Indian Head Massage

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Health and Safety

Management of Health and Safety at Work Regulations (1999)

Employers should make formal arrangements for maintaining and improving safe working conditions and practices. This includes competency training and risk assessments.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995)

Employers should report any such cases to the HSE Incident Contact Centre. This includes loss of sight, amputation, fracture and electric shock. In all cases where a personal injury of any type occurs, it should be recorded in an accident book.

Health and Safety (First Aid) Regulations (1981)

Whatever the size of your business, you should always make sure you have a First Aid kit on site, as well as an eyewash bottle. You should ensure this is fully stocked at all times. You should have at least one 'Appointed Person' on hand to take charge in an emergency who holds an HSE-approved basic first aid qualification. You can contact the HSE on 0845 345 0055 for a list of suitable training providers.

Manual Handling Operations Regulations (1992)

This is relevant wherever manual lifting occurs to prevent skeletal and muscular disorders. The employer should undertake a risk assessment for all activities involving manual lifting.

Health and Safety (Display Screen Equipment) Regulations (1992)

This covers the use of display screens and computer screens. This specifies the acceptable levels of radiation emissions from the screen, as well as identifying the correct posture and the number of rest periods.

Provision and Use of Work Equipment Regulations (1998)

This states the duties for any users of equipment. It identifies the requirements in selecting and maintaining suitable equipment, as well as the training and safe use of it.

The Personal Protective Equipment (PPE) At Work Regulations (2002)

This requires employers to identify activities, which require special protective clothing, which must then be made available.

Cosmetic Products (Safety) Regulations (2008)

These regulations require that cosmetics and toiletries are safe for their intended purpose and comply with labeling requirements.

The Regulatory Reform (Fire Safety) Order (2005)
All premises must have adequate means of dealing with a fire and all members of staff should know where these are. This can include fire extinguishers and blankets; however, you should only operate a fire extinguisher if you have been properly trained to do so. All equipment should be checked and maintained regularly.

Fire Drill notices should be clearly displayed and should inform people of what to do in case of a fire. All staff should be trained in the location of alarms, exits and meeting points.

Electricity at Work Regulations (1989)
Electrical items are potentially hazardous and should be used and maintained properly. You should always ensure that you are fully trained on a piece of equipment before operating it.
All electrical equipment should be regularly PAT tested to ensure it is safe to use. If any equipment is deemed to be faulty or unsafe, you should stop using it immediately and report the problem. Make sure the equipment is clearly marked as faulty until the problem has been corrected to avoid it being used by other members of staff.

Control of Substances Hazardous to Health (COSHH)
COSHH regulations cover the essential requirements for controlling exposure to hazardous substances, and for protecting people who may be affected by them. You should carry out a COSHH assessment to identify all chemicals, products or other substances, which could cause harm.

A substance is considered to be hazardous if it can cause harm to the body. It poses a risk if it is inhaled, ingested, in contact with the skin, absorbed through the skin, injected into the body or introduced to the body through cuts.

Always check the ingredients and instructions of all products to see what they contain and ensure they are stored properly. If the product could cause harm, it should be listed on your COSHH assessment, together with what the risk is and who is at risk from it.

Next, decide on the degree of risk and who to minimise that risk. If you can, try to replace high risk products with lower risk ones. Never leave chemicals identified as hazardous in areas accessible to the general public. Do not forget, COSHH substances include both those used for treatments and cleaning.

Local Government (Miscellaneous Provisions) Act (1982)
A special treatment license will be required if you carry out any form of massage, electrolysis or ear piercing and tattooing as they may produce blood and body tissue

fluid. Each borough council in the UK has different requirements, so you should contact them to see whether they require you to hold a license for the treatments you offer.

Consumer Protection Act (1987)
This Act aims to protect the customer from unsafe or defective services or products. All staff should be trained in using and maintaining products.

Sale and Supply of Goods Act (1994)
This states that goods must be as described and of satisfactory quality. They should be fit for purpose and safe for use. It is the responsibility of the retailer to correct a problem where the goods are not as described.

Trade Descriptions Acts (1968 and 1972)
These Acts prohibit the use of false descriptions of goods or services. Information must always be accurate, false comparisons must not be made and misleading price comparisons must not be made. A product may not be described as being of a 'reduced' price if it has not been available at the higher price for a minimum of 28 days.

Disability Discrimination Act (1996)
You should ensure that clients are not discriminated against on the grounds of disability. You cannot use this as a reason to refuse to provide a service, provide a service to a lesser standard or fail to make reasonable adjustments. The premises must be able to facilitate access for disabled people.

The Equality Act 2010 (EA) gives disabled people important rights of access to everyday services. Service providers have an obligation to make reasonable adjustments to premises or to the way they provide a service. Sometimes it just takes minor changes to make a service accessible. What is considered a reasonable adjustment for a large business such as a bank, may be different from what is a reasonable adjustment for a small local salon. It is about what is practical in the service provider's individual situation and what resources the business may have. They will not be required to make adjustments that are not reasonable because they are unaffordable or impractical.

Sterilisation and Disinfecting

Sterilisation: This is the complete destruction or removal of living organisms on an object. Micro-organisms (bacteria, viruses and fungi) may be destroyed by heat,

chemical disinfectants and ultra violet radiation. All tools must, however, be cleaned to remove grease before disinfection is to take place.

Autoclave: This is similar to a pressure cooker, with the water contained inside it reaches temperatures of 121 – 134 C. This is the most effective method for the sterilisation of tools within the salon.

Not all objects can safely be placed in an autoclave; check your tools can withstand the heating process. To avoid damage to the autoclave, distilled water must be used. Metal tools placed in the autoclave must be of a good quality to avoid rusting. Take care when removing tools from the autoclave –as they will be very hot.

Glass bead steriliser: Small glass beads are retained in a beaker and heated to a temperature of 190C. Tools are placed in these beads for 10 minutes. A disadvantage of glass bead sterilizer is that it cannot hold large items.

UV Steriliser: UV light will only be effective on surfaces that are exposed to the UV light. Tools will therefore need turning during the process to ensure that all surfaces are thoroughly sterilised. UV sterilisation is not suitable for brushes.

Disinfection: This is the destruction of micro-organisms, but not usually bacterial spores, reducing the number of microorganisms to a level, which will not be harmful to health. (Inhibits the growth of micro-organisms)

In most salons, 'Barbicide' is a recognised name as a germicide and disinfectant liquid in which tools can be stored.

Surgical spirit can also be used.

Antiseptic: Is a substance that inhibits the growth of bacteria but not kill the bacteria.

Bacteria: A single cell organism without a nucleus, which produces a compound called a toxin.

Fungus: This is a low form of vegetable life, which includes mushrooms and moulds. Some varieties cause disease, such as ringworm. A fungi stat will inhibit growth of any fungus while a fungicide will kill fungus outright.

Virus: A small part of a group of infectious agents. They have the ability to copy themselves outside of a living host cell. Viruses can be classed as pathogenic – causing disease as opposed to non-pathogenic (not causing disease)

Infestations:
This is the presence of animal parasites, e.g. Mites, ticks or worms, either in the body, clothing or house.

The Appearance of the Therapist

A beauty therapist should be an example to her trade.

A client will look to her therapist as a professional and this will be reflected not only in how she looks, but also her attitude and deportment.

A therapist is a reflection on the company in which she works. If a client does not feel satisfied with the hygiene of either the therapist or the salon, she is not likely to return.

Overall or uniform:

- Should be worn at all times during working hours.
- Should be clean and smell fresh. Ideally a clean uniform should be worn each day.
- Should not be decorated with anything other than a name badge or that of a professional organization to which the therapist is a member.
- A disposable apron should be worn for each client to help reduce cross contamination and keep your uniform clean.

Hair:

- Should be clean and secured off the face.

Nails:

- Should be of a workable length.
- If nail extensions are worn, these should be cleaned underneath every time you wash your hands and they should be of a decent length and shape so as not to piece your gloves.

Footwear:

- No high heels to be worn for health and safety and comfort reasons.
- You should have closed in back and no peep toes.
- Should be clean. It is good practice to keep a pair of shoes in work and travel to and from work in outdoor shoes.

Personal Hygiene:

- Deodorant should be worn at all times.
- No heavy perfumes should be worn.
- Smokers must take extra care with their personal hygiene. The smell of cigarette smoke clings to fingers, clothes and hair. Clients may find this offensive.
- Be aware of fresh smelling breath. If having close contact with a client, avoid garlic and excessively spicy food the previous night. Facemasks also help mask smells and allow you to work at close contact with your client.

Ergonomics

Posture is important, whether you are sitting or standing up to do a treatment. Try to find a working position that is comfortable for you and reduces the need to lean over to just one side.

Using height adjustable treatment couches and chairs. Choose a height that reduces your need for bending over the client. Ideally your back should be at a 90-degree angle. Your chair should be comfortable to avoid pressure point sores or injury.

Try to avoid twisting the neck, keep your head upright and keep your shoulders relaxed.
Never ignore pain, look at ways to alleviate the symptoms. If you cannot take a break during a treatment, then you can adopt gentle stretching techniques.

Repetitive strain injuries can be caused by using the same movements over and over again. Try to avoid repetitive flexing of the wrist and instead alternate by bending elbows or shoulders instead. Equipment should feel comfortable in your hand and have as minimal vibration as possible.

The History of Indian Head Massage

As the name suggests, Indian Head Massage (IHM) has its origins in India and dates back over 5000 years. Originally used as a grooming technique in India, it has developed in the West to be a popular complementary therapy used by many for many different reasons. It can be performed anywhere as it can be applied through the clothes.

The treatment was brought from India to Britain in 1973 by an osteopath and massage therapist, Narendra Mehta, who was studying physiotherapy. He discovered that massages in Britain did not involve the head and consequently returned to India in 1978 to research the physiological benefits of IHM. Studying IHM and recording the skills used, Mehta developed the treatment to suit Western tastes. He named this treatment “Indian Champissage” from the Indian word “Champi” meaning “head massage”. Both Indian Head Massage and Champissage are used today.

In the West, IHM has evolved as part of a stress management programme and incorporates pleasant smelling oils massaged into the neck and shoulders, as well as the back, arms, scalp and face.

