciitis: a painful foot injury that generally takes much longer than the week I experienced with it. Reflexology handled it quite nicely and for the week I felt like I was "at the feet of Gamaliel." I breathed it in like oxygen. She must have appreciated having an apprentice, for she visited Salisbury NC subsequently supplying me with words of healthful-helpful wisdom. She knew.....EVERYTHING! How to cook healthy, what fruit or vegetable juices were good for which health calamities, vitamins, minerals, homeopathies, herbs, just EVERYTHING I could think of to ask her she knew something about or knew how to find out. Keep in mind this is before the internet .

Lovell is a solid advocate in healthy living: exercise, good nutrition, Reflexology, and strongest to champion giving thanks to God. At 95 years of age I think she may be on to something.

Over the years she's helped scores of people. Folks would hire the spry LPN to live in with their terminally ill family members. From bed ridden, to sitting at a dinning room table, to feeling well enough to shop, to driving their own car for themselves again,

the progress seems miraculous. Usually within the month her new "terminally ill" client was enjoying a new lease on life. The scenario was not infrequent in her work.

Upon contact with members of her family, one had the impression they didn't know where to begin. Convinced Reflexology makes a difference in peoples' lives, they speak with conviction about men and women whose lives were made better, lived longer, with far more quality, and dignity. Her son even laughs when asked about being her guinea pig.

Both amazement and disappointment were felt at Lovell's work being met with quite a different response than anticipated. It seems that many of the clients she



afforded extra time had families that were not so happy for their "loved ones' progress. I'm told of one particular woman who came in, saw the progress her mother was making and promptly fired Lovell. Sadly this was not an isolated case. Could it be that this is an aspect of opposition to our work we've overlooked?

Lovell's take on life is quite simple: Learn all you can, read the Bible every day, Love the Lord with all your heart. She worked on herself a lot, outlived many of her doctors, had to stop telling her age when people hired her because she was older than some of her clients. Till very recently when it was known she's developed Alzheimer's Disorder, she was pretty fussy about what she ate.

I was recently in Boca Raton and had the opportu-

continued on page 16

NCRA Summer Newsletter 2008

nity to reconnect with her. It was heartwarming to see her again. Although the years have slowed her down a bit, she still has a grip that lets you know she's there (ow!). Her upper body strength is beyond belief. She still has something to teach me, and I still feel like I need to be taking notes. I've often said I wish I knew what she's forgotten.

She'd been receiving physical therapy for an ankle injury. When asked what happened she recalled seeing a weed in her yard, pulled it, and fell back on her foot at an odd angle. For anyone else that could have been disastrous. For Lovell it was more of an "I fought the weed and the weed won." frame of mind. Naturally I worked on her (what an honor) and for her to describe the sensations she was feeling throughout the session and to know I had been given this priceless opportunity to give back something to the one who introduced me to the wonderful world of Reflexology is beyond description. Sometimes love needs no words.



It's that time again!!

Now is the time to order the
fund-raiser calenders for 2009.

In order for the calenders to arrive by
our November meeting, you need to
place your order for the NCRA Calenders.

DEADLINE, 9/30/08

Contact Cyndi Hill
cynthh152@aol.com or 704-636-4153
with your name and the quantity you want.

These calenders are great for gifts and great to give
with Gift Certificates.

Research Article -

The *Poison Points* and Sedation as a Form of Treatment

By Moss Arnold, Australian College of Chi-Reflexology

It is amazing how old information and knowledge resurfaces. The story of the discovery of the four Poison points (two on each foot) on the plantar feet is an interesting example of how this process occurs.

In 1998 a student of mine was doing a great deal of research into the correlations between Reflexology and Acupressure and Reflexology and Acupuncture. The results of this research were fascinating, with approximately an 80% correlation between Reflexology and Acupressure, while the other correlations were extremely low. This in itself is interesting information, for not only Reflexology, but also all body therapies, that have a tendency to incorporate Acupuncture point information into their respective therapies. The results indicate that the better and more significant approach would be to combine Acupressure and Reflexology or other body therapies. This of course confirmed my own observations and the approach I take.

