

The official voice of the Massage Therapy Association - South Africa

InTouch

October 2008

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Massage & Africa

Old and new
take hands

Latest
on
AHPCSA
proposed name
change for TMT

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FROM THE EDITOR

Massage therapy, it seems, has much in common with language. I made the link while listening to a recent radio interview with a Canadian linguist on the difference between a language and a dialect. I concluded that the name-change debate in our profession resembles a battle for dominance between the equivalent of two language groups. Let me explain my theory.

The general definition of a dialect, according to Wikipedia (<http://en.wikipedia.org/wiki/Dialect>), is a *variety of a language that is characteristic of a particular group*. Linguists accept that we all speak a dialect of a particular language with differences in vocabulary, grammar, and pronunciation. It can refer to a form of language spoken by members of a specific region, social class or a group in a particular context but importantly for us even in a profession such as massage therapy. Whether the therapist is registered is with the Allied Health Professions Council of South Africa as a Therapeutic Massage Therapist or works in a spa or beauty salon, the act of massage can be equated to the language or dialect that we speak. Some of us focus on remedial or orthopaedic massage, others on sport and still others on relaxation and wellness massage.

It is a quote by the Yiddish linguist Max Weinreich that a "language is a dialect with an army and navy" which for me, linked the topic to the current discussions in the South African massage therapy landscape.

What Weinreich is implying is that the dialect of the dominant group, those with the power and the resources, becomes the standard language. This is the dialect that is supported by institutions of state, justice and education as well as the media. It has legal recognition and is generally accepted as being the correct form. All this is supported by published grammars, dictionaries, and textbooks that present a "correct" spoken and written form and an extensive formal literature in that dialect.

It therefore follows according to Wikipedia that everybody else, outside the governing group, is considered to speak a non-standard language or dialect. It might have a complete vocabulary, grammar, and syntax, but because it is not the beneficiary of institutional support it lacks prestige and therefore leverage. As a result the word dialect is often taken as pejorative by the speakers of the dominant language since it is often accompanied by the belief that the minority language is not important.

The status of language is thus not only determined by linguistic criteria, but it is also the result of a historical and political development. Wikipedia states that "depending on political realities and ideologies, the classification of speech varieties as dialects or languages and their relationship to other varieties of speech can be controversial and the verdicts inconsistent".

This is clear from the reaction to the AHPCSA's proposed name change from Therapeutic Massage Therapy to Massage Therapy. That the suggested name-change is an attempt by the groups that represent massage therapists regulated by the Department of Health to establish its 'language' as the standard, dominant one, is clear. After all the argument goes that it has the support of the state (legislation relating to practice and education) and the responsibility to protect the public. These are justifications that the 'non-standard language' represented by training institutions that offer sub-standard training and therapists who break the law by not registering, cannot lay claim to.

The other 'language' affected by the suggested name-change namely the beauty industry is however in a different position. Here we have a group that is supported by legislation and educational structures and has a high media profile. This group considers its language to be the correct form, the standard language and from its fierce opposition to the proposal it has no intention to yield to the other group (read AHPCSA). A classic battle for dominance it seems, rooted in historical, economical and political considerations and which I suspect can have serious repercussions for the way in which registered therapists practise Therapeutic Massage Therapy, whatever the outcome.

In an attempt to get clarification on important points regarding the name change, *InTouch* has posed questions to the registrar, Debbie Drake-Hoffmann. Her replies appear on page 3 and in the MTA chairperson's regular column, Bobbie Maree states the association's position on the issue.

A substantial part of the magazine focuses on massage and Africa. With Dr Chris Low of Oxford University and others we investigate massage as part of the traditional health systems of African communities. We also look at the latest trend in spa treatments – African massage using tools associated with this continent e.g. calabashes. We get to know Julia Griss in the *In touch with ..* column and she discusses the somatic approach to body work. Finally there is exciting news about the virtual World Massage Conference to be held from 17 to 22 November. Don't miss out on learning from the world experts from the comfort of your own home!

Regards
Erika



InTouch

Editor

Erika Kruger 021 853 6052
tmpraktyk@telkomsa.net

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Editorial Board

John Hooper

Professor Mothlabane Moiloa

Third seat vacant

Advertising

Carol Cupido 083 631 7707

Massage Therapy Association - South Africa

Tel: 021 713 3006

Fax: 086 503 6016

P O Box 53320, Kenilworth, 7745

info@mtasa.co.za

www.mtasa.co.za

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Bobbie Maree 082 486 8592

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AHPCSA STILL DISCUSSING NAME-CHANGE FOR TMT

Registrar answers MTA's questions

Attempts to counter the Allied Health Professions Council of South Africa's proposed name change for Therapeutic Massage Therapy have come from various quarters. The beauty industry has vowed not to take "this lying down" and has, with training institutions offering short courses or just neglecting to inform their students that registering with council is a legal requirement for practising, resorted to petitioning for support on the internet.

In the September issue of *Professional Beauty* magazine, the South African Association of Health and Skincare Professionals (SAAHSP) argues that there is no need for the beauty industry to register with the AHPCSA as it does not claim to heal or cure illnesses. Treating diagnosed diseases, illness or deficiencies in people "falls out(*sic*) of the jurisdiction of the beauty industry," the association is quoted as saying.

According to Feroza Fakir of the Beauty Health and Skin Care Employer's Association (BHSEA) they do not need legislation by the AHPCSA as the beauty, health and skincare industry is self-regulating.

She also states that the change in legislation will mainly affect the spa industry "which is responsible for creating thousands of jobs in South Africa". Furthermore product houses she says, will be "shocked into complying" with the Medicines Control Act 101 of 1965 that will prohibit them from selling products in salons and spas.

In the light of such allegations, In Touch asked AHPCSA registrar, Debbie Drake-Hoffmann to clarify these and other related issues for MTA members.

In Touch: Please describe the procedure to be followed to implement the proposed name change.

Debbie Drake-Hoffmann: In order to change the name of the three registers (*Therapeutic Massage Therapy, Therapeutic Aromatherapy and Therapeutic Reflexology - Ed.*) it will be necessary to amend the Act. This means that the Allied Health Professions Council will put in its recommendation to the Minister of Health. If he/she approves the recommendation then the full parliamentary procedure to amend an act will take place.

IT: Has this process been initiated yet and what is the expected time line?

DDH: No, we have not sent a recommendation yet to the Minister as there are still internal processes and discussions that need to take place. At this stage time lines are unknown.

IT: Who are the stakeholders that have to be consulted in the process?

DDH: Given the nature of the matter, the council has taken the approach of consulting as wide a spectrum as possible in order to obtain opinion herein. As a general rule stakeholders are identified as those people/groups/organisations that may be affected by the change or where the change may impact on them in some ways (positive or negative).

IT: In its original statement the AHPCSA argues that the distinction between *therapeutic* and non therapeutic is an arbitrary split and that treatments provided for relaxation, relieving of stress or "to feel good" are soothing and conducive to well-being and therefore are therapeutic in nature or have a therapeutic effect. Although MTA agrees on this point, MTA is also aware that there exists differences between massage practised in the healthcare domain and massage treatments performed in the beauty and spa industry. In the SAFM radio debate between representatives of the beauty and spa industry and the AHPCSA registrar, a Camelot representative commented that they "didn't want to work on sick people". Would you concur that this statement articulates a difference between massage in the healthcare domain (represented by i.a. the AHPCSA and the Massage Therapy Association) and massage in the beauty and spa industry?

DDH: In order to answer the question, I would use an analogy: A plastic surgeon undergoes training to become a specialist. At the end of the training and after receiving such registration the plastic surgeon has a choice to either work at the burns unit in a public hospital or go into private practice doing only cosmetic surgery (face lifts, tummy tucks, breast reductions/enlargements, etc.). The one choice means dealing with "sick" people the other not. It is up to the individual to choose whether they want to work with "sick people" or not.

IT: How is it envisaged that the proposed name change will accommodate the different contexts in which massage is currently practised?

DDH: The proposed name change can accommodate practising in different contexts. (See point above)

IT: Is a multi-tier education structure (e.g. certificate, diploma and degree courses) and differentiated scopes of practice based on training for fitness-for-purpose and fitness-for-practice an option?

DDH: This issue is still up for debate and discussion.

IT: The South African spa industry is mushrooming and more and more job opportunities for massage therapists are becoming available in that sector. However, current legislation prevents registered therapist from working in or for health spas and beauty salons. Council statements have indicated that it is reviewing these regulations. Please comment on the progress in this regard.

DDH: Any legislative changes, be it to the act or the regulations will be part of the recommendation to the Minister. The change of the name will result in the necessity to review all the council's legislation.

IT: A number of other possible anomalies that will impact on the practice of massage spring to mind. The Beauty, Health and Skincare Employers Association, in its president's report expresses concern about i.a. the effect of the Medicines and Related Substances Control, Act 101 of 1965, on spas and salons, should the proposed name change be accepted. According to BHSEA this legislation will require product houses to comply with the legislation and thus prohibit them from selling products in the salons and spas.

ASSOCIATION NEWS

DDH: This has nothing to do with the change of name of the AHPCSA registers. The issue of product regulation is in terms of Medicines Related and Substances Act 101 of 1965 and in particular the regulations of complementary and alternative medicines (CAMs). This is not driven/proposed by this council but the Medicines Regulatory Authority and the Food and Cosmetic Authority of the Department of Health.

IT: What about practising a registered health profession with non-registered therapies that is currently prohibited?

DDH: This is one of the regulations that will have to be amended.

IT: Also sharing rooms with non-registered therapists is prohibited. Will it be addressed in the review of the regulations that apply to Therapeutic Massage Therapy?

DDH: This is also one of the regulations that will have to be amended.

IT: From the council's point of view, what are the obstacles (legal and practical) that are preventing the assimilation of Therapeutic Massage Therapy into the public healthcare system (hospitals and clinics etc.).

DDH: The medical profession (and normally the person in charge of public healthcare institutions) use a Health Professions Council SA regulation that prohibits medical practitioners from associating with persons not registered under the Health Professions Act, as an obstacle in gaining access to the public healthcare system. However, in the National Department of Health's Human Resource Plan Framework it states that the professions need to address the issue on a regional/district basis.