Benefits of Indian Head Massage

Apart from the pampering aspect of the treatment, massage has many physiological and emotional benefits. IHM is known to:

- improve blood flow to the head and neck
- improve lymphatic drainage
- relieve muscular tensions
- relieve physical and emotional stress
- improve joint mobility
- promote deep relaxation
- help improve muscle tone
- help relieve eyestrain
- help relieve deep congestion in the head
- relieve stress and anxiety
- create a feeling of balance and well-being.
- uplifting
- improve hair and scalp conditions

The majority of people only worry about their hair's health when it starts to look dry or thinning. When the body is subjected to ill health or stress, the hair is often affected and can become dry. Healthy hair should be promoted from childhood with the help of regular massage, and Indian women use oils such as coconut or almond to help nourish the hair and to keep its shiny appearance.

How Often Should We Have An IHM?

This will depend on the client and the reason for treating. Some conditions respond well after one or two treatments. It is advisable to have an IHM treatment once a month as a preventative measure.

THE SKIN

The Skin Structure

Skin makes up around 12% of an adult's body weight. It's very adaptable and able to mould into different shapes, covering bones and muscles to perform various functions of the body's make up.

The functions of skin (Shapes) are:

Sensation - Main sensory organ for temperature, pressure, touch and pain.
Heat Regulation - Regulates the body temperature by sweating to cool the body down when it overheats, and shivering when the body is cold.
Absorption – Some creams, essential oils and some medication can be absorbed through the skin.
Protection – Too much UV light may harm the skin, so the skin protects itself by producing a pigment, seen in a tan, called *melanin*. Bacteria and germs are prevented from entering the skin by a protective barrier called the ***Acid Mantle***. This barrier also helps protect against moisture loss.
Excretion – Waste products and toxins are eliminated from the body through the sweat glands.
Secretion – Sebum and sweat are secreted onto the skin's surface. The sebum keeps the skin lubricated and soft and the sweat combines with the sebum to form the acid mantle.
Vitamin D production - Absorption of UV rays from the sun helps formation of vitamin D, which the body needs for the formation of strong bones and good eyesight.

There are 3 major layers of the skin, the Epidermis, Dermis and the Subcutaneous.

The Epidermis Layer

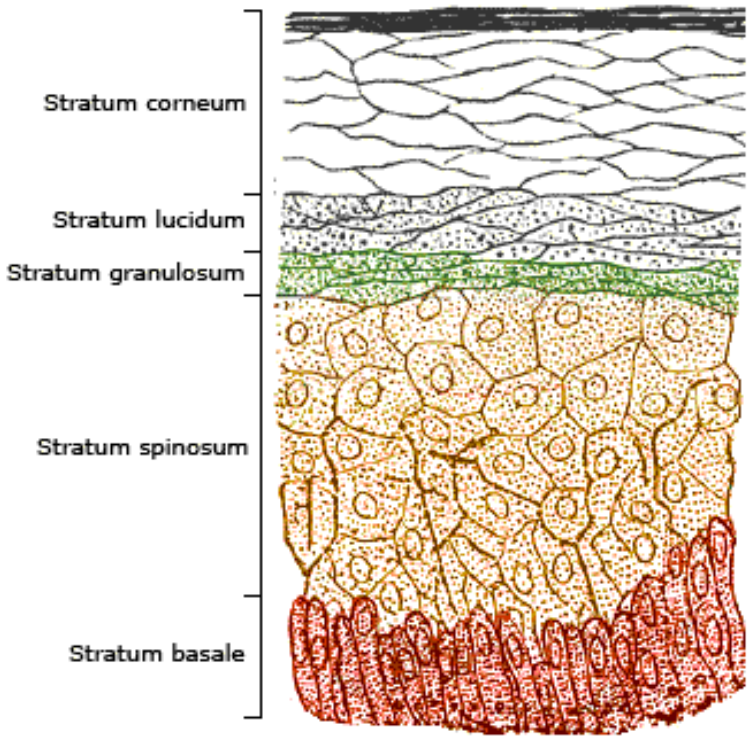
The outermost layer of the skin is called the epidermis layer. There are no blood vessels in the epidermis but it's the deepest layer and is supplied with lymph fluid. It is thickest in the palms and on the bottom of the feet.
There are various layers of cells within the epidermis, the outermost of which is called the *stratum corneum* (or *horny layer*). The layers can be seen clearly in the diagram of the skin. The surface layer is composed of twenty-five to thirty sub-layers of flattened scale-like cells, which are continually being cast off by friction and replaced by the cells of the deeper epidermal layers.

The surface layer is considered the real protective layer of the skin. The cells are commonly called keratinised cells because the living matter within the cell (termed protoplasm) is changed to a protein (keratin) which helps to give the skin its protective properties.
New skin cells are formed in the deepest layer within the epidermis. This area is called the *stratum basale* (or *basal/germinative layer*). The new cells will gradually

move towards the outer layers of the skin as the stratum corneum is shed. The new cells gradually change in form as they move upward to the outer layers, becoming keratinized in the process.

Names of the Layers of the Epidermis

English Name	Latin Name
Horny Layer	Stratum Corneum
Clear Layer	Stratum Lucidum
Granular Layer	Stratum Granulosum
Prickle Cell Layer	Stratum Spinosum
Basal/Germinative Layer	Stratum Basale



The Dermis Layer

The dermis is a tough and elastic layer containing white fibrous tissue interlaced with yellow elastic fibres.
Many structures are embedded in the dermis including:

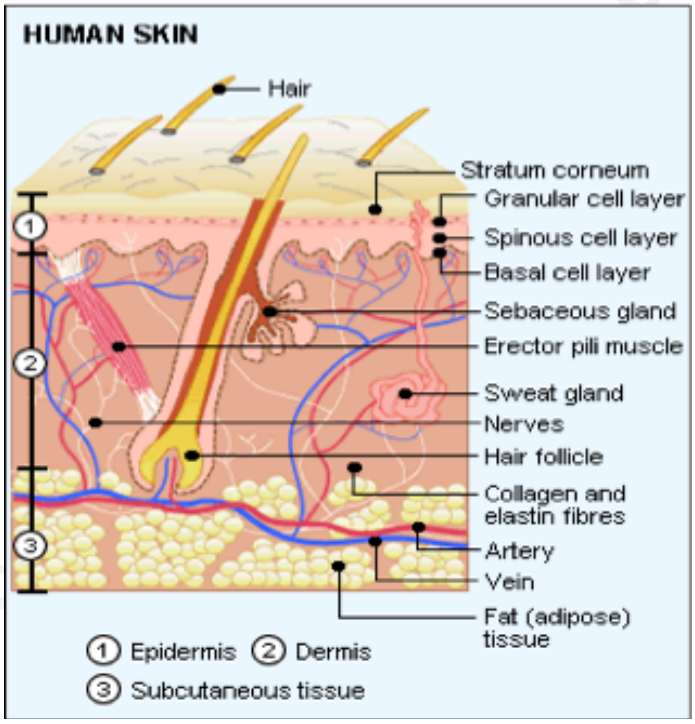
- blood vessels
- lymphatic capillaries and vessels
- sweat glands and their ducts
- sebaceous glands
- sensory nerve endings

- the erector pili - involuntary muscles are sometimes activated in cold weather to give 'goose bumps'
- hair follicles, hair bulbs and hair roots.

The Subcutaneous Layer

This layer of skin is located on the bottom of the skin diagram. It connects or binds the dermis above it to the underlying organs. The subcutaneous layer is mainly composed of loose fibrous connective tissue and fat (adipose) cells interlaced with blood vessels. The hypodermis (subcutaneous layer) is generally about 8% thicker in females than in males. The main functions of the hypodermis are insulation, storage of lipids, cushioning of the body and temperature regulation.

Diagram of the Skin

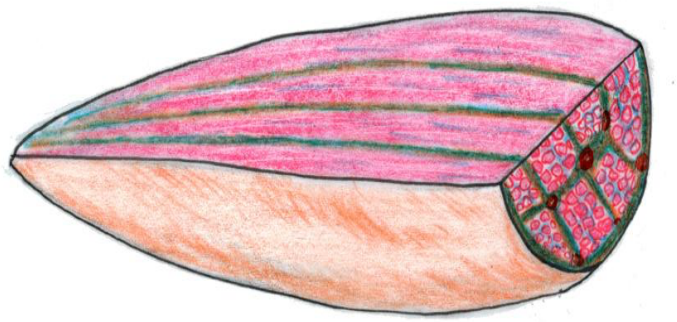


MUSCLES

Muscle Structure

Muscles are classified into three different types, which are skeletal, smooth and

cardiac.



For the purpose of this course, we are mainly going to concentrate on Skeletal muscle, as smooth muscle is mainly found within hollow organs and cardiac muscle is found within the heart.

Skeletal muscles, also known as striated due to its appearance, or voluntary due to its action, are attached to bones and deal with movement. These muscles are made up of fine, thread like fibres of muscles, containing light and dark bands. Skeletal muscles can be made to contract and relax by voluntary will. They have striations due to the actin and myosin fibres and create movement when contracted. There are over 650 different types of muscles in the human body, making up nearly half of the body weight.

Muscles have the following properties:

Excitability – the muscle responds to stimuli
Contractibility – the muscle shortens due to a nerve impulse Extensibility – the muscle can stretch and increase its length by half Elasticity – the muscle will return to its normal length

Muscles consist mainly of muscle fibres which are held together by fibrous connective tissue, with numerous blood vessels and nerves penetrating through them. The muscle fibres are made up of muscle cells, which vary in length and are rod shaped. The fibres are called myofibrils and they get shorter (contract) in response to a nerve impulse. The protein strands then slide against each other when the muscle contracts.

Each muscle fibre has an individual wrapping of a fine connective tissue called endomysium, which are then wrapped into bundles called fascicule and are covered by the perimysium. This is what forms the muscle belly, and has its own covering

called the fascia epimysium. The fascia acts as a “Clingfilm” around muscles, giving them support and also acts as a pathway for nerves, blood and lymph vessels.

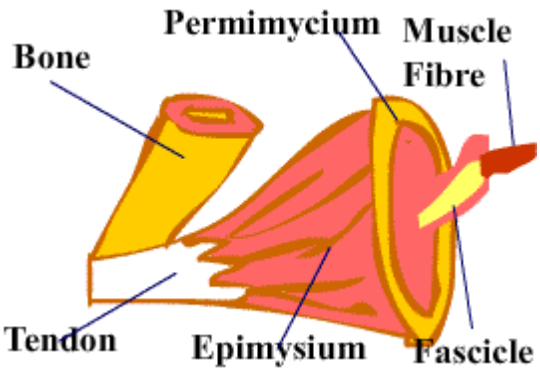
When a muscle is damaged, fibres become torn and the connective tissue around the muscle is also damaged. Fluid seeps out of torn fibres, which can cause localised swelling. This fluid tends to stick the fibres together which causes pain as the muscle is irritated by the slightest contraction. The fibres stop sliding as effectively and the fascia gets tighter and begins to constrict the muscle. The fascia can also become torn and the loss of elasticity can create tissue congestion. If the body is held in the same position for too long, such as sat at a computer, then the fascia can easily adapt to that shortened position, and any attempts to return it to its normal length can be painful. There is then a temptation to remain in that position, which in turn worsens.