Now while doing this research, the student discovered a very generalised foot chart labelled "Poison Point" Emergency, to "use firm acupressure with thumb and keep up even if tender. If no help - see doctor". This intrigued him and he included it in his presentation.

There was a beekeeper in the audience who had been working his bees that morning and had been stung many times, resulting in swollen forearms. I was challenged to try the Poison point on him to see what would happen. Being put on the spot, and being a number of years ago, I fell back on my original training and the information provided. I lacked the necessary self-confidence in my own approach to sedate the point, which is what I would now do! So, I was presented with the two feet and promptly found what I thought to be the two Poison points and stimulated them. The pain was quite intense, although not unbearable. There was no immediate or significant improvement in his condition, and so we continued. A short time later, the bee-keeper stood up and said that the swelling in his arms had decreased, as had his discomfort, and he was quite impressed with the results. We accepted his feedback and left it there.

I gave the Poison points no further thought until January 2002! At this time I received a phone call from a Reflexologist, Maurice Federici whom I had trained and who had attended the Poison Point presentation. He rang me at 10pm one night from his hospital bed, rather desperate for information on the Poison points as he had been in hospital for a few days as a result of extreme chemical poisoning

in his right leg. He was, as you can imagine, extremely desperate, and as he was so insistent, I told him where I thought they were located and made suggestions as to how to work it. Maurice takes up the story -

"I spent three days in hospital where they pumped me full of antibiotics, but nothing was working. I still couldn't put my leg down because when I did the pain was excruciating.

Being a reflexologist, I had heard about the poison point and rang Moss one night from my hospital bed to ask about it. I then called my sister to come and help me while I was still in hospital. I directed her to my right foot. She felt around the area and found a point on my foot on the metatarsal pad, which was excruciating, like as if she was pushing a nail into my foot slowly. I told her to stimulate it vigorously. It hurt like hell but I gritted my teeth and put up with the pain. Within an hour I was able to start putting my leg down without severe pain and throbbing. Now it was becoming bearable and I was able to start walking again. I left hospital and went home and did some more work on it. It was maybe two hours later I had it stimulated again and the pain was decreasing. By the next day nearly all the pain had ceased."

Now I was beginning to find the Poison points of interest. Yet, after discussing it with Maurice and sharing it at the College's 2002 Research Presentation, I left it there, until April this year, when Anne, my partner became dramatically involved in the process. Her story follows.

"On Friday March 22, 2002 I found I had 2 insect bites on my left leg. One bite appeared above my ankle bone and the other on the back of my leg below the calf. These bites appeared to be infected mosquito bites. Moss and I treated them accordingly for the next 10 days. By Easter Sunday, I had realised that these were not mosquito bites at all. They were White Tailed spider bites and they were becoming necrotic. We decided to delay the treatment we had been applying and observe their progress or lack thereof.

By 3 p.m. Easter Monday, both the foot and the leg (up to the knee) had swollen dramatically. They were extremely hot, shiny and so incredibly painful that I could not even place my foot on the floor. The necrosis was also radically advancing.

We had guests staying with us over Easter and both Moss and our visitors were emphatic about taking me to the

continued on page 18

NCRA Summer Newsletter 2008

Emergency ward at our local hospital. I was equally as emphatic that we were not going. Hence, I suggested that Moss should try the point he had recommended to Maurice. When Moss started to work on the points the pain was sharp and excruciating.”

I immediately took both of Anne’s feet in my lap and promptly found the two Poison points, one on either foot, located in and just above the first and second metatarsal phalangeal joints.

The Poison points were excruciatingly painful. So, using the tip of my vertical thumbs between the bones, I immediately sedated (by gently pressing under the skin and slowly circling anticlockwise for 6 out-breaths) one, and then the other, and they were immediately better. For some reason I also moved up half a thumb towards the toes, and found that there was a second point that was also excruciating! Again, using the same method I sedated both of these, with an almost instant decrease in pain in the points themselves.