IT: How does council expect that the proposed name change and consequent blending with the beauty and spa industry, will affect Therapeutic Massage Therapy's legitimacy as a health profession?

DDH: The issue has not been discussed in depth but one does need to consider the trend of medical practitioners and specialists (in particular dermatologists) working closely with the spa industry in particular.

IT: Please comment on how the burgeoning corporate massage industry that provides employment to many people on completion of a short, skills-based course, will be accommodated should the name change be accepted.

DDH: The full extent of this has not been considered and remains an outstanding issue.

LETTER FROM THE CHAIRPERSON

Our choices today will determine our future
Don't make a choice for apathy



"Not everything that is faced can be changed, but nothing can be changed until it is faced."
James Baldwin.

Currently our profession is faced with some key changes that will impact where it will be in ten years time. Ignoring the changes will not make them go away and taking too long to become involved in the process will leave our opinion out in the dark.

It is hard to know what ultimately will be the best change for massage therapy as a whole in South Africa. Without a doubt recognition of our profession needs to grow in the health, allied health and public arena. What we do on a day-to-day basis in our therapy rooms makes a difference to the patients that we treat and more people should be exposed to the benefits of therapeutic massage.

We have worked long and hard to achieve statutory recognition. Being part of a registered allied health profession has helped us achieve a status that validates the need for massage therapy as an approach to care, yet massage therapists are apathetic about securing medical aid reimbursement for our patients. Sure, most of our patients will not claim, but how many potential patients are we losing by not offering them the opportunity to experience a massage on their medical savings account. It may be the introductory massage that will lead to a loyal and committed, cash-paying client.

With change comes uncertainty. We can rationalise, prioritise and analyse all the pro's and con's but we can never actually know the full outcome of the change until the said change has occurred. Will our profession's name be changed or not? **Should** it be changed or not?

What we do know is that South Africa's higher education legislation **has** already changed, leading to our profession's current two year diploma in Therapeutic Massage Therapy being out of sync with the educational requirements of a qualification for a health profession. We can no longer continue teaching this course leading us to face further changes to the way we practise our profession. Looking forward we can only move with the new, learn from the past and ultimately direct the future with the choices we make today. Apathy can no longer be our approach and outlook. In order to survive, our profession needs each of us to look at the changes, face them and act now.

Kind regards
Bobbie Maree

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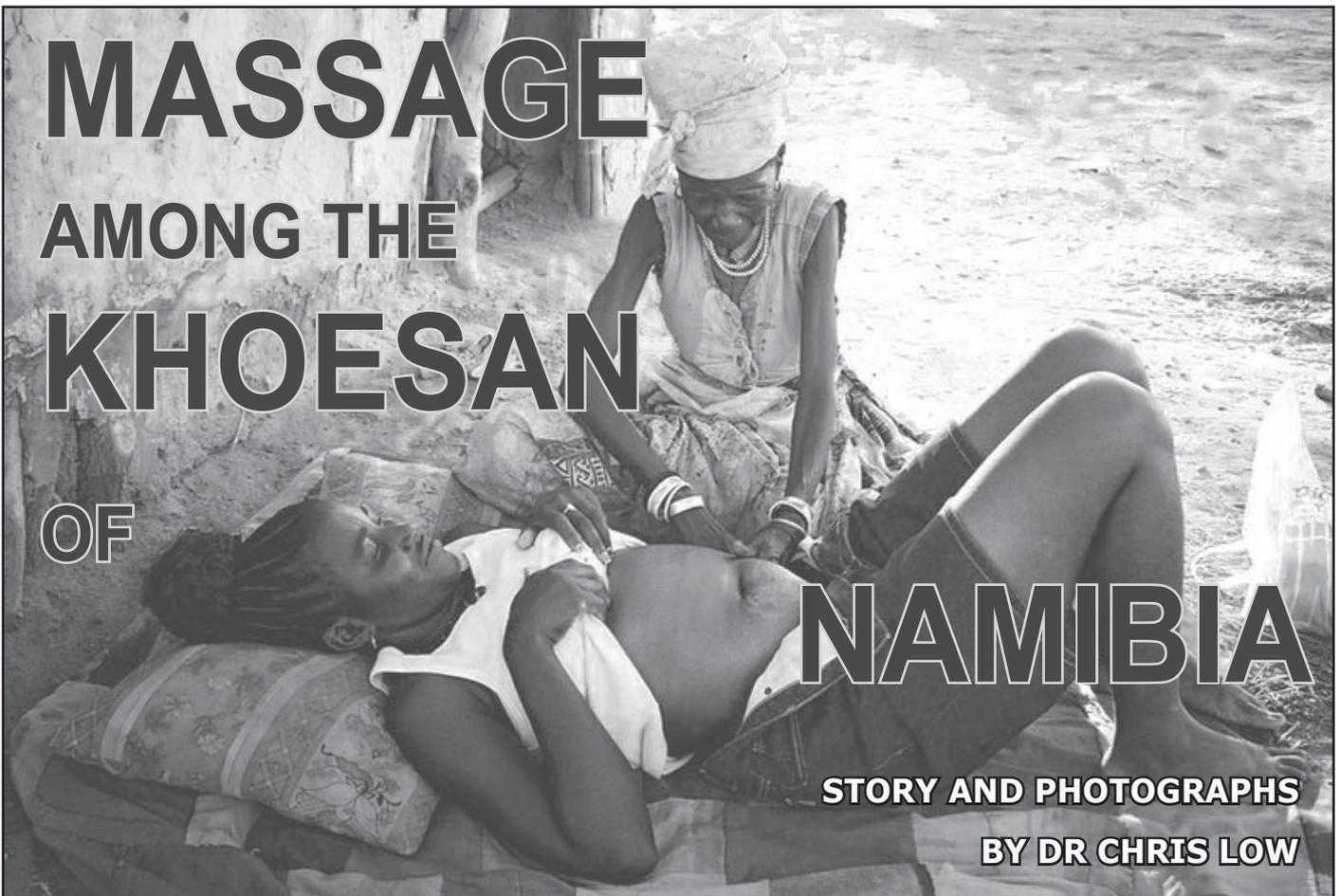
Helmien van der Merwe
CELL: 083 305 7353
TEL: (021) 856 5054
Faks: (021) 856 4243
e-pos: hvdmb@mweb.co.za
Babianslot 12 (Posbus1642)
Gordonsbaai
7150



MAST HEAD
Lidmaatskapnommer: 904174
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MESSAGE AMONG THE KHOESAN

OF

NAMIBIA

STORY AND PHOTOGRAPHS

BY DR CHRIS LOW

In 1918 South Africa's first female field anthropologist, Winifred Hoernlé, published an article concerning her findings amongst Nama living around the border of South Africa and Namibia. In her article Hoernlé briefly mentioned a Nama belief that organ misalignment or movement caused sickness. The Nama cure for such illness was to massage organs back to their correct respective positions. It was Hoernlé's sparse remarks that set me on the track of KhoesSan massage.

Chris Low DO; Lic Ac: BA(Hons); MSc; DPhil, comes from a family of osteopaths and acupuncturists. His father was a founder member of Britain's first acupuncture school, 'The British College of Acupuncture'. Both he and his brother qualified as osteopaths and acupuncturists. After five years in full time practice, Chris returned to university to study archaeology, history of medicine and KhoesSan medicine and history. Chris is currently an ESRC Research Fellow at African Studies, Oxford University, completing a three years research project, 'Animals in Bushman Medicine'. Dr Low would like to thank the ESRC for the continued support of his work.



The Nama belong historically to a relatively homogenous hunting and herding southern African group collectively referred to as the KhoesSan. The group principally comprises of the San or Bushmen, the Nama or Khoekhoe and the Damara. Although the once popular idea of Bushman as relics from an ancient hunter-gatherer past has long since been dismissed, there are arguments that much of Bushman religion and medicine has distant roots. On this basis massage ideas and practices found amongst the KhoesSan may draw upon knowledge and routines that are possibly thousands of years old.

Hoernlé's reference to Nama massage was an unusual although not entirely unique observation around 1900. What is striking about her and the other comments, is that they received, and have subsequently received virtually no attention. For myself, someone brought up in a world of osteopathy and acupuncture, these massage ideas leapt from the page echoing osteopathic ideas of organ torsion or possibly movements of Qi. From a medical anthropology and historical point of view, my later training, this information strongly suggested an unappreciated Nama knowledge of anatomy, organ function and illness.

Over the last nine years I have travelled extensively amongst the KhoesSan of South Africa, Namibia and Botswana on the path of not only what healing strategies these people employ

but their medical reasoning. From the outset of my research it was readily apparent that my hunch concerning the ongoing importance of massage amongst the KhoesSan was correct. The briefest of time in rural Namibia revealed that ideas of organ movement and corrective massage were familiar to many Nama. In subsequent research I have found that similar ideas are held amongst Namibian Damara, Hai//om and Nharo and South Africa's #Khomani Bushmen. Amongst other Bushmen I have worked with, principally the northern Kalahari Ju/'hoansi, massage is highly significant but ideas of organ movement are less apparent. What is overwhelmingly clear is that across the KhoesSan massage is significant enough to be considered a primary health care strategy. In current contexts massage is used not only in cases of body strain such as back ache, neck ache and strained limbs but for intestinal discomfort, peri-natal conditions, mental and emotional disturbance linked to heart problems and, in conjunction with plant applications, as part of a symptomatic treatment for malaria and possibly tuberculosis.

The KhoesSan, and particularly the San are known for their egalitarian social structure. Reflecting this, massage healers amongst the KhoesSan are rarely 'professionalised' in the sense of charging money and holding formal treatment sessions. Although some Nama and Damara in urban settlements work in a room in their house, regularly seeing people and charging

MASSAGE IN AFRICA

a small sum, perhaps \$10, such arrangements are rare. I have met a handful who work alongside staff in Windhoek hospitals in the rehabilitative treatment of car accident victims and stroke patients. Most massaging is, however, carried out at a very informal homestead or local community level. The practitioners are ordinary men and women who hold no special healer status.