Muscle Shapes

The bundles of fibres within muscles will determine the shape of the muscle. The commonest muscle fibre arrangements are:

Parallel fibres – these muscles have fibres that run parallel to each other in length and can sometimes be called strap muscles. These muscles have great endurance but may not be that strong due to their length. An example would be the Sternocleidomastoid (SCM).

Circular muscles – these muscles are usually circular in shape and an example would be the muscles surrounding the mouth and eye.



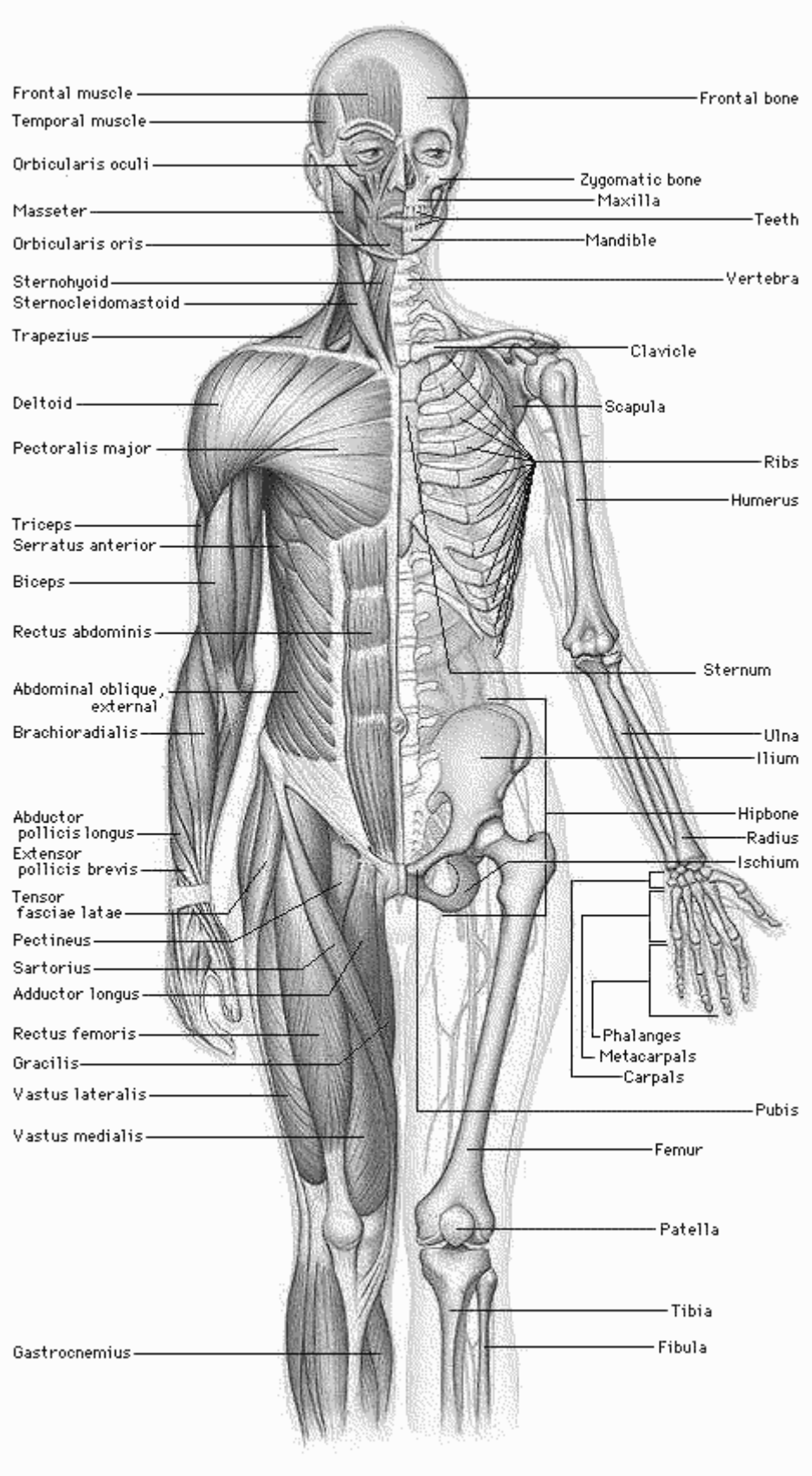
Convergent – this is where the muscle fibres converge to an attachment to a bone. The fibres are arranged to allow maximum force and can sometimes cross joints which have a large range of movement such as the Pectoralis Major.

Pennate – these are made up of short fibres, so the pull is short but also strong, though the muscle tires easily.

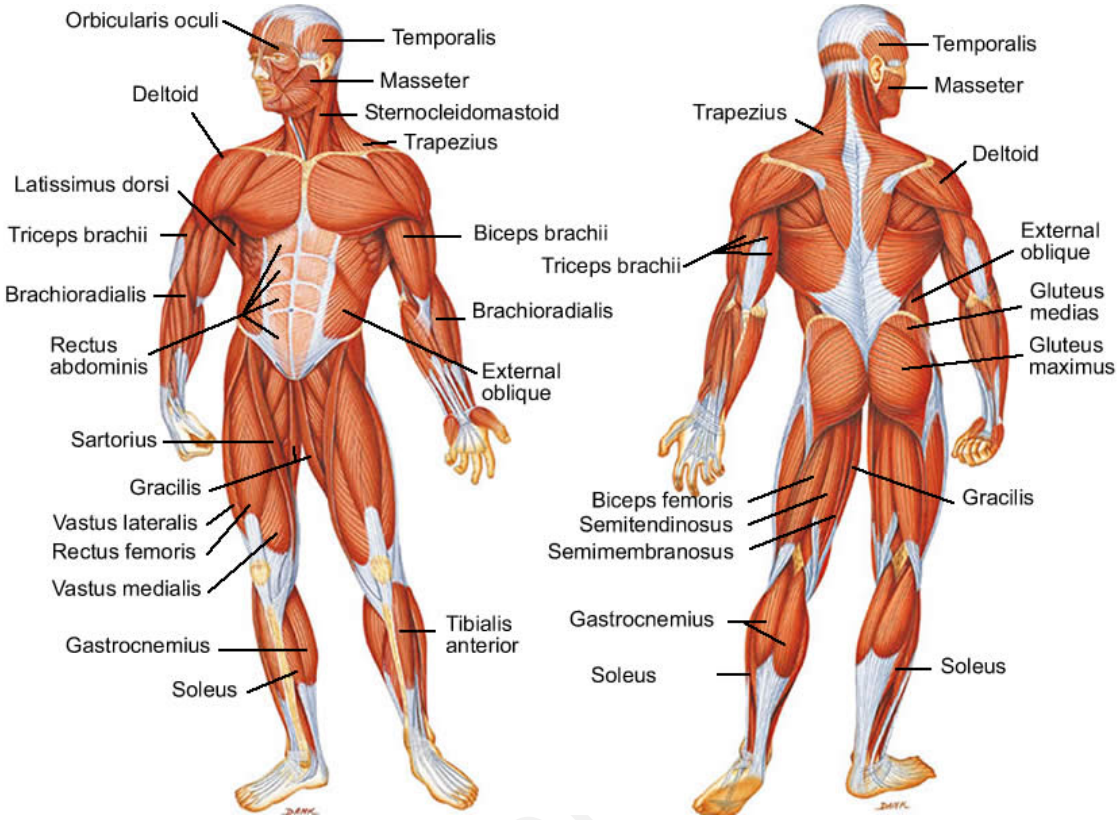
Fusiform – these are sometimes included within the parallel muscle group and are made up of spindle shaped fibres. A good example is the Biceps Brachii as the belly is wider than the origin and the insertion.

Muscle Movement

Muscles are only every able to contract or pull. This means they have to work in groups and even when carrying out an action, do not work alone. A joint, therefore has to have two or more muscles working together.
As a muscle contracts, the second muscle relaxes, and as this second muscle contracts, the first muscle relaxes. This is called Antagonistic action as they are pulling in the opposite direction to each other but without working against each other. One end of the muscle needs to be fixed, which is known as the origin and as that muscle contracts, the other end of the muscle moves towards the origin. The name given to the end of the muscle that moves towards the origin is called the insertion.


Frontal muscle
Temporal muscle
Orbicularis oculi
Masseter
Orbicularis oris
Sternohyoid
Sternocleidomastoid
Trapezius
Deltoid
Pectoralis major
Triceps
Serratus anterior
Biceps
Rectus abdominis
Abdominal oblique, external
Brachioradialis
Abductor pollicis longus
Extensor pollicis brevis
Tensor fasciae latae
Pectineus
Sartorius
Adductor longus
Rectus femoris
Gracilis
Vastus lateralis
Vastus medialis
Gastrocnemius
Frontal bone
Zygomatic bone
Maxilla
Teeth
Mandible
Vertebra
Clavicle
Scapula
Ribs
Humerus
Sternum
Ulna
Ilium
Hipbone
Radius
Ischium
Phalanges
Metacarpals
Carpals
Pubis
Femur
Patella
Tibia
Fibula