Two issues are interesting here. Firstly, I suspect that the top point is the reflex of the subclavian vein where the lymphatic system enters the blood stream, and that this would be useful in any poisoning situation. The second and more significant aspect is that the Poison point is not this reflex and therefore something else! But what? An energy point! Anne continues -

“Having experienced a White Tailed spider bite in the past, from which I suffered for three months, the result was nothing short of astounding. It was as if we were watching a television documentary that utilised time-lapse photography.

Within 15 minutes, while we watched, the swelling in the leg and foot reduced almost completely, the redness receded to being present only around the bites themselves and I could place my foot on the floor. Moss worked the points again before we retired for the night. The following morning we went to my local doctor who confirmed White Tailed spider bites and expressed his amazement at the length of time since having been bitten and the lack of progress of the symptoms.

Moss continued to work the points over the next few days and within a few weeks I was fully recovered with no recurrence of symptoms and only minimal scarring.”

I do not share new information until I am satisfied of their significance. These incidents, especially the last one, convinced me of the potency of the Poison points, and the subclavian vein reflex and so I have since, in all my semi-

nars, shared these stories and the location of the Poison points.

What is Poison?

So many questions arise.

As demonstrated above, the Poison point has been effective in counteracting the effects of “recognized” poisons. Could it also be used effectively in isolation against these and other pollutants, infections, etc? Would it also be effective for emotional, mental and spiritual poisonings?

I have been gathered research information on two aspects of Chi-Reflexology - The Poison Points (See article), and Sedation as a Form of Treatment

Further, it looks like the Poison Points (all four of them!) are quite powerful and useful, for example:

- One person reported it was useful for “emotional poisoning” in the case of her daughter.
- Another who is allergic to mosquito bites sedated the points, and consequently had none of the usual negative responses, either physically at the sight of the bite where the inflammation was, or within herself.
- The most interesting for me was a reflexologist who initially stimulated the points for White Tail Spider bite. The woman obtained some relief, but not huge. Then the article in “Reflexology World” came out, and she then sedated the points with significantly better results.
- Another one is a student of mine, whose ex-husband has just been diagnosed with Hep C, and she is going to work on him over the next three months using the Poison Points until he goes for his next blood test.
- Another reflexologist reported that she used the Poison Points on her young daughter for Glandular Fever with excellent results.
- One mother used the poison points covertly on her marijuana-addicted son resulting in him stopping for the first time in over 15 years.
- Bicycle accident with injuries including a deeply lacerated palm of left hand down into thickest part of hand pad into thumb, which would require plastic surgery once healed. Working just the Poison Points not only did the hand immediately start to throb and itch but almost simultaneously the pain began to subside. The end result was that the Doctor was amazed at the improvement over three days and there is no need for plastic surgery!
- Sedated the points for injured right shin, with swelling and bruising. Pain excruciating in right poison points but not left!
- 2 year old boy 5 spider bites on his little ankle. Sedated the poison points ONLY a number of times over two days by which time there was only one clear blister and ankle and foot back to normal.
- One reflexologist reported her observation that they

continued on page 19

are more sensitive in clients experiencing acute grief.

- Extremely painful and huge tooth ulcer the size of an egg. Nothing had worked until the Poison Points sedated, and it burst a few hours later and by the next day to had drained fully and the swelling had already gone down.
- A herbal Medicine student used the Poison points on himself during a very heavy drinking session! "As I was doing this I felt myself sobering up and within another 10 minutes I was sober." However he continued to drink!
- Canadian black fly bites - within half an hour the swelling went down 7 the itching stopped.
- Used effectively for panic attacks and candida.
- Used on young child for glandular fever - back at school within two weeks.