To heal amongst the KhoeSan is to use a gift. The gift is just part of who you are. Some people will say it is just something you are given by God – God being the more or less well conceived Christian God as conveyed by generations of missionary activity around the Kalahari region. The gift can be given, literally handed to you by rubbing palms, as it is amongst some Damara, or it can be informally learnt by watching, in which case you 'want it' so it will be yours. There is also a sense in which one inherits the gift. Typically there will be an older person somewhere in the household or the near community who is known to be able to treat one or two problems. Although both men and women treat, it is generally the women that treat babies and help around issues of pregnancy.

The range of sicknesses treated by Nama and Damara are framed around ideas of 'old' and 'new' which equate as much to habits in ways of thinking and talking as historical reality. An elderly Nama woman in Hoachanas, Namibia, related 'old sicknesses' as //āutas, #gaob (heart), //hās (uterus), /gūis (intestine), /arab, #oa #gā (to go mad, literally 'wind put in'). This list is typical of many repeated to me by Nama and Damara. Other additions to a generic list might include *danatsûb* (headache) or 'older' *hādanatsûb* (horse headaches), /gōaron//ōb (children's sickness) and #gurub (leg pain,). One Nama / Damara woman expressed the old illnesses as heart falling, liver falling, intestine up and down. In addition to treating sicknesses massage is also used extensively for babies to 'make them strong' and for pregnant women to ease discomfort and generally facilitate the pregnancy.

Amongst the San what is treated tends to be less specifically

named but might include a poorly specified all body pain, headaches, abdominal discomfort, liver pain, back ache and strained limbs. Some San, and particularly the Khoe speakers, spoke of the heart and uterus moving and having to relocate them.

KhoeSan anatomical knowledge is surprisingly good despite being largely derived from the dismembering of animal carcasses and then subconsciously applying what they see to humans. The idea of moving organs seems primarily related to feeling an abnormal tonus or movement in an organ and linking this to known symptomatology. Ideas surrounding 'wind' permit KhoeSan to conceptualise radical organ movement and wind plays a profound role in KhoeSan understanding of disease more broadly. KhoeSan believe that wind equates to divine breath, personal breath, personal identity, smell, an organisms 'potency' and a person or animal's shadow. Each person has their own wind which lives principally in the heart and lungs. Their wind represents who they are as a living being that influences the world in their own particular way. Some animals and even, less clearly, some plants are also thought to possess a wind characteristic that can make people sick, may cure them or protect them.

Although wind primarily enters the body through the mouth and runs to the heart and lungs it also penetrates through bodily orifices and skin pores. Inside the body the wind is the motivating force that, although stored, also runs with the blood and in the tendons. It allows people to move and do things. In some contexts a person's wind can affect someone else, particularly if they are foreign and their wind is unfamiliar or they are strong smelling, such as some menstruating women, or they are a healer who can transfer their healing wind by rubbing a person with their strong smelling sweat. Much massage involves removing or moving wind. In certain contexts of wind movement, KhoeSan talk more of moving invisible arrows of sickness or nails and thorns.

Penetrating wind is a key cause of organ movement. Women



A Hai//om Bushman massages Chris Low by foot in Outjo Namibia



who have recently given birth are very vulnerable to breezes. The breeze penetrates them and their uterus is said to move into the head. Some KhoeSan say this is the actual organ that moves whilst others say it is the 'wind' of the organ. The treatment entails placing a warm pot lid or stone on the mother's head. The warmth drives the uterus back into place. If the uterus is still deemed to be in the wrong position it will be gently encouraged back into position by a firm repetitive stroking inwards and downwards towards the supra-pubic bone region.

All massage is either of this very specific heavy stroking nature or is a more generalised stretching when hands will be run firmly down the back, around the chest or abdomen or down the limbs. In older times animal fat was used both as a lubricant and as part of the healing process, different fats holding different properties. In current times such ideas are disappearing as people predominantly use Vaseline simply as a lubricant.

The Ju/'hoansi tend to run through a vigorous systematic whole body 'massage' either before or after they focus on the specific problem. This typically entails firm bilateral compression of the head, stretching of the head and neck to either side, firm rotation of the shoulders to both sides and working the hands, down the arms and legs focussing particularly on the hands and feet. It lasts around ten minutes. Amongst the Nama and Damara there is less evidence of a systematised whole body treatment although treatment generally extends beyond the problem area. Whole body procedures are most often carried out in the treatment of babies. Babies are regularly massaged to make them strong. This apparently simple word 'strong' links to wider notions of wind moving freely, joints not gapping? and a child being resistant to wind sicknesses.

To treat a specific problem such as a liver pain KhoeSan practitioners coat their hands in Vaseline and apply the flat of their hands to the problem area to assess where the pain is, whether the organ is in the correct position and whether it is soft, hard, or possibly pumping. To encourage the organ back into position the flat of the fingers and palm are repetitively drawn across the surface with reasonable downward pressure. A soft calm organ is indicative that order has been partially restored.

Three traditional illnesses that Nama and Damara use massage for are //âutas, #gurub and !arab. //âutas refers to chronic

Damara massage for a pregnant woman

spasms of the body which are treated by passive gently forced extension and rotation of limbs undertaken over many months. This is accompanied by firm massage of the joints associated with the problem. The idea relates well to the symptoms of stroke victims. #gurub is a painful stiffened knee. Treatment entails massage of the leg, hip and knee joint and passive flexion and extension of the knee. This may be accompanied by wearing an ostrich tendon tied with goat metacarpals on the problem leg. The !arab seems to equate to a palpable aortic artery. If the !arab shifts to the side, perhaps as much as five centimetres, and pumps too strongly, a person can die. The !arab must be gently massaged back to the midline.

Heart problems are a common KhoeSan diagnosis. The heart, which is both the home of a person's identity and accordingly the home of wind, is known to shift by possibly as much as a few centimetres. KhoeSan diagnose a shifted heart by palpation and symptoms of feeling faint, 'drunk', having bad dreams or showing erratic behaviour. A fright can cause a heart problem as can a nagging concern. Treatment entails the heart being firmly stroked back into position towards the left of the chest. The chest may also be firmly compressed from side to side or front to back.

In cases of tuberculosis and malaria whole body massages are sometimes carried out when the healer chews particular plants and uses their saliva as a massage lubricant.

Although KhoeSan understandings of anatomy are not systematised and not entirely accurate in biological terms, their massage is based on a good knowledge of what works. This knowledge is part of a culture that encourages sensitive and listening hands that can detect and respond appropriately to many somatic dysfunctions.

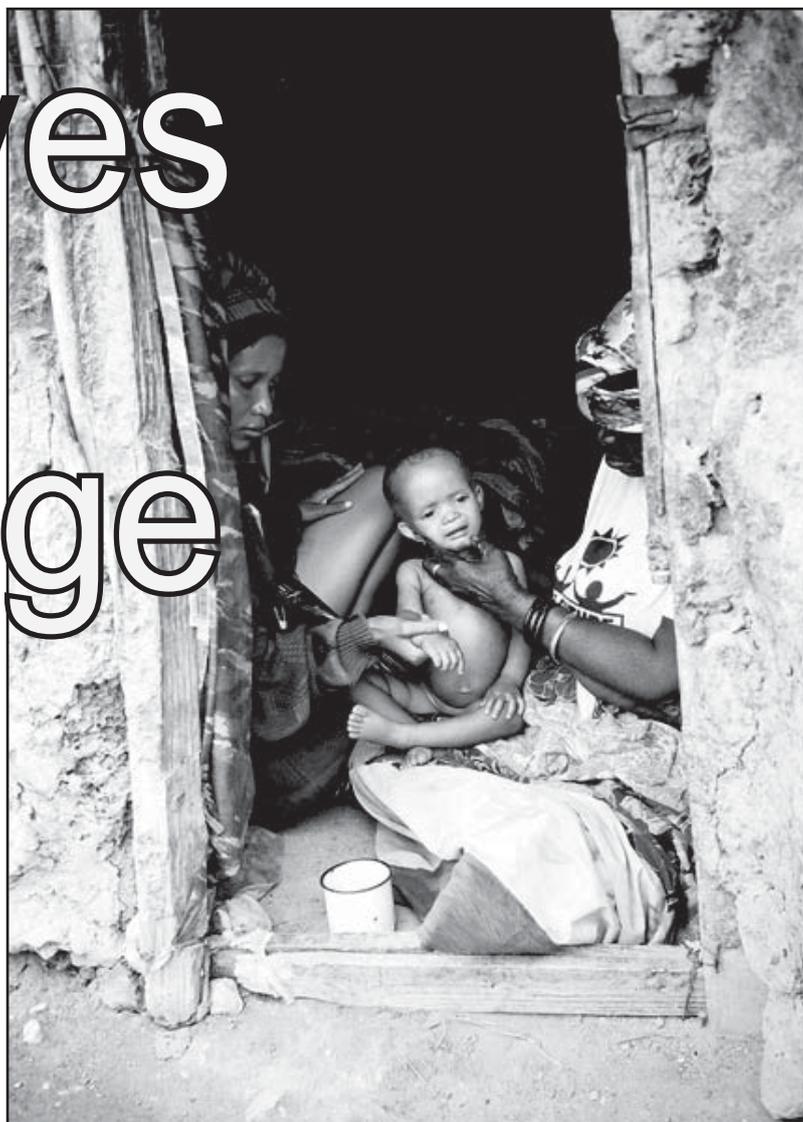
Further references:

Chris Low, *Khoisan Medicine in History and Practice, Research in Khoisan Studies Volume 20* (Köln, Rüdiger Köppe Verlag, 2008)

Chris Low, 'Finding and Foregrounding Massage in Khoisan Ethnography', *Journal of Southern African Studies* 33:4 (2007), 783-799

Midwives and Massage

Integrating
the art of touch
and
maternity care
in Africa



Baby massage at Sesfontein, Namibia by Damara grandmother and mother (Photograph: Chris Low)

Modern day midwife, Kara Maja Spencer, describes prenatal massage and compassionate touch during the childbearing year as more than a primitive practice or luxurious pampering; it is an essential and vital part of holistic maternity care ¹.