Muscles of the body



Muscles of the Chest and Upper Arm

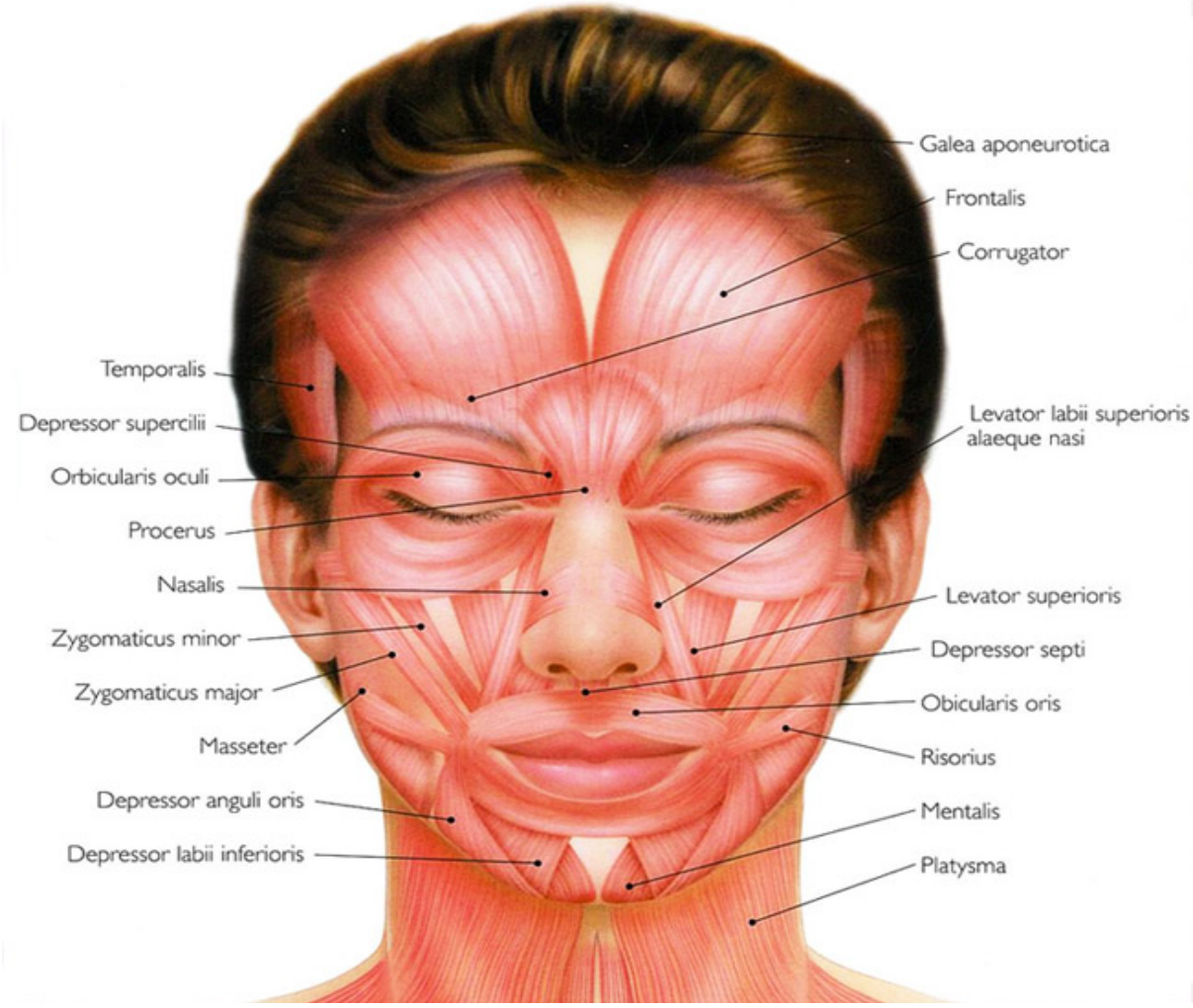
Name	Position	Action
Pectoralis major	Across upper chest	Used in throwing and climbing; adducts arms
Pectoralis minor	Underneath pectoralis major	Draws shoulders downwards and forwards
Deltoids	Surrounds shoulders	Lifts arms sideways, forwards and backwards
Biceps	Front of upper arm	Flexes elbow; supinates the forearm and hand
Triceps	Back of upper arm	Extends the elbow
Brachialis	Under the biceps	Flexes the elbow

Muscles of the Back

Name	Position	Action
Trapezius	The back of the neck and collar-bones	Moves scapula up, down and back; raises the clavicle
Latissimus dorsi	Across the back	Used in rowing and climbing; adducts the shoulder downwards and pulls it backwards

Erector spinae	Three groups of muscles which lie either side of the spine from the neck to the pelvis	Extends the spine; keeps body in an upright position
Rhomboids	Between the shoulders	Braces the shoulders; rotates the scapula

The Muscles of the Face



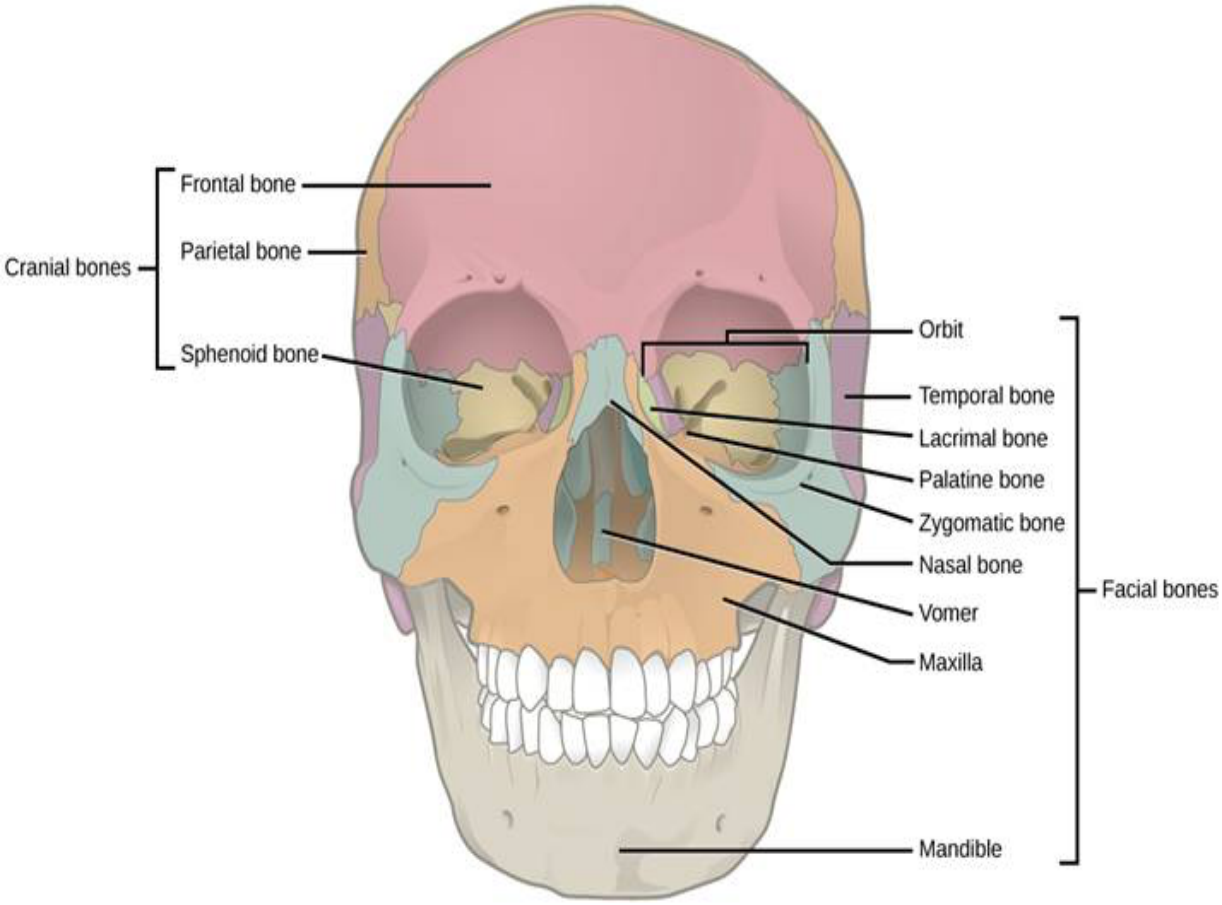
Muscles of the Face and Head -

Name	Position	Action
Frontalis	Upper part of the cranium	Elevates eyebrows; draws the scalp forwards
Corrugator	Inner corner of eyebrows	Draws eyebrows together (frowning)
Procerus	Top of nose between eyebrows	Depresses the eyebrows (forms wrinkles over the nose)
Orbicularis Oculi	Surrounds the eye	Closes the eye (blinking)
Nasalis	Over the front of nose	Compresses nose (causing wrinkles)
Temporalis	Runs downs the side of face towards jaw	Aids chewing; closes mouth
Masseter	Runs down and back to the angle of the jaw	Lifts the jaw; gives strength for biting (clenches the teeth)
Buccinator	Forms most of the cheek and gives it shape	Puffs out cheeks when blowing; keeps food in mouth when chewing
Risorius	Lower cheek	Pulls back angles of the mouth (smiling)
Zygomaticus	Runs down the cheek towards the corner of the mouth	Pulls corner of the month upwards and sideways
Quadratus labii superiorus	Runs upward from the upper lip	Lifts the upper lip; helps open the mouth
Orbicularis Oris	Surrounds the lip and forms the mouth	Closes the mouth; pushes lips forwards
Mentalis	Forms the chin	Lifts the chin; moves the lower lip outwards
Triangularis	Corner of the lower lip, extends over the chin	Pulls the corner of the chin down
Platysma	Front of throat	Pulls down the lower jaw; angles the mouth
Sterno – mastoid	Either side of the neck	Pulls head down to shoulders; rotates head to side; pulls chin onto chest

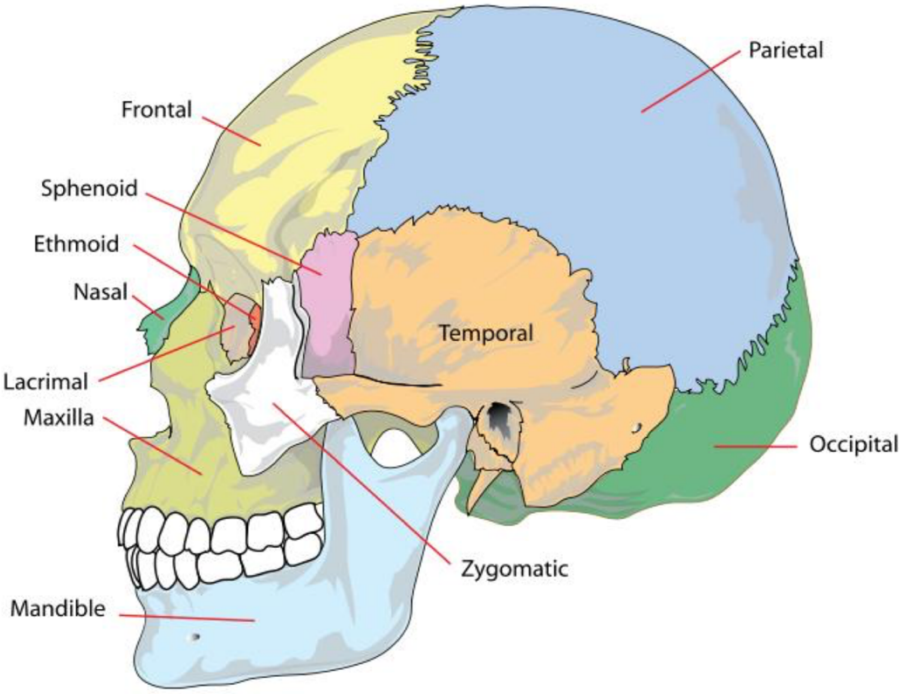
Bones of the Face

The adult skull is usually made up of 22 bones. Many of them are small bones that make up larger ones. The most significant to you are:-