I have gathered enough information now to know that the points work, which for me is exciting. This is why I have shared the information, so that I can better define what "poison" is, whether it be insect bites, chemical poisoning, emotional poisoning or any other kind, and what the points are good for and not good for. So any feedback, both positive and negative would be gratefully received.

The most important aspects for me are -

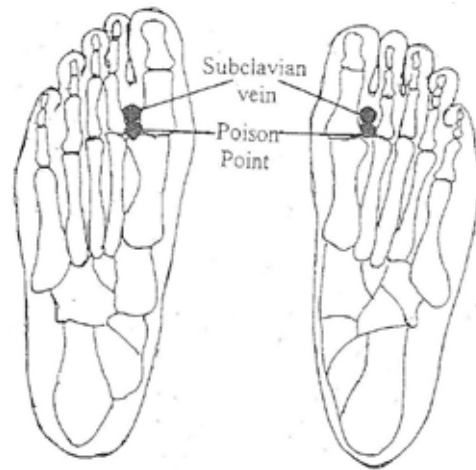
1. What type of poisoning was involved?
2. Combined with other reflexology (when?) or in isolation?
3. All four points?
4. Method used - stimulation, sedation or balance?
5. Response/s

With stimulation, you must realise that I do literally NO stimulation work any more. I have found that sedation is much more effective on physical problems than stimulation. I am also gathering reports, information and case histories on sedation work from those I have taught in my own College and around the world. I especially would like to know if both sedation or stimulation has been used, and the results. This is particularly important to me, as indications are that sedation is more effective - my gut feeling as it is, but I would like it confirmed! It will also help to verify the fact that sedation is the more effective, not only on the Poison Point, but everything. So far, it (sedation) has been very effective even on physical problems - "bone growth" "ganglia" etc gradually disappear within a few months.

Article reprinted from
Australian College of Chi-Reflexology
www.chi-reflexology.com.au/

***POISON POINTS** – Both feet, between the proximal heads of the 1st and 2nd proximal phalange bones, in and immediately above the first and second MPJ (Metatarsal-Phalangeal joints).

*** SUBCLAVIAN VIEN REFLEX** – Both feet, half a vertical thumb width above the Poison Point, between the proximal phalange of the Big and Second toes.



Reminder

If you have not renewed
your memberships for
NCRA, now is the time.
Don't let this be your last
issue of the
NCRA Newsletter.

Success Story

PCOS by Helen Fowler (UK)

*M*y Client had Polycystic ovary syndrome (PCOS)-she hadn't had a period for 2 years and was advised to start medication. Instead she tried Reflexology and after one session her period returned. She came for a few more fortnightly treatments -I gave a "traditional" treatment plus VRT (<http://www.boothvrt.com/>) synergistically with hand points especially on ovaries,uterus,pituitary). One day she rang me in great excitement - she'd been for a scan and they couldn't detect her condition - they were so puzzled they thought they had the wrong notes! Like your client she told them that all she'd done was to try Reflexology and of course the reaction was "Well we can't say it was the Reflexology that helped" I met her some years later and she was still clear of PCOS and had a baby.

Helen Fowler M.A.R
Registered Reflexologist
www.reflexology.googlepages.com

Dementia by Ruth Rowell

*M*y mom has been in an assisted living center for nearly a year as she has fairly advanced dementia with related health issues. Most months she can walk slowly with assistance or with a walker but then for no apparent reason (mini strokes?) she becomes very weak, can't walk or move without a lot of assistance, has incontinence issues, etc.

Two weeks ago I decided to offer her "foot rubs" (reflexology) twice a week for as long as she'll allow. I worked both feet for about 40 minutes. I stopped when she got restless. Particular attention was given to the brain, head and spinal points as well as the upper back and digestive system. Several times she signed deeply (very unlike her) and fell asleep.

I was told that the day after my first session that she was out of bed by herself, able to use the walker and come out into the day room! She also didn't have any bathroom accidents that day.