"Before Western medical practices displaced traditional midwifery, the touch and massage of a midwife or birth attendant was the central component of prenatal care around the world. In the absence of obstetrical tools and gadgets a midwife had her eyes, ears, and hands to diagnose and assist pregnant women. Honed by constant practice the midwife's senses of observation and intuition through touch were finely tuned. Today, traditional healers and midwives skilfully integrate the ancient healing arts of massage and midwifery, as they have for thousands of years.²

BOTSWANA: THE ROLE OF MIDWIVES

A qualitative investigation of traditional midwives in Botswana has profiled her as a woman who is socially and culturally integrated into the local community; represents a highly valuable source of information on cultural conceptions of crucial importance to childbearing Batswana women; demonstrates the value of a close personal relationship and communication with the delivering woman; realizes the limitations of her own capacity in birthing situations; and maintains close links with and makes referrals to the local hospital where indicated ³. The prototypical traditional midwife who was the focus of this study was a 48-year-old Batswana woman who had attended over 350 births since 1971. Among her roles were pregnancy diagnosis, assessment of nutritional intake, counselling regarding the side effects of pregnancy massage of the abdomen, delivery, assessment of the newborn, cord care and cultural rituals. After delivery the traditional midwife makes home visits to follow up on vulnerable populations and encourage use of family planning to space births.

NIGERIA: MESSAGE IN PREGNANCY

Message plays an important role in preparing Nigerian mothers for childbirth. The traditional birth attendant (TBA) in Nigeria, as in other parts of Africa, often does not have formal schooling and acquires her skill and knowledge from either a relation or friend by means of an informal apprenticeship ⁴. In contrast, the midwife has a formal, basic and professional education and can only practice independently after passing the prescribed national examination and being registered by the Nigerian Nursing and Midwifery Council.

The midwife is responsible for the care of the woman during the antepartum, intrapartum and postpartum period. From the 3rd month of pregnancy onward the midwife will carry out regular abdominal message and palpation. This technique is used to loosen the nerves and relax the muscles, facilitating an easy pregnancy and delivery as well as correcting malpresentations. The mother-to-be will also make a paste with kola nuts and rub the paste on her abdomen every day to prevent thrush and other skin infections in the newborn baby.

After birth, the placenta is disposed of with care because it is regarded as part of the baby even after birth. The mother is given a warm bath and a specially prepared oil is applied over her body. The abdomen is bound tightly with a cloth believing it will help the abdominal muscles regain their tone and maintain the pre-pregnancy figure.

As is the case with traditional bone setting, there often exists a conflict between the traditional and Western treatment of pregnant, peri and post-natal women. Research done in the riverine areas of Southern Nigeria ⁵ confirms that abdominal message is an age old practice among obstetric and non obstetric patients. The researchers however consider it "a silent killer" that has contributed to maternal and peri-natal mortality and morbidity in this region. They blame ignorance, illiteracy and poverty as well as underdevelopment, inaccessibility and ill-equipped medical facilities for the sustained support for this practice "even amongst the educated group". They propose that it is time to stop this form of avoidable losses through public health approach; mass literacy; even distribution of affordable healthcare services; improved social services and transportation; robust economy and a grass root involvement of rural programmes aimed at eradicating this "harmful traditional practice".

CAMEROON: CARING WITH MESSAGE

A paper examining the cultural acceptability of biomedical obstetrical services and care among women in North Cameroon ⁶ show that cultural acceptability of biomedical services is impaired by a series of requirements such as a too early first prenatal visit; the absence of traditional healing like message after delivery; refusal to hand over the placenta and umbilical cord to the family; and hindering the presence of family members during delivery. According to the researchers these evidences support a transition from normative medical system to an efficient and flexible medical system that is congruent with the expectations of the population. In other words, patient-centred care.

FRANCE: MESSAGE IN MIGRATION

Even when residing in a foreign country, the transition from a traditional healthcare system to a biomedical system is not immediate nor absolute. A study on the various kinds of behaviour in mothering and the ways of taking care of children by 26 migrant mothers coming from West Africa was carried out in order to evaluate and analyze changes in these practices when coming into contact with French society ⁷. Message techniques and posturo-motor exercises, as well as the physical contact between the adult and the child, and breast-feeding were examined. The researchers came to the conclusion that acculturation can be rapid in the ways children are fed but that message techniques and bodily exercises, which are bound up with the way the child and its development are perceived, are harder to change. They also noted that children having gone through these exercises walk significantly earlier than those who haven't.

MALI: MESSAGE MEDIATES SOCIAL BIRTH

Message as a ritual for newborns is more than just a physical experience. Mannoni ⁸ refers to traditional customs and practises as a *social birth*. The author explains that bodily practices on newborns are the indicators of communication between the child and his/her surroundings. It is culture that has to introduce the baby into a specific group through practices or traditions that have been used for generations. The relation between the identity and the culture is illustrated by the practice of message on newborns by their grandmothers in the Bambara region in Mali. The grandmothers message and stretch the newborns to let them experience the limits of their bodies and in the process to get into the Bambara identity. Mannoni explains that the psychic structuring and the culture are tightly connected and the body is the first mediator of that representation.

REFERENCES

1. Maia Spencer, K, (2004) Midwifery Today, Summer 2004, <http://www.genxmom.com/kara/archives/001094.html>
2. Ibid
3. Anderson, S. (1982) Traditional midwifery: a case study. Trop Geogr Med. 1982 Mar;34(1):91-101.
4. Iwese, F.A. Taboos of childbearing and child-rearing in Bendel state of Nigeria.
5. Ugboma H.A. & Akani C.I. Abdominal message: another cause of maternal mortality. Department of Obstetrics and Gynaecology, College of Health Sciences, University of Port Harcourt, Nigeria.
6. Beninguisse, G. & De Brouwere, V. (2001). Tradition and modernity in Cameroon: the confrontation between social demand and biomedical logics of health services. Arch Pediatr. 2001 Aug;8(8):882-8
7. Rabain-Jamin, J. & Wornham, W.L. (1985) Changes in maternal behaviour and care practices in migrant women from Western Africa. Botsw Natl Health Bull. 1985;1(1):64-75.
8. Mannoni, C. (1995). Role of bodily practices with newborn in the development of cultural identity. Examples of bodily practices in Africa and India. East Afr Med J. 1995 Oct;72(10):623-5.

MASSAGE IN AFRICA

NIGERIA: MASSAGE USED BY TRADITIONAL BONESETTERS

Bony injuries in the Nigerian society are often treated by traditional methods known as traditional bone setting (TBS) which often include massaging the fractured bones. Traditional bone setting is a well recognized and age long practice in African tradition and associated with much mythology and superstition.

According to Adesina, of the faculty of pharmacy at the Obafemi Awolowo University in Nigeria, traditional bone setters are those knowledgeable in the art and skill of setting broken bones in the traditional way, using their skill to see that bones unite and heal properly.

"Wounds resulting from such fractures are usually cleaned, the bones are set making sure that the ends of the bones unite properly to prevent any deformity. Bleeding is usually stopped on application of plant extracts, basil or cassava leaf extracts or the giant snail's body fluid. It is common to use banana leaves as lint. Wooden splints made from bamboo plants are used to immobilise the fractures while fresh or dry banana stem fibre (a fibrous plant), have served as bandage. Various methods are known for applying traction to fractured legs. Patients are usually also subjected to radiant heat treatment or hot applications of peppers to reduce inflammation and swelling. An interesting aspect of the bone setter's approach is the selection of a chicken whose leg would be broken and re-set. The fracture caused on the chicken is treated alongside that of the patient at the same time and in the same way. This is usually used to determine the time the patient's fracture would heal, and the time to remove the wrapped splints and clay caste.

Although Adesina states that the occurrence of deformities or abnormal shapes of post-treatment limbs is very rare, research done by Drs Udosen, Oteji and Onuba of the Department of Surgery at the University of Calabar in Nigeria, among owners of traditional bone centres in Calabar and environs paints a different picture.

According to the researchers, TBS is primarily practised by males and is considered a hereditary skill. Practitioners therefore do not see any need for collaboration with or make referrals to orthodox medical practitioners who they consider to be intruders into their business. Only about a third of the bonesetters interviewed had attained a secondary level of education and none had any knowledge of anatomy and physiology.

The result is frequent complications such as pain, tetanus, gangrene and mal-union, non-union, joint stiffness and infections. These are however usually attributed to charms and witchcrafts.

Repeated manipulation and massage of fractured bones cause severe pain and result in complications. Forms of pain relief used by the TBS include herbs as well as allopathic medication often acquired illicitly from "quack medicine dealers and health workers". Often no analgesics are used causing the patients and practitioners questioned to record the treatment as unsatisfactory.

The majority of patients are also illiterate but, say the researchers, even the elite often shows evidence of doubt in the efficacy of orthodox methods of bone treatment. People still prefer this method of treating fractures as they believe that it is cheaper, more available and results in faster healing than orthodox measures. They also list the delay in treatment in hospitals, fear of operation/amputation and "fear of medical jargons and application of plaster of Paris in the specialist centres". Patients believe that the only available option for treatment of fractures in hospitals is amputation. It is also believed that the application of plaster of Paris usually results in atrophy and gangrene of affected limbs. Patient and their relations are warned not to

seek orthodox care when they have fractures or dislocations.

The authors conclude that it may be difficult to stop traditional bone setting in Nigerian society but that it may be easier to prevent the complications associated with this procedure. They recommend training more specialists in the area of Orthopaedics and Traumatology and providing adequate basic equipment/appliances in the health institutions. This they believe may reduce the rate of patients leaving hospital to consult the bone centres against medical advice. They also suggest that the complications arising from traditional bone setting can be prevented through the eradication of poverty and ignorance as well as appropriate legislation to restrict what they refer to as "this menace".

Source: Annals of African Medicine, Vol. 5, No. 4, 2006, pp. 170-173

TRADITIONAL AND WESTERN HEALTH CARE PRACTICES IN SA INTEGRATION IS A CHALLENGE

In South Africa, where traditional healers in South Africa can obtain licences to practise, health care professionals need to be proactive in integrating traditional healing with Westernized practices to promote health for all.

A study conducted in 2002 by physiotherapists from the University of Durban-Westville concluded that traditional healing is an integral component of health care in South Africa but that very little groundwork has been done to integrate Westernized medicine with traditional healing.