Name	Position
frontal	Makes up your forehead and also the roof of your eye sockets. It joins with the parietal and temporal bones
parietal	Forms the roof and sides of the cranium
occipital	situated at the back of the cranium
temporal	situated on both sides of the cranium
sphenoid	located at the front of the temples and contains a sinus cavity and houses the pituitary gland
ethmoid	forms the roof of the nasal passage
nasal	forms the bridge of the nose
lacrimal	the most fragile bone of the face and is part of the eye socket
maxilla	forms the upper jaw and is the largest facial bone
mandible	forms the lower jaw and is the strongest of the skull
zygomatic	form the angle of the cheeks



Anterior view

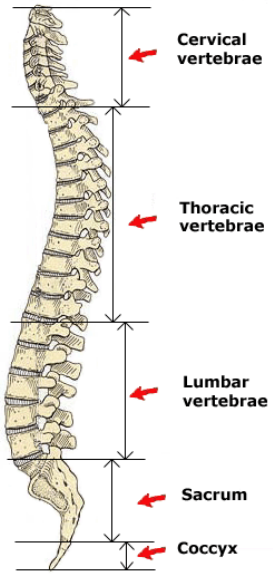


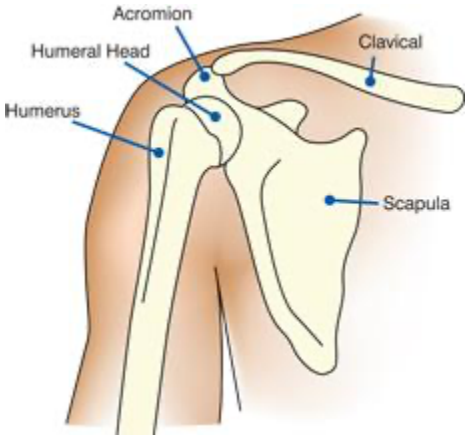
Bones of the Neck, Chest, Shoulder and Spine

Name	Position
Cervical Version	The neck
Hyoid	U-shaped bone at the front of the neck
Clavicle	Slender long bones at the base of the neck
Humerus	Upper arm
Sternum	Breast bone

- We have 7 bones in the neck, which form the cervical vertebrae.
- Our shoulders have 4 bones. These are 2 clavicles (collar bones) and 2 scapulae (shoulder bones).
- The sternum is a dagger shaped bone located in the centre of the chest. It helps protect the heart, along with the ribs, which are thin, flat curved bones.
- There are 24 bones which make up the ribs, and these are arranged in 12 pairs.
- The spine, technically called the vertebral column, consists of 33 irregular shaped bones called vertebrae. Arranged within 5 sections, these bones make up the: cervical (neck), thoracic (chest), lumbar (lower back), sacrum (back wall of pelvic girdle), coccyx (tail bone).

In between these vertebrae are vertebral discs which are made up of fibrous cartilage which acts as a shock absorber. Sometimes a disc may collapse. This is called a “slipped disc” and can cause intense pain as the disc presses on a nerve root. Massage may be of a great benefit if this happens.

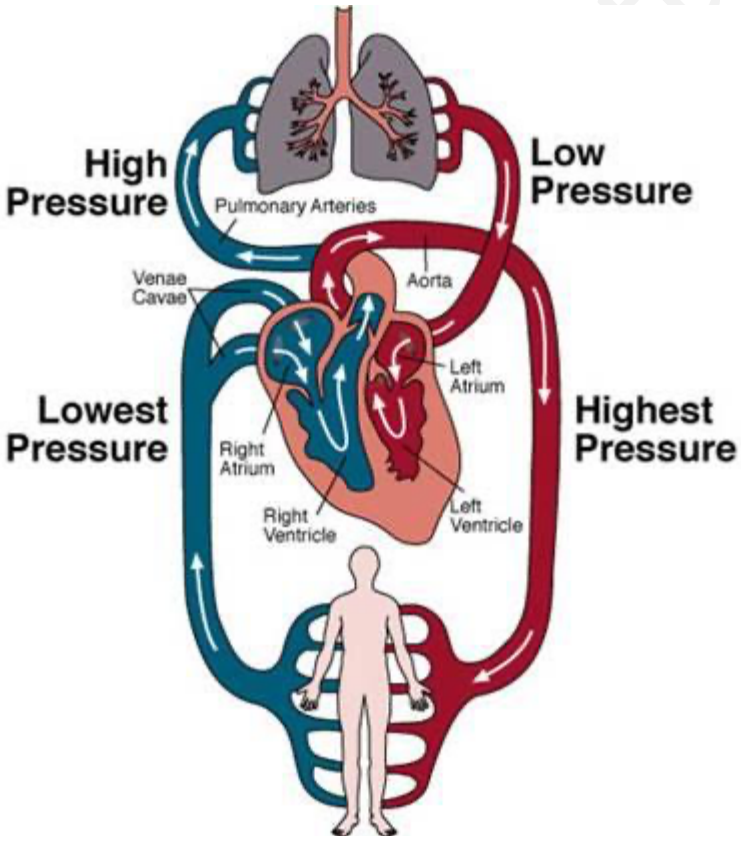




THE CIRCULATORY SYSTEM

The circulatory system is the system that is involved with passing vital substances around the body in order for cells to survive. Blood is pumped by the heart; a fist-sized muscular structure, to every cell in the body via a complex network of vessels. These vessels consist of arteries, veins and capillaries and carry blood around the body delivering nutrients, oxygen, heat, hormones and removing carbon dioxide and waste.

The heart consists of four chambers, i.e. a right and left atrium, and a right and left ventricle. It is separated by a septum, which prevents oxygenated and deoxygenated blood from meeting. Deoxygenated blood enters the right side of the heart and is pumped to the lungs where the deoxygenated blood is removed and replaced with oxygen. Here the richly oxygenated blood is returned to the heart in order for it to be pumped around the body.



THE RESPIRATORY SYSTEM

The respiratory system is the system that deals with breathing and supplying blood with oxygen, but also has many other functions, including:

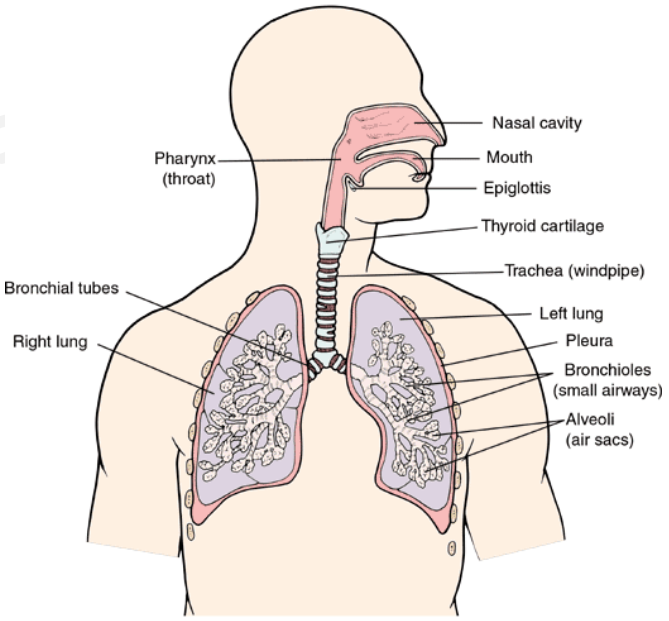
- filtering and cleaning the air we breathe
- adding resonance to our voice.

The respiratory system consists of many organs that work together to allow gas exchange to take place. This system works in conjunction with the circulatory system.

The respiratory system consists of the:

- Nose
- Larynx
- Pharynx (throat)
- Trachea
- Lungs
- Bronchi
- Bronchioles
- Alveoli
- Diaphragm.

Air is sucked into the body via the nose or mouth where it is cleaned of unwanted dust. It is then passed to the back of the pharynx and into the trachea where it travels into the divided bronchi which lead to the alveoli via the bronchioles. Here, in the alveoli, gas exchange takes place.



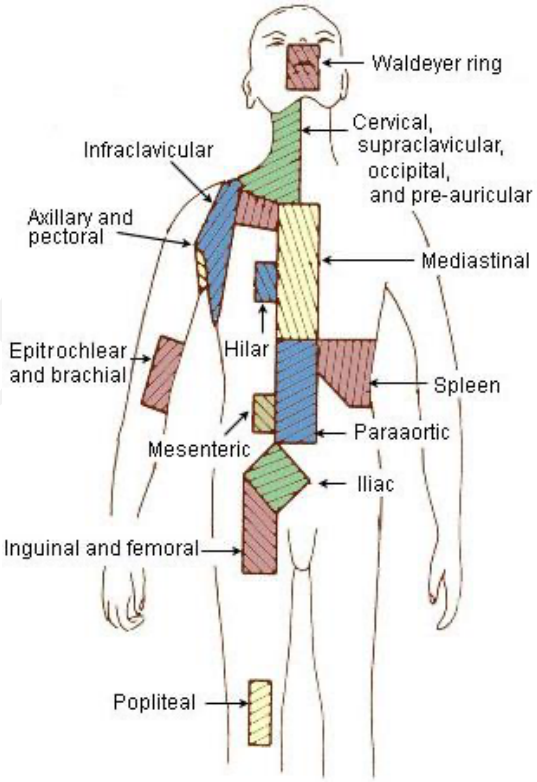
THE LYMPHATIC SYSTEM

The lymphatic system consists of organs, ducts, and nodes. It transports a watery clear fluid called lymph. Lymph is a clear fluid that travels through your body's arteries, circulates through your tissues to cleanse them and keep them firm, and then drains away through the lymphatic system.