Even my father, who has supported the idea of my becoming a reflexologist, but not really believing, had his

eyes opened. He called to say that whatever I was doing was working and that he wanted to pay me to keep doing it. This is from a very old fashioned gentleman who has been going five days a week to exercise her and give her physical therapy!

Halleluia! Another convert. WE all know it works but having it revealed to someone that reflexology helps is a great thing. As I live in Georgia, the only benefit we can legally say reflexology offers is stress relief we have to work extra hard to promote the benefits by "reveal",

Namaste,

Ruth Rowell
Marietta, GA USA

Cyst by Catherine Tugnait

I am a maternity reflexologist trained by Suzanne Enzer-and based in London.

A couple of years ago, I had a client who came to me at 20 weeks pregnant with a cyst. It had been the size of a small plum for a few years and during the pregnancy, had grown to the size of a small orange. Her obstetrician had advised her that she would probably need a C Section, but he would keep an eye on its growth. She came to me for fortnightly relexology sessions and had another scan at 30 weeks. At this scan there was no evidence of the cyst. The radiographer spent 40 minutes looking for it and there was not even evidence of scar tissue. He asked her what changes she had made to her health and she said the only thing was her 5 sessions of reflexology. The radiologist and the obstetrician both said that this could not possibly be the cause of the cyst disappearing. But what other reaction do we expect from the medics ??? She was convinced that the endocrine balancing had done the trick. She went on to have a really straightforward waterbirth in eight hours and birthed a ten pound baby with no stitches.

Doesn't it feel wonderful to be a reflexologist??

Catherine Tugnait
Birth educator and maternity therapist.

North Carolina Workshops



FJM Workshop

Presented by Laura Jodry

Oct. 18-19, 2008 • 12 CEU hours for ARCB

NCRA Fundraiser



REGISTRATION DEADLINE SEPTEMBER 30, 2008

What you will learn:

- Some new reflex location
- The benefits of deep pressure
- Advanced techniques for most reflexes
- New techniques using a wooden dowel, and self help tools
- Yin-yang and the Five Elements of Traditional Chinese Medicine
- New full color chart with the reflexes and the 5 Elements together

FEE:

New Student: \$370.00

Return Students: \$270.00

For a detailed flyer and registration form
go to: www.reflexology-nc.org

Contact for more information:

Toni S. Wyatt, NCRA Vice-President

tswyat@bellsouth.net (Allow 24 to 48 hours for response)

Date/Time: October 18-19, 2008 - 9-5pm. Sat and Sun

Where: Rowan Cabarrus Community College, N. Campus

1333 Jake Alexander Blvd. South

Salisbury, NC 28146



First Presentation in the U.S *Facial Reflexology*

Presented by Lone Sorensen

MAY 2-3, 2009



Non-member.....	\$350.00
Non-member, Early Bird Before Oct.1, 08.....	\$325.00
NCRA or other State Associated member.....	\$325.00
Member of your State association and RAA. Before Oct.1, 08 (STATE).....	\$300.00

REGISTRATION DEADLINE DECEMBER 31, 2008

In the event the minimum class size is not reached by 12/31/08
the workshop will be canceled and money will be refunded.

For a detailed flyer and registration form go to: www.reflexology-nc.org
Contact for more information: Toni S. Wyatt, NCRA Vice-President,
tswyat@bellsouth.net. (Allow 24 to 48 hours for response)

Time/Date: 9 –5 May 2-3, 2009

Where: Greensboro, NC

Venue: to-be-announced

Workshops

Members, your NCRA board works diligently to bring to NC, the finest in reflexology education available. This allows our members to remain up-to-date on current reflexology education as well as obtain ARCB continuing education credits.

In recent years, many wait to register last minute. With NCRA bringing instructors from other countries, it has come to our attention that we need to set registration deadlines for classes NCRA has scheduled and if the minimum class size is not reached by the deadline, the class will be canceled.