This study determined the role of traditional healers in Durban, Kwa-Zulu Natal; the number of patients who consulted traditional healers; the types of conditions treated and the frequency of consultations. The opinion regarding physiotherapy of patients' who frequently consult traditional healers was also explored. Data were collected from 30 traditional healers and their 300 patients by means of questionnaires and interviews.

The results show 70% of the patients would consult traditional healers as a first choice. Sangomas were the most popular type of healers and had as many as 20 patients per day. A significantly large number of patients consulted traditional healers for potentially life-threatening conditions. The patients knew very little or nothing about physiotherapy.

This is an important message for Therapeutic Massage Therapy if the profession wants to take its rightful place in the National Health System, Says MTA chairperson, Bobbie Maree. "Thus far exclusion from public health care facilities has left the therapy available solely to private patients usually in the middle to upper income brackets".

The profession must become proactive in designing and executing awareness raising programmes that speak to a wider group of people, she says.

Reference: Puckree, T; Mkhize, M, Mgobhozi, Z; Lin, J. (2002). African traditional healers: what health care professionals need to know. International Journal of Rehabilitation Research. 25(4):247-251, December 2002.

EGYPT: MESSAGE BASED ON ANCIENT SUFI KNOWLEDGE

Egyptian massage is a style of bodywork based on Sufism, the Islamic mystic tradition that emerged during the 900's. It is a religion, philosophy and wisdom for living for the development of heart and soul. The goal is to get closer to God by following the way of the heart and by giving selfless love.

The system was developed by Safwat Singer who hails from Egypt but lives in Italy. He has worked with spirituality for over 30 years and still runs a small Sufi centre in Cairo.

According to Singer, Egyptian massage has its origins in 6 000 year old manuscripts such as the ancient drawings and texts housed in the Egyptian Museum in Cairo and which form the foundation for the method Singer calls spiritual massage as the anatomy of the soul is studied and the massage is focused on the nerve cells rather than on the muscles. One follows the nerve cells with massage from top to toe. All treatment is individual and there is no absolute method.

"Some people need massage using the hands while others don't need it. One needs sensitive fingers to find the weak points and one must know in which direction to work," he explains. Each treatment also takes into account the client's spiritual qualities in combination with astrology, metal constituents of the body (gold, silver, iron, mercury, copper, tin and sulphur), numerology and types (warm - fire, cold - water, moist - wind or dry - dust). If, for example, a person's body belongs to the category iron and is of a moist type the person will have problems with moisture. The problem lies close to the skeleton, says Safwat Singer.

The triangle is also an important element in Egyptian massage as it refers to the pyramids for which the country is known. The body is divided into pyramids - the head, shoulders and waist form one pyramid while the next pyramid extends from the waist down to the feet. The energy is collected from these two parts of the pyramids and accumulates at the centre.

If the injury is not located in the body but in the soul, another type of massage in the form of a meditation technique is required. This includes quieting down and visualizing a holy place, while repeating the holy names for the god in accordance with Sufi tradition: La, ila ha, illa, allah.

- **Safwat Singer can be e-mailed at: egypt_message@hotmail.com**
- **Source: <http://worldmassageforum.com>**

KENYA: CANADIAN MESSAGE THERAPIST PLANTS

A SEED

Have you ever wanted to utilise your professional skills as a massage therapist to help others less fortunate than yourself?

Yvonne Poulin is a Canadian registered massage therapist and the founder of the African Touch, a registered Non-Governmental Organization in Kenya. Since 2002 she has been working towards making that dream of using massage to help others a reality in Eastern Africa. "After the genocide in Rwanda, 9-11, losing my mother to Parkinson's, and watching my best friend die of leukaemia, I decided that life was short and the world is CRAZY! I had to find a way that I could simply make a positive difference in this madness." Yvonne tells her story.

In an effort to reduce poverty and increase personal capacity, I have been teaching informal massage therapy vocational training to small groups in Kenya, Tanzania, and Zanzibar. (Please read website newsletters for more details). The majority of my "graduates" have found work placement doing relaxation massage in hotels and spas. This humanitarian work has been adventuresome and incredibly rewarding. Of course it has also been frustrating and difficult trying to navigate through African bureaucracy and to fundraise. The hardest part has been doing it all solo. I am grateful for the friends, family, African Touch board members, and fellow massage therapists who have encouraged and supported me along this journey.

The success of these small pilot projects led me to expand further. Over the past three years, The African Touch has created an innovative Small Business Development Project where graduates will stand as pillars in their own community. Candidates will be selected from the visually impaired community and residential slums of Nairobi, Kenya. Our 4-month Massage Academy Project curriculum encompasses the practical and theoretical skills required to perform safe and therapeutic massage as well as the professional skills necessary to implement this training. Included in the curriculum is a module on HIV/Aids awareness and prevention and standard First Aid. Our 5-month follow-up phase will provide graduates with the hardware, support, and mentorship to establish and maintain their own self-employment businesses. This income generation will help reduce the cycle of poverty by allowing project graduates to feed themselves and their families, send their children to school, and sustain their livelihoods.

Unfortunately, I have not been able to secure funding for this major project. As a relatively "new" organization without large budget history, donors seem nervous to support this vision. Potential partner organizations are wary of the old nuances surrounding "masseuses". In the meantime, I have employers in the safari and hotel industry contacting me to send them massage therapists, and volunteers worldwide wishing to contribute their massage skills on an African Touch project! Personally, I am burnt-out, spent, and heartbroken that my efforts to fundraise for this project have failed. However, my passion for this innovative and useful incentive will never die. The infrastructure is here. The need is there. It is my hope that I will be able to plant a seed of inspiration and the dream will continue at another time. Anyone interested? Please contact me through the website **www.africantouch.org**.



Always something new out of Africa ...

Capitalising on tourists' search for the exotic and the strange, spas and lodges all over the African continent are introducing African spa treatments - from African exfoliation with maize meal to body treatments said to copy healing techniques used by the Khoi San people including being covered with mud and crushed root vegetables. What seems to make the treatment African in nature has little to do with uniquely African techniques or a particular tradition's healthcare philosophy. Rather an African massage is considered African when it includes lubricants prepared from indigenous plant material. It might also involve a typical African tool such as the *rungu* (See article on this page). The list below represent just a few of the many types of African massages advertised on the Internet.

- **Nduku Nduku Massage** using the traditional Zulu knob kierie sticks.

- **Marula African Wood Massage** using specially designed Swarthout dumbbells over olive- and marula butter

- **Wisdom Of Africa Massage** "combining international techniques with fruits from the African soil"

- **African Wood Massage** using warm olive and shea butter after which specially designed dumbbells are used as a tool to massage the body.

- **Theranaka Massage** using wooden dumbbells, African Massage butter, and a soothing rain stick after the massage.

- **African Massage** based on the Khoi San's circular healing custom, this treatment uses circular massage techniques beginning at the navel and is done with an infusion of Shea butter and Snowbush follows.

- **African Calabash Massage** using the calabash as a massage tool.

Traditional African weapon used in the Fight against stress

By Sarene Kloren

Tooled massages are experiencing rapid growth in the massage and spa industries. They are unique and easy treatments that guarantee your client will experience an unforgettable treatment.

Tools reduce the strain on the therapist's hands and body, enabling them to give a much deeper massage with the tools than with their hands. It also allows the massage therapist to be able to perform more treatments in a day than they usually would be able to.

Calabash massage

The calabash has only recently been documented for use as a massage tool, however it is fast becoming a trend in exclusive spas across South Africa, the U.K and U.S.A. It is ideal for clients who request a medium to soft pressure massage and is perfect for clients who would usually request a Swedish or aromatherapy massage treatment.

The calabash was one of the first cultivated plants in the world, grown not for food but as a container. Throughout Africa calabashes are hollowed out, dried and used as household utensils. Typically utensils include water carriers and drinking bowls. In West Africa they are also used as musical instruments and rattles.

In China, the calabash was used as a container of liquids - often alcohol and medicinal cures and in Hawaii it is still used as a large serving bowl and the term "Calabash Family" refers to extended family who have grown up sharing meals and close friendships.

Various sizes and shapes of calabashes are used as effective medium pressure massage tools.

A typical set of calabash massage tools consists of 10 calabashes:

- A Crown Calabash to work the trapezius
- A Knobbly Calabash, which has small wart-like protrusions
- Four Bottle Calabashes are used for pushing movements like effleurage
- The Dipper Calabash, which looks like a spoon is used for circular movements and can be dipped into cold water to cool the body in summer.

AFRICAN MASSAGE

There are also small tools for the feet and two small spoon-shaped ones for the face.

Relaxation is increased as the seeds in some of the calabash plants resonate unique soothing sounds during the treatment – comparable to a soft babies rattle.

The gentle movements alternating with soft touches and the unique sounds of the dried seeds bring about a heightened sense of relaxation and peacefulness. The cool feel of the calabashes against the skin combined with cold water makes this an excellent massage for summer.

Caring for calabashes

- Sterilizing of the calabashes after each treatment is vital as they have a porous skin and absorb oils from the treatment. This can be done by using steri-wipes or wiping with a natural (tea tree) sterilizing spritz and soft cloth.
- Never soak calabashes in water or any other liquid, as it is a natural product and can rot.
- If calabashes become wet leave them in the sun to dry.
- Massage butter or grape seed oil is used as a massage medium.

The African Rungu Massage

The African rungungu massage is a deep tissue tooled massage technique using a *rungu*. – it looks like a shorter version of the knobkerrie but has a round smooth ball on each side, one side being larger than the other.

Traditionally the rungungu was used as a wooden throwing club or baton in East Africa. It is generally associated with Maasai male warriors - who for centuries have used it in warfare and for hunting.

The massage rungungu is carved out of natural Eucalyptus wood and is heavy enough for the therapist to apply deep pressure with far less effort.

The African rungungu massage is an exciting new African feel massage that will leave clients in awe. The smooth texture, solid feel and different surfaces of the rungungu tool are ideal for clients who prefer a deep tissue massage - without the massage therapist using their own energy to achieve optimum results.