Also traveling through the arteries is fresh blood, which brings oxygen and other nutrients to all parts of the body. Lymph must also be refreshed and recycled. Lymph drains away through the lymphatic system, which is made up of lymphatic channels and lymph nodes. Lymph nodes are the filters along the lymphatic system. Their job is to filter out and trap bacteria, viruses, cancer cells, and other unwanted substances, and to make sure they are safely eliminated from the body.

Main functions are:

- to collect and return interstitial fluid, including plasma protein to the blood, and thus help maintain fluid balance;
- to defend the body against disease by producing lymphocytes;
- to absorb lipids from the intestine and transport them to the blood.

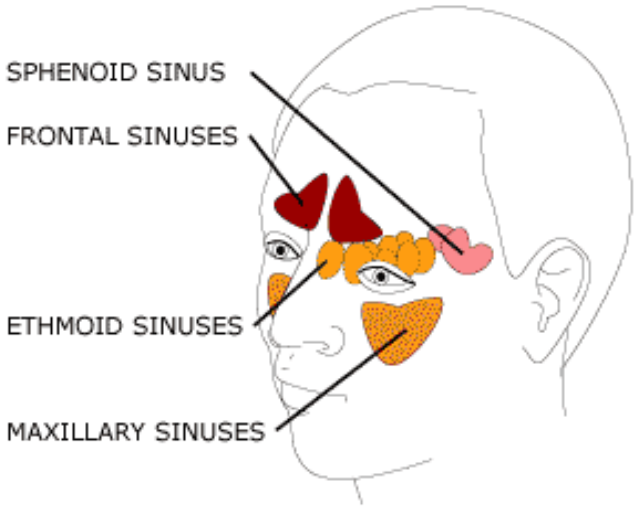


SINUS CAVITIES

There are four pairs of sinus cavities relevant to IHM that are in the facial part of the skull, and it is possible for them to become blocked or infected.

One of the main functions of the sinus cavity is to trap dust from the air, but they also add resonance to the voice. The mucus that the sinuses produce is required for cleaning the membranes of the nose and throat. When the cavities become blocked the area is very painful, producing tightness behind the eyes and ears.

The cavities are found below the eyes (maxillary), above the eyes (frontal), between the eyes (ethmoid) and further above the eyes (sphenoid).



THE HAIR

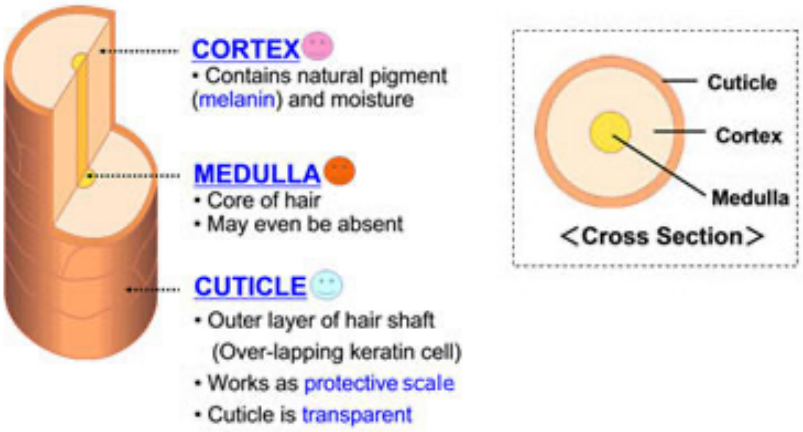
Hair Structure

Hair is composed of a strong structural protein called keratin. This is the same kind of protein that makes up the nails and the outer layer of skin.

Each strand of hair consists of three layers:

An innermost layer or medulla, which is only present in large thick hairs.

The middle layer, known as the cortex, which provides strength and both colour and texture of the hair.
The outermost layer is known as the cuticle, which is thin and colourless, and serves as a protector of the cortex.



Structure of the Hair Root

Below the surface of the skin is the hair root, which is enclosed within a hair follicle.

At the base of the hair follicle is the dermal papilla. The dermal papilla is fed by the bloodstream, which carries nourishment to produce new hair. The dermal papilla structure is very important to hair growth because it contains receptors for male hormones and androgens.

Androgens regulate hair growth. In scalp hair androgens may cause the hair follicle to get progressively smaller and the hair to become finer in individuals who are genetically predisposed to this type of hair loss.

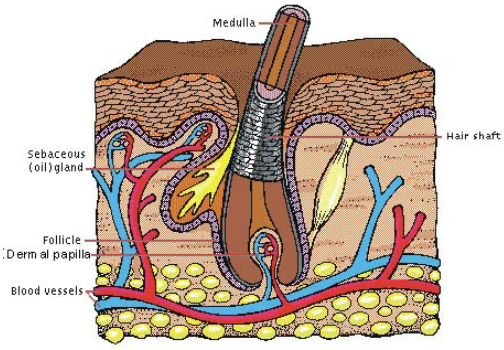
Hair Growth Cycle

Hair follicles grow in repeated cycles. One cycle can be broken down into three phases:

Anagen - Growth phase

Catagen - Transitional phase
Telogen - Resting phase

Each hair passes through the phases independent of neighbouring hairs.

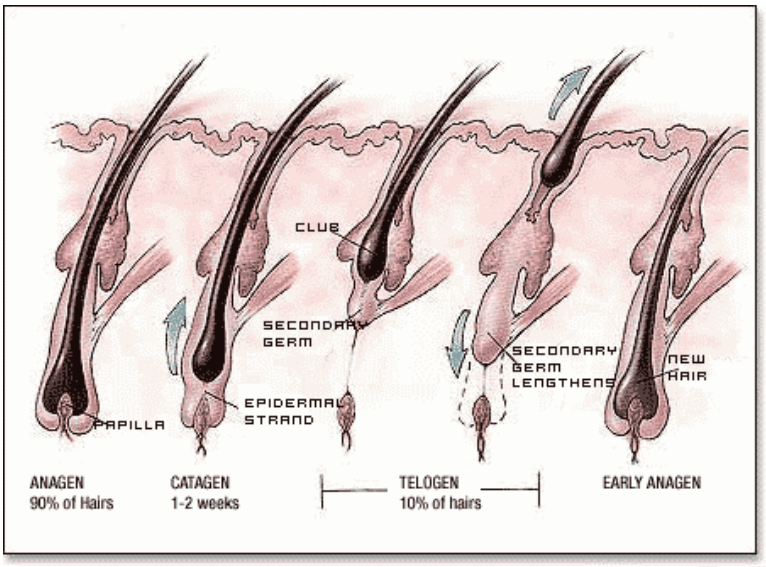


Anagen Phase ~ Growth Phase - Approximately 85% of all hairs are in the growing phase at any one time. The anagen phase, or growth phase, can vary from two to six years. Hair grows approximately 10cm per year and any individual hair is unlikely to grow more than one meter long.
In the anagen stage the hair receives nourishment through the blood supply from the dermal papilla. This process enables the cells to reproduce. The cells move upwards to form the different structures of the hair shaft. Melanin is produced to form the hair colouring.

Catagen Phase ~ Transitional Phase - At the end of the anagen phase the hair enters into a catagen phase, which lasts about one or two weeks. During the catagen phase the hair follicle shrinks to about 1/6 of the normal length. The lower part is destroyed, and the dermal papilla breaks away to rest below.
This is the resting (inactive) stage of the hair growth. In this stage the dermal papilla breaks away to make the lower end of the hair become loose from the base of the follicle. The hair is still being fed from the follicle wall and is sometime known as club-ended hair. The hair starts to become drier and continues to move up to just below the sebaceous gland. At this stage it can easily be brushed out. This stage lasts about one or two weeks.

Telogen Phase ~ Resting Phase - The telogen phase, or resting phase, follows the catagen phase and normally lasts about five to six weeks. During this time the hair does not grow but stays attached to the follicle whilst the dermal papilla stays in a resting phase below. Approximately 10- 15 percent of all hairs are in this phase at any one time.

The hair follicle re-enters the anagen phase. The dermal papilla and the base of the follicle join together again, and a new hair begins to form. If the old hair has not already been shed, the new hair pushes the old one out and the growth cycle starts all over again.



Skin Diseases and Disorders

NAME	APPEARANCE	CAUSE
Dermatitis	Inflammation of the skin, swelling & redness	Allergic reaction to contact with allergen
Seborrheic Warts	Flat top/warty looking lesions	Ageing
Herpes simplex	Red sore/scab usually on side of the mouth also none as a cold sore	Viral infection transmitted by contact with another infected area. Highly contagious
Scabies	Itchy white spots	Mite transmitted by direct skin to skin contact typically from itchy infected area and transporting mite to someone else under fingernails.
Psoriasis	Red itchy scaly patches erupting on skin	The immune system sends out a faulty signal that speeds up the growth cycle of skin cells
Acne Rosacea	Redness on nose and cheeks	Dilation of minute capillaries in the skin
Impetigo	Red spot which blisters then discharges developing a yellow crust	Highly contagious. Spread through direct contact and itching
Milia	Same as dermatitis: redness is due to dilated blood vessels and as fluid accumulates itching, and swelling occurs. Weeping skin can then become infected	Allergic reaction Stress

MASSAGE MEDIUMS

Massage mediums are products used to allow the smooth flow of movements over the skin during the massage. The medium chosen depends on the client's skin type, the reason for massage and the client's requirements. In IHM we usually use oil.

Almond oil – Being high in nutrients, this oil has a warming effect on the body and is useful for stimulating hair growth. It also helps to reduce muscular pain and tightness.

Sesame oil – High in minerals and iron. This helps to nourish and protect the hair. It is excellent for dry skin and hair. It can also help to reduce swellings and alleviate muscular pain.

Mustard oil – One of the most popular oils used in North West India. The smell is pungent and its effects are very warming on the body. Mustard oil can break down congestion and swelling in tense muscles and help relieve pain.

Coconut oil – Very moisturising on the skin and hair. It also helps relieve inflammation and can be useful for dry, brittle hair and hair that has become lifeless due to chemical and physical stress.

Olive oil – Has a strong smell and increases heat in the body, which can help reduce swellings.

Jasmine oil – Has a very pleasant smell which increases body heat and moisturises the skin.

MASSAGE MOVEMENTS

The following massage movements are the most common used in an IHM.