NCRA must have 15 paid registrations for our workshops to offer the presenter some profit. When members delay in registering, the Board of Directors is put into a position of deciding whether or not to cancel the class due to lack of enrollment. Please remember, our presenters turn down other workshops in order to present to us. The presenter cannot be penalized (not be paid) because (NCRA) has to cancel. The (BOD) will make the decision to cancel when enrollment is so low that it becomes less expensive to cancel than to try and run the workshop for a handful of members. The money lost cannot always be recovered. Nor can the damage done to NCRA's reputation.

The responsibility of signing up early is up to you. If you're not interested in the classes NCRA has to offer, then it is time for you, the members to voice your opinion.

NCRA Board Of Directors

Maternity Reflexology Certification Course

With Susanne Enzer, Nurse/midwife/reflexologist

Part 1, Oct. 3 & 4, 2008 \$375, Charlotte, NC

Part 2, Oct. 5 & 6, 2008 \$375, Charlotte, NC

Maternity Reflexology gives you the tools to work with infertility issues, preconception, pregnancy, the Incoming Soul and pregnant feet, birthing, the postnatal period and the baby.

Maternity Reflexology Manual by Susanne Enzer
\$60 plus \$4.60 priority postage, checks only

Contact: Judith Nourse, coordinator
judith@healingarts9.com, 828.698.8036

IIR Workshop

Oct 11 & 12, 2008 Sat & Sun

Please Note: I.I.R. reserves the right to cancel any pre-registered workshop that does not meet the minimum pre-registrations 30 days prior to Workshop. Registration is still available after the 30 days if registration has been met.

This workshop is presented by Dwight Byers
MUST pre-register with a \$100 deposit 30 days prior to workshop at:

I.I.R.
PO Box 12642
St Petersburg FL 33733-2642
(727) 343 4811 or
iir@reflexology-usa.net

GREENSBORO, NC 27409
Holiday Inn Airport
6426 Burnt Poplar Road
140, exit 211
Hotel Reservations
(336) 668 0421

Foot, Hand & Ear REFLEXOLOGY Instructed by Ko Tan

September 18 & 19, 2008
(Foot Reflexology – 14 hours)

September 20 & 21, 2008
(Hand & Ear Reflexology – 14 hours)

Time: 9:00am -5:00pm
Cost: \$495 (Material included)

Location: 580 Upward Road, Suite Two
East Flat Rock, NC 28731

FULL CERTIFICATION PROGRAM

Full certification can be earned upon successfully complete of the 28 hours of Basic Seminar, 97 hours of Advanced Training (equal to 125 hours of classroom instruction), hands on homework (75 hours), written and practical examinations. Yes, our standards are the highest. You, your family, friends and clients are worthy of the best

Contact: Ko Tan KoTan@KoTanInc.com
Register online
www.kotan.biz/calendar_reflexology.html

WORLD REFLEXOLOGY WEEK

SEPTEMBER 21 - 27, 2008



Q. What is WRW?

A. World Reflexology Week

Q. What's it for?

A. To promote public awareness of reflexology, your practice, and YOU!

Q. What do I do?

A. So glad you asked. We all get to have a hand in the happenings across our state.

It can be allowing yourself to be interviewed by a newspaper, radio show, or TV show.

It could be giving a talk on reflexology.

It could be assisting in a fund raiser for a local need and donating half to the charity and half to your state or national association

(we like state here at NCRA)

It could be sharing your skills with a battered women's shelter, a Ronald McDonald house, or Hospice workers.

Whatever you decide to do, PLEASE let someone know so we can share the experience with others and learn from the experience. That means write an article or let someone interview you, so we can share with one another. We're all in this together. I'll share my plans if you share yours!