The shaft is used for effleurages and circular movements on larger areas. The larger knob is used on bigger muscles and the small knob is used to get into smaller spaces, for example, the area between the scapula and spine

The gentle stretching movement alternated with lighter movements brings about a heightened sense of relaxation, increasing circulation, sensory nerve perception, lymph drainage, leaving the client with a deep sense of relaxation and well-being.

If the client does not require a complete full body deep tissue treatment, the African rungungu massage can be combined with other massage techniques like hot or cold stones as well as aromatherapy massage.

With stress being one of our biggest enemies, what better tool than a traditional African fighting weapon to conquer it!

Caring for the Rungu

- Sterilizing the rungungu after each treatment is vital. Use steri-wipes or clean with a natural (tea tree) sterilizing spritz and soft cloth.
- Never soak the rungungu in water or any other liquid as it is a wooden product and can rot.
- Use massage butter as a massage medium (it is not too oily and gives a manageable slip)



For information on calabash and rungungu massage workshops contact Sarene Kloren (ITEC LBth) on 072 659 239

Tooled massage has adopted an African flavour with the use of the rungungu.

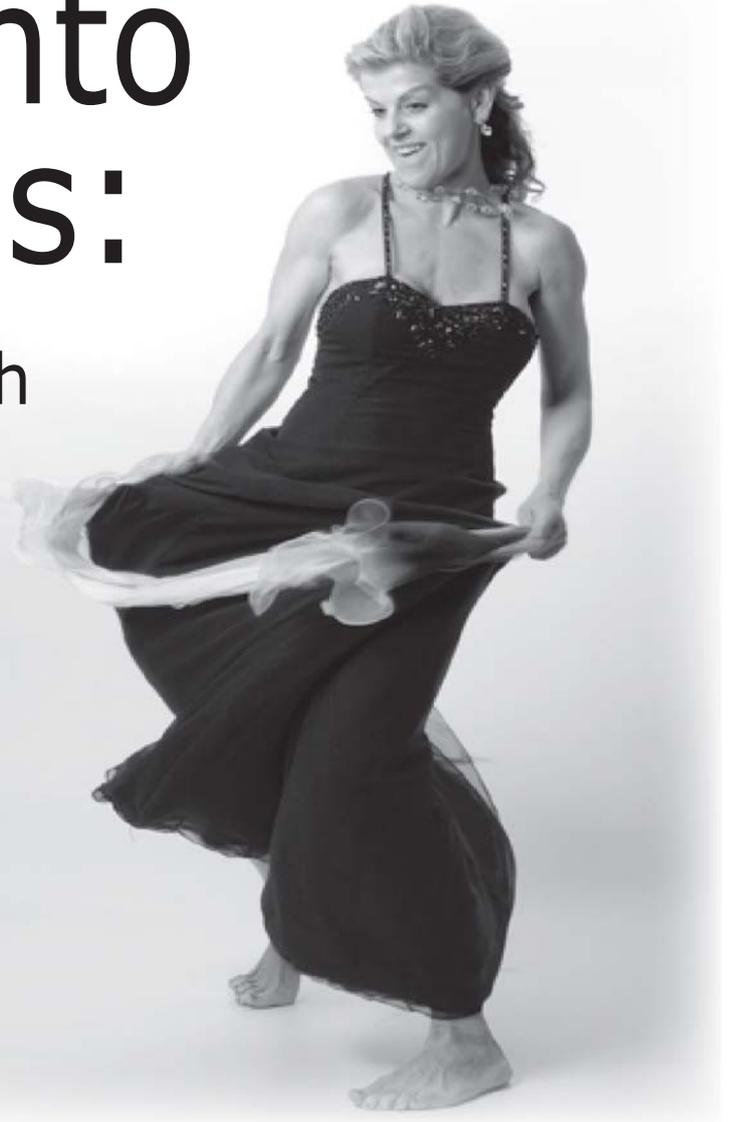
Photograph supplied by Sarene Kloren

Coming into our bodies:

The somatic approach to life coaching & bodywork

By Julia Griss

We sit quietly in the lecture room – the hustle and bustle of the world left behind. Our facilitator, Noa Belling, asks us to focus on our breathing, hearts beating, the pulsing of a natural rhythm. I listen to her voice, an imperceptible shift takes place in my attention. I begin to include all sounds as valid – my breath, the sound of cars, the distant hum of the ocean. As I scan my body, I breathe into sore and uncomfortable parts. Somehow this pain is diminished. The listening exercise ends, I open my eyes and look around the room, at the people in it. Our group is quiet - our immediate attention on what is being said.



Photograph: Martin Van Niekerk, Shuftipics, www.shuftipics.co.za

This is the starting point for somatic work – to move beyond the machinations of mind and to become fully present in the now. As Eckhart Tolle (2001:31) says in, 'Practising the Power of Now', "Presence is the key to freedom, so you can only be free now."

My first lecture in somatic coaching was at SACAP (South African College of Applied Psychology) and with this learning came a new understanding of somatic coaching and somatic bodywork.

I've been asked to write this piece on somatic coaching, to explain what it is and how it relates to bodywork. This has evolved out of my experiences studying towards being a life coach. I have taken what I have learned and started applying it in appropriate ways into my massage practise. Understanding somatic work has helped answer why some clients seem to be 'locked in' to certain postures that are repeated over and over again.

TOWARDS AN UNDERSTANDING

First, let me briefly define coaching and then how somatic coaching fits into this definition.

"Coaching is a solution-focused, results orientated systematic process in which the coach facilitates the enhancement of performance, self-directed learning and personal growth of other individuals." (Grant & Cavanagh 2002 in SACAP Somatic Counseling & coaching Study Guide, 2002: 6)

If we were to see ourselves on a timeline, counselling would be couched in the past, while coaching would be focused on what is currently happening in our lives and moving forward to a different future, based on understanding and changing our present situation.

Somatic work integrates the body-mind duality. We are more than just our minds, we have a body that is constantly moving and shaping reality.

"In all the wonderful work being done in the field of medicine and healing, there is one basic concept that is often dismissed as irrelevant. That is the relationship between the mind and the body, and the possibility that this relationship might have a direct effect on either our state of health or our ability to heal." (Aposhyan 1999)

Imagine if you woke up this morning and had a fight with your partner. Your body would close down, your shoulders slumped and your jaw set in a tight mouth. Suddenly the phone rings, it's your lawyer. Your aunt has just died and left you a million rand. Suddenly you sit up straight, your heart beating, the fight forgotten. Your entire physical process changes in an instant.

Somatic work recognises the body's ability to shift its position once it's made aware of where it is now and the potential of what it could change to. From sadness to joy.

'Soma' is a Greek word which translates into, "the living body in its wholeness: the mind, the body, and the spirit as unity." ([http:// www. strozzieinstitute.com](http://www.strozzieinstitute.com))

Our bodies are infinitely intelligent. They reflect our psychological state. Somatic work invites us to live more fully in our bodies.

According to Aposhyan (1999:1) "(a)ll experience is physical. Everything we do – not only our movements, but also our sensations, thoughts and feelings – we do with our bodies. Our bodies are indeed a gift, but perhaps a gift we have somewhat undervalued in favour of our minds. "

Somatic work includes the body as an aspect of learning. It moves beyond seeing the body as just a place to manage our moods. It invites us to become fully present in our bodies and from this place learn to move out into the world in a different way - in a way that fully embodies our experience, that accepts the good and the bad of life's ups and downs.

Once we can unearth and understand these inner conflicts, we can begin to transform our experience in the world and see all of life's challenges as important information.

There are different ways of working with a client in the field of somatic work. This might include physical movement, artistic expression or somatic bodywork.

RELEVANCE OF SOMATIC WORK

Through somatic work, the person is invited to return to the wisdom of their bodies and look at themselves as an entire being, vibrating and pulsing to a rhythm.

As Strauch explains "(t)he reality is that your body and mind are interdependent and interconnected aspects of yourself, each incapable of existing without the other." Somatic work crosses this great divide.

The client is given self-healing tools they can incorporate into their every-day lives. In this way the move towards conscious health and new embodied awareness patterns is invited to become part of a client's daily life.

Further relevance of this work is the way it deals with emotion. Through somatic work, the client is invited to fully feel alive and acknowledge all emotions.

"By realizing this spaciousness, emotional turmoil begins to appear as a smaller drama in the middle of a much larger awareness. When we can dissolve into this larger awareness, this free energy, emotion becomes an opportunity to explore our depths, instead of getting tossed around by the waves on

the surface of our being." (Welwood 1985: 87)

EMBODIED TOUCH & SOMATIC WORK

Massage can become embodied touch in somatic work with the agreement of the client and if the person is ready for this work.

Peter Strauch puts it this way: "My touch is gentle, calming and as non-invasive as I can make it.. (It is) a channel for deep communication between us about who you are and who you can become."

The skin is the largest organ of the body, replete with nerve sensors for light touch, heavy touch, pressure, heat, cold, pain and proprioception. We have become conditioned by society to avoid touch, to somehow see it as unsafe. This is particularly the case for trauma victims. Safe touch can be a profound way of helping a client to feel safe and heal some of these old traumas.

In a therapeutic context, embodied touch which is applied appropriately can tap into deep emotional wounds and begin to trigger a shift in a client's past experience.

Somatic bodywork is a conscious and compassionate method of addressing chronic physical problems. In this work the body is not seen as something to be 'worked on', but a body to be 'worked with.'

There is collaboration between client and therapist. In some ways similar to the Alexander Technique, where the body is seen as having innate wisdom. The therapist can tap into this wisdom with their hands.

Through therapeutic massage the client can be helped to identify restrictive 'holding' patterns and identify their underlying emotional context that keeps the client locked in this process.

'HAPPINESS COMES WHEN WE DANCE WITH THE FLOW'

Somatic counselling/coaching invites us to engage in celebrating the richness of life. It offers a direct way of experiencing both our bodies and emotions, using physical tools to work with.