Effleurage

This movement is performed with light even pressure, in a rhythmical, continuous way. The pressure can be varied according to the underlying structures and muscle bulk but should never be very heavy. This movement will prepare the tissues for deeper massage and link up individual manipulations. Effleurage is used at the beginning and end of the massage routine and is also known as the linking movement.

You use the palmar surface of the hand, which contours round the shape of the body, using even pressure and a good rhythm.

The effects of the effleurage movement are as follows:

- relaxes the muscles
- increases the blood circulation, which improves the skin temperature, therefore improving the colour
- increases the lymphatic circulation, which will aid the absorption of waste products
- aids desquamation, which helps to remove dead skin cells
- aids relaxation
- prepares the muscles for further treatment
- relaxes contracted, tense muscle fibres.

Petrissage

Petrissage is deeper than effleurage and is only performed on warm, relaxed muscle tissue.

The movement may be performed with the palmar surface or the fingers or thumbs. The movement must be performed slowly and rhythmically. The pressure must be increased or reduced according to muscle bulk and the degree of tension.

The effects of the movement are as follows:

- The skin is stimulated, improving cellular functions and regeneration.
- Increases the blood circulation, which improves the skin temperature therefore improving the colour.
- Increases the lymphatic circulation, which will aid the absorption of waste products.
- Aids desquamation, which helps to remove dead skin cells
- Larger contracted muscles are relaxed.

- Muscle tone is improved through compression and relaxation of the muscle fibres.

Frictions

This is done with the cushion part of the fingers or the palm of the hand. Friction is always followed by effleurage, which soothes the area, and is ideal for removing toxins and loosening hardened tissue around joints and tendons. It is extremely useful carried out in circular motions, usually clockwise, with several circular motions being used before the thumb is moved on to another area.

Friction is carried out using a firm movement and moves the skin over the underlying tissue.

The effects of the movement are as follows:

- releases harmful toxins, which may have built up in the body
- loosens hardened tissues around joints and tendons
- breaks down and removes unwanted deposits.

Tapotement

Tapotement is a technique that involves a percussion movement such as cupping, tapping, hacking and pounding.

Tapotement is a stimulating manipulation that operates through the response of the nerves. The strongest effect of tapotement is due to the response of the tendon reflexes. The hands should be kept close to the body, no more than one inch from the body. The movement should be rapid, light, sharp and springy, with the hands loose at the wrists. The forearm muscles contract and relax in rapid succession to move the elbow joint into flexion and then allow it to quickly release.

The effects of the movement are as follows:

- increases circulation
- stimulates the skin and muscle reflexes
- helps create the desired effect of a massage.

CLIENT CONSULTATION

A consultation is a one-to-one talk with your client. Here you will find out very important and confidential information that will help you to advise and give clients the best treatment.

Always introduce yourself to your client. The consultation is often carried out in the room in which you are working and should be carried out before the client gets undressed in case there is any reason that they cannot be treated.

There are three skills required as part of the consultation:

Observation - what can you observe about the client? Are they nervous, extrovert, holding their body in such a way that might give indications for treatments, poor posture etc?

Verbal Questioning – gain the information required.

Physical Examination – what can you physically see and feel on the client? This third part is only carried out once you have assessed that, so far, the client is suitable for treatment.

Approximately 5-10 minutes should be allocated to carry out the initial consultation. Ideally you should be sitting face to face or next to your client to create an open atmosphere. Avoid barriers such as a couch or a table coming between you.

Use open questions to tactfully encourage the client to give you information that you need rather than interrogating them and asking lots of direct and often personal questions. Use the record card as a prompt rather than a list to tick off.

Record Keeping

- Records must be maintained for a number of reasons:
- They provide contact details in case you have to alter or cancel an appointment.
- So that you can monitor the client's progression.
- To track any aftercare advice that you have given the client.
- As a backup in case the client has an adverse reaction to a treatment.
- Another therapist should be aware of what treatments and products the client has had.

Important Information

The following information should be recorded for all clients:

Personal details:
- Full name, address, contact number, GP's name and address.

A detailed medical background including:

- Specific contra-indications

These should be noted accordingly. You will probably find as you go through that the client will lead you rather than you having to read off a list, as this can be quite unnerving for the client.

- Medication

What medication are they taking and for what condition? If a client is taking medication it will give you clues to their health.

- Are they consulting a GP on a regular basis or under a consultant and if so for what condition?

If so, you may need to check further their suitability for treatment.

- Have they had recent surgery?

You will need to consider scar tissue, and there may be post-operative precautions you need to take. Many people find it takes a while to get anaesthetic out of their system and may feel low.

- Life changing illnesses

Includes: arthritis, cancer, any disablement, AIDS, epilepsy, diabetes, stroke and depression.

- Accidents

What implications do these have? Have they had to have surgery? Do they need referral to other professionals? Will your treatment plan need adjusting?

Other Information:

- Physical fitness

How fit is the client? A client may think they are fit, and many will say they are fitter than they really are. A resting pulse will give you a guide.

- The client's occupation and lifestyle

These factors will give you a rough indication of free time and budget to consider before negotiating a treatment plan. This information will give you clues as to where the client may have stress and muscular tension.

- Life changing conditions

Includes: puberty, pregnancy, menopause, retirement, bereavement, divorce and any illness.

- Hobbies

It may be useful to find out the client's interests, this will also give you an idea of levels of activity and spare time.

- Personality, temperament and emotional state

Not the sort of question you can ask but you can make a mental note of it. These factors will help to indicate which oils or zones to work on further.

- Disclaimer and date

Always add a disclaimer and the client's signature to verify that the information the client has given you is, to the best of their knowledge, true and correct.

Client records can be stored electronically or filed manually and should be updated at every visit. If record cards are not updated and do not contain a history of services and dates, you may find your insurance invalidated.

Records cards must be kept for three years, as medical claims can be made up for up to that period. If a client is under 21 years of age, it is recommended that their record card be kept until they are 21 years of age.

Client confidentiality must be protected at all times. If a salon holds computerised records, they must register with the Data Protection Register. If a salon only holds written records, this does not apply, but they must uphold the principles of the Data Protection Act and comply with the following:

- All info information must be accurate and necessary to the service or treatment to be performed.
- Individual client records must be available for the clients to view if requested.
- All information must be stored securely by password protected computer file.

Any contra-indications and possible contra-actions must be identified and discussed prior to the service. In the case of medical referral, the practitioner should keep a copy of the GP's letter with the client's record card.

Always allow the client the opportunity to question and clarify any points before signing the record card. On the following pages are examples of consultation forms which you can adapt to suit you.

Private & Confidential Client Consultation Form

Client Details	
Client Ref:	Telephone Number:
Address:	Mobile Number:
	Occupation:
Postcode:	Date of Birth:
Email:	Gender:

Medical History	
Do you or have you ever suffered from: Restrictive - Cuts and abrasion, Diabetes II, Epilepsy, Menstruation, Hernia, Heavy meals, Neck problems, Varicose veins, Asthma, Sunburn, Migraine, Excessive Erythema. Prevents: Epilepsy, Impetigo, Herpes Simplex, Zoster, Fungal, Allergies of the skin, currently undergoing Chemotherapy or Radiotherapy, Hypertension, Hypotension, Deep vein Thrombosis, Pregnancy, Diabetes I, Severe Varicose Veins, Clinical Obesity.	
Allergies:	Addictions:
Phobias:	Women ~ Date of last period:
What therapies have you experienced to date?	
GP Referral Required?	GP Name:
Practice Name:	Telephone Number:
Address:	

General Health/Lifestyle		
General Health:		
Energy Levels:		
Stress Levels:		
Sleeping Patterns:	Hours per day:	
Weight:	Height:	
Diet:		
Alcohol: ..... units per week	Water: ..... litres per day	Smoker: Yes/No ..... per day
Hobbies, relaxation and exercise (type/frequency):		
Additional Comments:		

CLIENT STATEMENT & AGREEMENT

I acknowledge that all the information on this consultation sheet above my signature is accurate and correct to the best of my knowledge. I accept full and complete responsibility for my own emotional and/or physical well-being both during and after this therapy and/or training session. I agree to inform the therapist of any changes to my circumstances during any subsequent treatments. I realise that any advice given

to me to carry out between sessions is important and I agree to make every effort to carry this out. I understand that no claim to cure has been made and realize that treatments should not replace conventional treatments. Signed: (Client) Date:

Private & Confidential Client Treatment Record

Client Ref: .....

Date:	Treatment:
Comments: Have there been any changes to your circumstances, medication and general health since your last treatment?	
Client declaration: I declare that the information I have given is correct and to the best of my knowledge I can undertake treatments without any adverse effect. I have been fully informed about contra-indications and I am therefore willing to proceed with treatment.	
Signed (Client):	Date:
Date:	Treatment:
Comments: Have there been any changes to your circumstances, medication and general health since your last treatment?	
Client declaration: I declare that the information I have given is correct and to the best of my knowledge I can undertake treatments without any adverse effect. I have been fully informed about contra-indications and I am therefore willing to proceed with treatment.	
Signed (Client):	Date:
Date:	Treatment:
Comments: Have there been any changes to your circumstances, medication and general health since your last treatment?	
Client declaration: I declare that the information I have given is correct and to the best of my knowledge I can undertake treatments without any adverse effect. I have	

been fully informed about contra-indications and I am therefore willing to proceed with treatment.	
Signed (Client):	Date:

CONTRA-INDICATIONS

A contra-indication is the presence of a condition which may make the client unsuitable for a treatment. The treatment may not be able to take place or the treatment may need to be adapted.

When treating a client, if they show signs of any contra-indication, tactfully refer them to their GP for treatment/advice. Never tell your client what contra- indication they may have even if you are sure you know what it is. You may be wrong!

If you are ever unsure about a contra-indication then do not treat the client, refer them to their GP. This way you are always protecting yourself and the client.

Be very careful when dealing with contra-indications. It is a controversial subject and you never want to leave yourself open for further implications.

We also have to consider other clients, always make sure that your place of work, implements, and you, are very clean to avoid cross infection.