Cyndi Hill

World Reflexology Week Promotional Package

Documents are available for you to print out from your computer

<http://www.icr-reflexology.org/wrw.ht>

Documents	Description of Document
Getting Started	• Explanation of World Reflexology Week (WRW), why you should get involved and 3 steps to promoting yourself locally.
Global Awareness	• List of activities and events you can use to promote WRW.
Brochure	• Explaining World Reflexology Week
Sample News Release	• Sample of how to write a news release.
News Release	• Blank news release letterhead to print your news release on.
WRW Event Worksheet	• Worksheet to guide you in planning your event.
WRW Logo Usage	• ICR's World Reflexology Week logo and usage guide.
WRW Coupons	• Event and discount coupons to print out and use.
WRW Poster	• Post this in your community to promote your event or discount.
WRW Logo	• The WRW Logo for you to use on t-shirts, brochures, etc.

July 1, 2008-June 30, 2009

NCRA/RAA Membership Drive

Renew Today!



Thank you for your state and national support of Reflexology!

Thirteen states have affiliated with Reflexology Association of America (RAA), with more soon to follow. We can accomplish so much more working together!

Is your state: Arizona, California, Colorado, Connecticut, Georgia, Maine, Maryland, Massachusetts, Missouri, North Carolina, New York, Ohio or Rhode Island? If so, you'll find your State/RAA specific forms on the NCRA & RAA website. If your state isn't yet affiliated, a general form to join RAA is there for you. Download and print the form you need.

www.reflexology-nc.org

If you don't have a computer, contact Cyndi Hill 704-636-4153.

Why should I join BOTH my state and national association?

- Get support locally from your state association, nationally and internationally from RAA.
- Receive certificates to display in your practice. Further professionalism is demonstrated to your clients when they know you are affiliated with organizations dedicated to maintaining professional and ethical standards. It lets them know you are concerned about the field of reflexology and actively support its growth and development as well as your own continuing education.
- Be included on your state and national web sites. You can even have your own webpage.
- Enjoy the newsletters from your state and the RAA magazine containing information that will
- help you and enhance your practice.
- Get discounts offered when attending workshops and conferences in your state or nationally.
- As a member of these associations, you are kept informed of the latest
- developments in the field through continuing education opportunities, conferences
- and newsletters.
- Get combined resources when seeking governmental recognition. Legislation work done by RAA on the national level, in conjunction with many states, has ensured that Reflexologists have the right to practice as a separate modality in those states. Work is ongoing to provide that benefit for ALL. The number of reflexologists represented on the local, national, and international levels in associations is important.

If you have any questions, please contact Cyndi Hill, NCRA President
at cynthh152@aol.com or 704-636-4153.

North Carolina Reflexology Association

Post Office Box 19405
Charlotte, NC 28229-9405
www.reflexology-nc.org

Affiliate of
Reflexology Association
of America

Executive Board

Cynthia B. Hill, ARCB
President

Toni S. Wyatt, LR, ARCB
*Vice President &
Admin. Secretary*

Geri Karr, LR, ARCB
Treasurer & Recording Sec.

Eileen A. Herbison CR
Historian-Librarian

Toni S. Wyatt, LR, ARCB
Cynthia B. Hill ARCB
Delegates to the Reflexology
Association of America

The NCRA Newsletter is published for the members of the N.C.R.A.. Articles do not necessarily reflect the opinion or policies of NCRA. NCRA encourages the submission of news items, original articles and photographs and will consider each for publication in a future issue. NCRA retains the right to edit material submitted. NCRA is a state affiliate of RAA, and as stated by R.A.A., all material is educational and not intended as medical advice or treatment.

North Carolina
Reflexology Association
Is a registered nonprofit
organization.

Toni Wyatt & Cyndi Hill
Editors

Life's a journey
never stop exploring.

NCRA Regional Meeting August 16 or 17

Western	Central	Eastern
August 17, 2008	August 16, 2008	August 17, 2008
6 Old Applewood Lane	201 W Fisher St	128 Turner Rd.
Hendersonville 28739	Salisbury, NC 28147	Goldsboro, NC 27530
Contact	Contact	Contact
Judith Nourse	Cyndi Hill	Thelma Howe
704-698-8186	704-636-4153	919-0581-0046
1PM - 5PM	1PM - 5PM	1PM - 5PM