"Happiness comes when we dance with the flow, when we participate with whatever arises. So we come upon the radical idea that happiness is not about how many good times we've had and bummers we haven't had, but from being willing to greet life as it occurs, to meet it and respond in its gush and flow. We don't attach ourselves to the contents of life, but we celebrate the very process of being alive." (Caldwell C. , p.57)

BIBLIOGRAPHY

- Aposhyan, S. (1999) *Natural Intelligence: Body-Mind Integration and human development*: Williams & Wilkins: Baltimore, Maryland
- Belling, N. (2003). *Introducing the TARA approach: Selective Jin Shin TARA points for self-supportive touché; and Self-care skills*. Unpublished Manuscript
- Basic Parameters of Movement. Ch. 9 (Introduction to Laban Movement Analysis
- Caldwell, C. (1997). *Getting in Touch: The guide to new body-centered therapies* Wheaton, Illinois : Quest Books
- Johnson, W. (1996) *The posture of meditation: A practical manual for meditators of all traditions*, Introduction. Shambhala: Boston and London
- SACAP, Somatic Counseling & Coaching Study Guide, 2005, Content Solutions
- SACAP Coaching Skills Study Guide, 2004, Content Solutions
- Shapiro, D. (2002). *The BodyMind Workbook: Explaining how the mind and body work together*
- Strauch, R. *The Somatic Dimensions of Emotional Healing* Strozzie Institute: ([http:// www. strozzieinstitute.com](http://www.strozzieinstitute.com)), (Accessed: 3 May 2005)
- Tolle, Eckhart (2002) *Practising the Power of Now*. Hodder and Stoughton



Julia Griss

I have been practicing massage since 2002. Before I changed my profession I used to work in the public relations, marketing and fundraising industry. I worked in a number of varied jobs over the last 25 years. I started off, straight out of university, working for Penguin Books where I was appointed their public relations officer. From there I progressed to working for PR agencies. Some of the clients I worked with were Nashua, Edgars, Alpha Cement and Vynide (part of AECI). As varied as this profession was, I wanted to make a difference in the world. I joined the Baxter Theatre as their fundraising manager. This was my work over three years before deciding on a different profession altogether.

I chose to become a therapeutic massage therapist

because I wanted a profession that would enable me to assist others on a physical level. It's a profession that allows me flexibility and also a great deal of enjoyment. I love what I do. I practice on an eclectic mix of people from sportsmen, to people with chronic back and shoulder injuries, to people who are terminally ill.

My field of interest is the mind/body connection as it relates to massage therapy. In terms of my practice I am particularly interested in helping women who are peri-menopausal and anyone who is going through any major life transition. Most of the women I see are going through enormous emotional and physical changes. Some of them are disconnected from their physical bodies and only when menopausal symptoms show, do they become aware of the need for self-care. Massage helps enormously because it encourages homeostasis in the body and alleviates the stress accompanying such life changes. With my coaching skills I am able to deepen their awareness of their emotional state and encourage them to think deeply about their journey into dealing with the ageing process.

My patients are varied, depending on whether I work in Pringle Bay or Cape Town. In Pringle Bay I see a lot of tourists from surrounding guest houses and residents who come over weekends and holidays. In Cape Town I see mostly sports people and professional businessmen and -women.

My greatest strengths are my hands and my ability to use them to help others. I also have tremendous patience and empathy. People find it easy to relate to me.

My personal philosophy is to be curious and never be afraid to learn something you love. When you come from that place in your work, people recognize it and respond positively.

I define business success as the ability to feel satisfied with the work you do and still earn a reasonable living out of it.

The best business decision I made was to work for myself and be independent to dictate my own hours and terms of work. I have worked in healing centres, shared rooms and worked on my own. No doubt working with others gave me a lot of business referrals. I also joined a business network that built my business and taught me a lot about professionalism. I belonged to Business Matters for two years and I interacted with people from a wide variety of professions. A lot of therapists work alone and are no longer part of mainstream business. Through the network I was encouraged to view my own practice as a business and to market it more aggressively. I was also kept informed about the different professions out there. By talking about my work, I helped educate people in the group about the multiple benefits of massage.

What I like least about working for myself is the erratic nature of the income and the seasonality of this profession. I have counteracted the erratic nature of my work by investing wisely and supplementing my income with sound investments that deliver a good interest rate. In the lean times I offer freebies and deepen my knowledge through studying and attending courses, which is how I learnt about life coaching. It's important to have a good savings plan and to keep track of expenditure and income. I don't look at my income on a monthly basis but as an annual income. In this way if I have a 'slow' month I know the rest of the year will balance out financially. It's important to develop a healthy attitude to wealth management and to not just see it in monetary terms. Massage therapy is rich with opportunities to learn and grow. At the same time you are doing good in the world and still being paid for it. I would much rather have job satisfaction with a fair income, than do work I hate and be paid well for it. I do a lot of reading on personal development and keep informed on financial markets and the economy. I visualise the income I want and work at getting it. Life always surprises me with rich experiences that I learn from.

The most rewarding aspect of being a massage therapist is the ability to help others and be of service to them.

I see the future of TMT in South Africa as becoming less 'alternative' and more mainstream. I think more people are becoming informed and educated about the multiple benefits of therapeutic massage. In order to grow as a profession we need to improve our ongoing education, service delivery and become relevant to a wider group rather than the privileged few.

I joined MTA because I feel informed and educated on the latest developments in my industry. I also have a group of professionals to turn to if I need help or advice. It helps my clients understand I am bound to a professional body that can offer me some protection and assistance.

CONTINUED PROFESSIONAL DEVELOPMENT

WORLD MASSAGE CONFERENCE

International experts make home visits

The World Massage Conference is taking place from 17 to 22 November and the good news is that any therapist anywhere in the world can participate – all you need is Internet access! This WMC is a “virtual conference”. Without spending money on travelling overseas, you have the opportunity to learn from massage experts around the world at a time and place that’s convenient for you. This ground-breaking virtual massage conference will use the power of the web to bring together over 50 of the world’s top massage experts to speak over this six day period. Thousands of massage therapists, bodyworkers and spa professionals from around the world will be listening to and interacting with these industry leaders through live online audio or telephone. You will even receive online notes or slideshows for each presentation and replays of all presentations will be available immediately after the live presentations in the event you cannot attend the live session. All information is available on www.worldmassageconference.com.

To attend the conference ...

Stay where you are If you don’t see a location for the conference mentioned, it is because it is a “virtual conference” and there’s no need to travel anywhere. All presentations can be attended live either by phone or on the web. At the time of a presentation, you simply log into the World Massage Conference website and enter a “virtual classroom”.

Start by registering. Once you are registered for **Basic Access Pass** or for a **Full Access Pass**, you’ll be able to login to a private members area by entering your Username and Password at the World Massage Conference website where you’ll find the complete conference schedule.

Pay less than R600 This is the most affordable conference you’ll ever attend: Six days of access to the leading authorities in massage for as little as \$59.

Sit down and listen There are no video presentations. Not everyone has high speed Internet access and the organisers want to make the conference as accessible as possible to people from around the world. So all presentations are audio presentations which you can listen to on your computer through live streaming audio. The audio plays seamlessly even if you have a slow dial up connection. It’s as simple as pressing the Play button on a CD player. Full Access registrants also have the option to download MP3 audio files, allowing you to listen to the presentations on your iPod (or MP3 player) or burn them to CD. If you do not have access to a computer, you also have the option of listening to the live presentations via telephone.

Or make a call If you prefer, call the telephone number we give you and listen to the presentation by telephone. You will be able to download and follow along with any notes the presenter has provided or follow a PowerPoint slideshow as the speaker presents the material.

Choose real time interaction Members who have purchased **Full Access registration** can chat with participants and presenters in real time or discuss presentations by posting on interactive discussion boards set up for each presentation. As a full access member, you’ll also have the ability to interact with presenters directly by asking questions through online forms or live on the telephone.

Or make a recording Don’t worry if you can’t attend a live presentation. All presentations are recorded and you can listen to a replay of the presentation through streaming audio immediately after it’s finished. If you registered for the Full Access Pass, you can also download the presentation recording and listen to it offline on your computer or MP3 player. You’ll also be able to access written transcripts of selected presentations and read them at your leisure after the presentation.

Make hard copies PowerPoint slides and/or notes will accompany all presentations. You have the option of printing handouts and following along with a pen in hand to take notes. Full Access registrants will have access to written transcripts for selected presentations. Replays of all presentations will be available immediately after the live presentations in the event you cannot attend the live session.

SPECIAL RATE FOR MTA MEMBERS

Now not even the erratic exchange rate can prevent MTA members from participating in the virtual conference. WMC has offered to support MTA members to attend the conference at a special rate. They are offering a 50% discount for members by setting up special conference home page for MTA and providing a coupon code to use when registering for the conference. MTA will keep members up to date about this special offer.

Day 1: 17 November - Business

Unless people use your services, you can’t help them with your hands-on talents. The WMC offers you an opportunity to learn from the world’s top massage business experts.

Don Dillon outlines common errors in forming a massage business agreement, and how you can correct these before it is too late! Dillon is the author of *Better Business Agreements* and the self-study workbook *Charting Skills for Massage Therapists*.

Eric Brown - 60 Clients in 60 Days - Brown writes regularly for massage magazines and trade publications.

The E-Myth: Why most massage practices fail and what to do about it - See yourself as a true entrepreneur. Tricia Huebner is an E-Myth Seminar Leader with 30 years of experience.

Anna Rizzotto - Wellness in the Workplace Traditionally, worksite wellness programmes have focused on reducing risk factors for bio-medical illness although acute and relevant health issues tend to be psychosocial in nature. The Kailo Concept adopts a psychosocial, and even spiritual framework to address the wellness needs of its staff. Rizzotto is the Kailo Coordinator at Halton Healthcare.

Todd Brown - How To Increase The Value of Your Average Massage Patient - Brown, the Founder of GetMassagePatients.com and Massage Business University, is a prolific teacher of marketing to the bodywork community.

Amy Roberts - Massage Therapy Marketing Success - Learn how to create a strong, professional image, the first steps to getting new patients and more importantly, how to keep patients coming back. Roberts is a massage therapist and a business consultant with a regular column in *MassageToday*.

CONTINUED PROFESSIONAL DEVELOPMENT

Day 2: 18 November - Techniques

John E. Upledger, DO, OMM & Lisa Upledger, DC, FIAMA, CST-D - CrainoSacral Therapy - Working In Concert With Nature - When we refine our ability to channel that power through our bodies and minds, then we become the living medical instruments we were meant to be. Learn how to work in concert with Nature and the capabilities of the energy flowing through the body. Dr John Upledger, is president and founder of The Upledger Institute and developer of CranioSacral Therapy. Lisa Upledger, received her doctor of chiropractic degree from the Palmer College of Chiropractic in Davenport, Iowa.

Bruno Chickly, MD, DO (hon.) - Lymphatic Drainage Dr. Chickly will explain why his work takes lymphatic drainage beyond traditional applications with the unique application of lymphatic mapping and other key techniques such as lymphofascia release (LFR), which allows the simultaneous release in restrictions of the fascia and fluid body. He'll also focus on advanced techniques to address very specific structures inside the brain and spinal cord. This approach encompasses such areas as: releasing tissue trauma before touching the central nervous system and face and working on the brain fluid and nuclei as well as the thalamus, hypothalamus, caudate nucleus, hippocampus, amygdala, etc... Learn how these techniques can be applied to pathologies related to the central nervous system such as closed-head injuries, concussions, whiplash, headaches, dyslexia, cerebral palsy, cognitive behavioral dysfunctions, learning disabilities, ADD/ADHD, post-meningitis syndrome, birth difficulties or trauma. Chickly is a member of the International Society of Lymphology and the author of "Silent Waves: Theory and Practice of Lymph Drainage Therapy," the first comprehensive book dealing with the lymphatic system.

Bonnie Prudden - Treatment of Trigger Points with Myotherapy Prudden discusses the discovery, indications and benefits of Myotherapy in the treatment of myofascial trigger points. In a Myotherapy session, the patient's body is checked for areas of potentially active trigger points, highly irritable spots that remain in the muscle after it has been damaged.

Marion Rosen - Rosen Method Rosen Method bodywork was developed out of Marion Rosen's 50 years experience as a physical therapist and health educator.

Hans Axelson - Massage Trends in Europe Axelson will discuss the evolution of the massage industry in Europe, examine the current state of the profession and point out upcoming trends in the industry. He is founder and principal of Axelsons Institute in Sweden.

Tony Neuman - Chair Massage Around the World Neuman will give you a fascinating overview of the chair massage industry in Europe, Africa and Asia. Neuman teaches seated massage courses.

Boris Aranovich - Bio-Energy In this presentation, Aranovich discusses the history of massage and alternative medicine in Russia with a focus on Bio-Energy that is based on the scientific groundwork of Russian and European scientists.

Don McFarlane - An Introduction to Body Harmony The purpose of Body Harmony is to harmonize body and a mind to sing the same song and dance the same dance, and thereby open a doorway to a more Complete Life.



Photograph: Associated Bodyworks and Massage Professionals

Day 3: November 19 - Technology

As an industry, massage tends to be high touch and low tech. As a result, massage professionals often find themselves lost when it comes to incredible shifts in technology that are taking place around us. Get current and find out about the new technologies that are now accessible to you. Today's experts will introduce technologies that can help your practice and your patients.

Paul Rochford - The 4 Pillars to a Successful Website

Eric Brown - Create Your Website in a Week

McArthur - Using the Internet to Promote Your Cause

Rolf Elmstrom - Online Resources for Massage Professionals

Jane Irving and Therese Jennings - Online Education for the Massage Professional

Raymond Aaron - Goal setting strategies and life management tools

Day 4: November 20 - Research

There has been a renaissance of massage research as scientists work to unravel the mysteries

behind the amazing health benefits of massage and touch therapies, the most ancient of healing arts.

Diana Thompson, Massage Research Foundation - What's New in Massage Research?

Lena Austin and Renee Lidén - Peaceful Touch
Mia Elmsater - Massage in Schools
Ewa Westman - Infant Massage: Honoring the Past; Creating the Future

Robert Schleip, Ph.D - Fascia is Alive: Active Contractility and Sensory Innervation of Human Muscular Connective Tissues

CONTINUED PROFESSIONAL DEVELOPMENT

Day 5: November 21 - Caring

Dr. Beth Hedva - Spirituality and bodywork

Annie Leonard - The Story of Stuff

Suzanne Scurlock-Durana, CMT, CST-D - Coming Home to Our Bodies: Full Body Presence

Melanie Hayden RMT - The Mentorship Circle: Creating professional and personal success

Eli Bay - Unleashing the Power of the Relaxation Response

Monica Forchielli, Lorna Pasinato, Adele Caruso, Alexandra Blaguski - Creating a Green Practice

Tad Hargrave - The Way of the Radical Business

Day 6: November 22 - Treatment

James Waslaski - Ortho-Massage - Based on research on myofascial pain recently presented at the Harvard Medical School, and medical research studies found in archives dating back to 1946 on tendinitis versus tendinosis, you will hear about techniques that will change forever the way you approach myofascial pain, trigger points and tendon pain. Waslaski will discuss structural approaches to pain management and what kinds of pain free multi-modality methods are available to learn for achieving immediate and permanent results for complicated pain conditions of the shoulder, elbow, forearm, hand and wrist. Waslaski has served as AMTA Sports Massage Education Council Chair from 1993-1997 and is a self published author and international lecturer on orthopedic massage, pain management, sports injury, and sports enhancement treatments.

Ruth Werner - Massage and Pathology - With massage therapy going mainstream around the world more patients are seeking out massage for treatment of complicated health concerns. Today Ruth will discuss massage and pathology in the context of working with patients who are not perfectly healthy, whose bodies may not have the capacity to keep up with the kinds of changes some types of bodywork bring about where the risk of doing more harm than good exists. Werner will discuss some of the most important pathologies a therapist needs to know about for the safety of both the therapist and the patient. Werner is a massage therapist and author of the textbook *A Massage Therapist's Guide to Pathology*.

Leon Chaitow N.D., D.O., M.R.O. - Breathing Pattern Dysfunction and Pelvic Pain This presentation will describe and explain the presenting features and symptoms (mainly pain, fatigue and anxiety) of unbalanced respiration (breathing pattern disorder/BPD), as well as rehabilitation strategies. Research shows that this widespread habit (mainly affecting females) negatively affects disturbed autonomic balance, musculoskeletal and circulatory function, reducing pain thresholds, encouraging trigger point development, disturbing motor control and core stability, as well as balance. Safe rehabilitation methods will be described and discussed. A practicing naturopath, osteopath, and acupuncturist in the United Kingdom, with over forty years clinical experience, Dr. Chaitow is Editor-in-Chief, of the "Journal of Bodywork and Movement Therapies." He regularly lectures in the United States as well as Europe where he has instructed physiotherapists, osteopaths, chiropractors as well as massage therapists. He is a senior lecturer at London's University of Westminster on under- and postgraduate courses in therapeutic bodywork and naturopathy.

John Corry MT - Correcting Asymmetrical Hypertonicity and Joint Compression in TMJ Dysfunction - John Corry provides some insights into intra-oral techniques and principles in the area of TMJ dysfunction. As soft-tissue body workers we bring a unique and valuable contribution in that the mandible is suspended by soft tissue and is therefore governed by soft tissue responses to crano-mandibular function. Whether TMJ dysfunction is a primary problem or an expression of a whole-body pattern, knowing how to effectively access the "Mandibular Sling" is a valuable part of a massage therapist's toolbox. John has been a Registered Massage Therapist since 1989 and specializes in jaw dysfunction and myofascial approaches. He is a certified Personal Fitness Trainer through The Sports Performance Institute. He is also the founder and teaches techniques for TMJ dysfunction through the program TMJ Mastery.

Stefan Göthager - Fibrossage - Fibromyalgia is a difficult condition to treat. In this presentation Stefan Göthager will discuss Fibromassage, a specialized approach to treating fibromyalgia sufferers. Fibrossage was developed through studies sponsored by the Swedish government on thousands of patients and is now required training in Swedish massage schools. Göthager has done massage for 25 years with much of his time spent working with high level athletes and as a massage therapist for a Swedish national sports team. In the early 90s he was employed by the Swedish health care system to participate in a project that would explore alternative forms of treatment for fibromyalgia patients. The initial studies were conducted over a four year period and were followed up by additional research.

Thomas Myers - Anatomy Trains: Re-Visioning Soft-Tissue Patterning - Anatomy Trains is a revolutionary map for creating holistic strategies for lasting soft-tissue intervention. Anatomy Trains connects the muscles together in kinetic chains and fascial slings to transcend the old idea of single-muscle actions. Increased scientific understanding of the nature of soft-tissue relationships has led to a new understanding of how the 'neuro-myo-fascial' web can be used to create lasting change for injury rehabilitation, performance enhancement, and personal development. This audio-visual presentation reviews new research findings, presents recent dissection evidence for fascial continuities, and points to some of the strategy directions emerging from this groundbreaking new way of seeing the locomotor system at work. Thomas Myers is the author of the best-selling Anatomy Trains (Elsevier 2001).

David Zulak M.A., RMT - Comprehensive Orthopaedic Assessment & Living Anatomy - In this presentation, Zulak outlines his simple, commonsense approach to the assessment and treatment of spine and pelvis. Most patients come into massage offices for neck and back problems, yet very few therapists understand how to assess the spine and pelvis. Learning to assess all the joints of the spine and pelvis is simply learning "living anatomy". To see how the body functions and how it becomes dysfunctional, therapists have to see both the state of individual joints and tissues, while also seeing how all of these are working together as a whole. David is the author of "Comprehensive Orthopaedic Assessment for Massage Therapy".

Ron Alexander - Functional Fascial Taping - Functional Fascial Taping (FFT) can immediately decrease pain and increase range of motion, to encourage muscle firing and normal movement patterns. The technique has a unique objective assessment procedure and tape application to modify pain and to provide tension/load at rest, active increased load (patient self administered treatment) and frequent alterations in load with movement with activity. Ron Alexander is the founder of the Functional Fascial Taping method and presents FFT workshops both in Australia and internationally.

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Course Cost - R1800

*****<http://www.ctmohio.com/aboutmassagetherapy.htm>*****

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Physiotherapist, Accredited International Kinesio Taping®

Instructor & member KTA Educational Committee

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- Introduce participants to the fundamental concepts and unique properties of the Kinesio Taping Method®.
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