There are certain conditions that may prevent treatment occurring, or require a letter of approval from the client's GP. These are as follows:

- **High/Low blood pressure** – clients should have medical referral prior to treatment, even if they are on medication. There is a risk of a thrombosis (blood clot) which could travel to the brain.
- **Epilepsy** – due to the complexity of the condition, medical advice should always be sought before treating a client. There is a theoretical risk that over stimulation or deep relaxation could provoke a convulsion (this has never been proven in practice).
- **Diabetes** – this condition requires medical referral, as a client with diabetes is prone to arteriosclerosis (hardening of the walls of the arteries).
- **Severe circulatory disorders and heart conditions** – medical clearance should always be sought before treating a client. Increased circulation may overburden the heart and can increase the risk of a thrombus.
- **Recent haemorrhage** – this is excess bleeding, either internally or externally. Any massage should be avoided due to the risk of blood spillage from blood vessels.
- **Fever** – there is a risk of spreading infection as a result of increased circulation. During a fever, the body temperature rises to fight the infection.
- **Cancer** – medical treatment should always be sought before treating a client. There is a risk of spreading certain types of cancer through the lymphatic

system. Once medical clearance has been given, treatments can help relax and support the immune system. If the client is undergoing chemotherapy or radiotherapy, then a letter of consent should be given by the oncologist.

- **Undiagnosed lumps, bumps, swellings** – the client should be referred to their GP for a diagnosis. Treatments such as massage may increase the susceptibility to damage in the area by the pressure and motion.
- **Varicose veins** – clients may be more prone to thrombosis, so clearance from the GP will be necessary.
- **Medication** – caution is advised in clients who take heavy dosages of drugs. This could affect their response to treatment, making it stronger due to the increased elimination of the drugs from the bloodstream.
- **Recent operation** – depending on the site of the surgery it may be necessary to seek medical advice.
- **Acute infectious disease** – due to being highly contagious.
- **Intoxication** – the increase in blood flow to the head can cause dizziness.
- **Thrombosis or embolism –** there is a theoretical risk that a blood clot may become detached from its site of formation and be carried to another part of the body.
- **Recent scar tissue** – massage should only be applied once the tissue is fully healed and can withstand pressure.
- **Severe bruising** – should be dealt with as a localised contra indication.
- **Allergies** – ensure that any oils or products used do not contain substances to which the client is allergic.
- **Pregnancy** - it is advisable to avoid treatment during the first three months. Some pregnant women may experience dizziness, so caution should be taken after the treatment.

Below is a list of contra-indications that may restrict a treatment taking place.

- **Sebaceous Cyst** - due to the nature of these cysts being close to the surface of the skin, and tender, it may be necessary to avoid the specific area.
- **Eczema and acne** – these conditions can be specific to a certain part of the body, so should be avoided to prevent further irritation.
- **Minor bruising** – localised bruising should be avoided, due to pain and the increased risk of further damage to weakened blood vessels.
- **Elderly** - pressure should be altered when treating elderly clients as they are more susceptible to bruising.
- **Children** - a lighter pressure should be given for children. Always have a parent present when treating.

CONTRA–ACTIONS

Contra-actions are reactions of a client caused by a treatment taking place.

You must explain to your client what/if any reactions to expect during/after a treatment.

With all contra-actions tell your client that if they do not improve within 24 hours to get in touch with their GP for advice.

Below is a list of what contra-actions that could occur during or after Full Body Massage treatment:

- light headedness
- headache
- extreme tiredness
- heightened emotions i.e. crying
- feelings of alertness
- aching and soreness to muscles.

It is important to explain that these symptoms are part of the healing process, sometimes called a “healing crisis”. The symptoms will pass and are an evident sign that the treatment has been beneficial.

AFTERCARE

It is very important to give your client clear instructions about what to expect and what to do at home in order to get the best from their treatments. This will help prolong the effects of the treatment.

Explain to the client the following points:

- drink plenty of water to aid flushing out toxins
- avoid eating a large meal for several hours as the body needs energy for healing
- avoid smoking
- avoid alcohol, tea and coffee
- rest.

If olive oil has been used on the hair, it is best practice to leave it in overnight with the head wrapped in a towel.

When the hair is washed, advise the client to use shampoo on dry hair first, which will break down the oil, wash that out, then wash as normal.

It is essential to emphasise the importance of aftercare.

Clients must be provided with clear written aftercare instructions to prevent adverse reactions and know how to deal with them.

The client should sign to confirm that they will follow the aftercare regime and, if they are unwilling to do so, the treatment should not be carried out.

It is always good practice to give your clients a leaflet explaining the advice, this way you make sure they know and understand what to expect.

Finally, ask the clients for feedback on the treatment; fill in their record card on your findings and ask when they would like to rebook.

EQUIPMENT & PRODUCTS

The beauty of carrying out an IHM is that very little equipment is required.

Some therapists decide to purchase a massage chair, whereas others will use a chair and a rolled up pillow to support the client.

The use of oil, if the client so wishes, is needed to lubricate the skin and to put in the hair. Expensive aromatherapy oils need not be used, instead choose hair oil, which can be purchased from the school of from some small convenience stores.

It is important to have a variety of oils to select from.

A good supply of clean towels will be needed, and a uniform or appropriate clothing if you require.

INDIAN HEAD MASSAGE ROUTINE
Anna Joti Low ©

Ensure that the client is seated comfortably with their feet directly on the ground, legs uncrossed.
Have your oil positioned directly next to you to prevent leaving the client. Apply oil to your hands if working on bare skin.

Starting position - Stand behind the client with your hands over the top of the shoulders. Ensure that your client has their legs uncrossed and their feet flat on the floor. Always remain in contact with the client throughout the treatment. Ask the client to take three deep breaths to help them prepare for the treatment.

When carrying out an IHM, the chakras can be worked on in the following way at the beginning or end of the routine.

1. Crown - Place your crossed hands over the top of the head, without touching the head. Imagine drawing out negative energy and it passing out of your body.
2. Third eye - Carry out the above, but with your hands in front of the forehead.
3. Throat - Repeat the above over the throat.

(Some clients and therapists feel a warm feeling when carry out this procedure.)

UPPER BACK AND SHOULDERS

1) Grounding – Get present!

2) Oil up hands and EFFLEURAGE ♥ shape.

3) Figure of 8 EFFLEURAGE.

4) Thumbs up either side of the spine. (circular movements) x 2

LEFT.

5) Kneading.. Lots of it - Hands
Heel of hands
Forearm and Elbow if needed

RIGHT.

6) Traps' Pinch lifts

7) Trapezius plucking and 3 trigger points

8) Close fist, knuckle pulls across trapezius crest

9) Use Gua Sha Curved Edge to pull across trapezius

10) Rhomboids!!! Knuckling down rhomboid, use heel of hand, thumb lifts (small and long).

Go to the RIGHT.

11) Heel of hand friction rub.

12) T Thumb circles Traps' and Rhomboid

13) Pounding, Cupping, Hacking, Plucking, Champi

14) Figure of 8 Effleurage

15) Iron out both shoulders.

ARM - Twice of everything (Optional)

1) Double palm squeezes to both arms.

2) Shake from top to bottom of the arm.

LEFT

3) Single palm squeeze from top to bottom. Hands Can Be added if desired.

4) Shoulder squeeze.

RIGHT.

NECK x 2 of everything one side at a time

1) Head tilt if seated upright

2) Neck circular massage stroke. (L is anti clock and R is Clockwise)

3) Caterpillar walks approx. 4 rows and pull back.

4) Occipital points medial to lateral

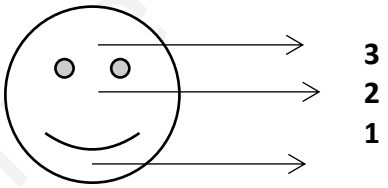
5) Friction rub

6) Clasp hands together for neck squeeze.

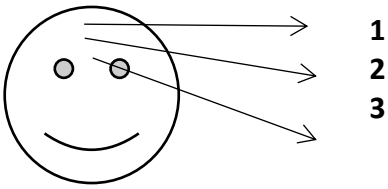
FACE

1. ***Support clients head with a rolled up towel & sanitise / wash hands***

2. Effleurage sweeps
   3 positions –



3. On forehead – 3 lines
   *Points
   *Slides
   *Circles (Petrissage)



4. Brow squeeze

5. Sinus points at medial eye socket, hold and brow squeeze and then

6. Slide fingers down either side of nose – press and hold

7. Massage Cheek bones / Zygomatic arch

8. Masseter (Jaw) Lift and roll along jawline

9. Ears

10. Tapotement

Remove support

HEAD AND HAIR

1. Finger combing 'juje' out hair
2. Scalp squeeze and lift
3. Vigorous Scrubbing or Shampooing – finger tips → One side at a time.
   Heel of hand waving.
4. Deep scalp massage like conditioning
5. Finger combing
6. Hair scrunching
7. Rake through with Gua Sha
8. Acupressure Points all over scalp
9. Plucking/Flucking Frogs
10. Tabla, hacking & champi
11. Comb through and close with gratitude

To finish

Place your hands on the clients' shoulders, applying a little weight.
Wash your hands, offer the client a glass of water and give aftercare advice.

CHAKRAS

Throughout our body we have main energy centres that are connected to major organs or glands that govern body parts. Each of these main energy centres are referred to as a chakra. Chakra is a Sanskrit word which means wheel. A chakra is a wheel-like spinning vortex that whirls in a circular motion forming a vacuum in the centre that draws in anything it encounters on its particular vibratory level.

It is said that our body contains hundreds of chakras that are the key to the operation of our being. These "spinning wheels" draw in coded information from our surroundings.

Coded information can be anything from a colour vibration to an ultra-violet ray to a radio-wave or micro-wave to another person's aura. In essence, our chakras receive the health of our environment, including the people we are in contact with (that's why

other people's moods have an effect on us!). Our chakras also radiate energy of vibration.

A person can collect energy from several different levels of vibration, including colour, which are utilised in various parts of the body.

It is also believed that we have seven main chakra centres and that each main centre is connected to our being on several different levels, i.e. physical, emotional, mental and spiritual.

On the physical level each chakra governs a main organ or gland, which is then connected to other body parts that resonate the same frequency.

Every organ, gland and body system is connected to a chakra and each chakra is connected to a colour vibrational frequency. For example, the heart chakra governs the thymus gland and it is also in charge of the functioning of the heart, lungs, bronchia system, lymph glands, secondary circulatory system, immune system, as well as the arm and hands. The heart chakra resonates to the colour green.

The seven main chakra centres are aligned along the spinal column. If there are disturbances on any level, this shows in the chakra's vitality level. Also, each of the seven main chakras is their own intelligence centre. This means that each chakra is not only associated with our physical health, but also controls aspects connected to our emotional, mental and belief system.

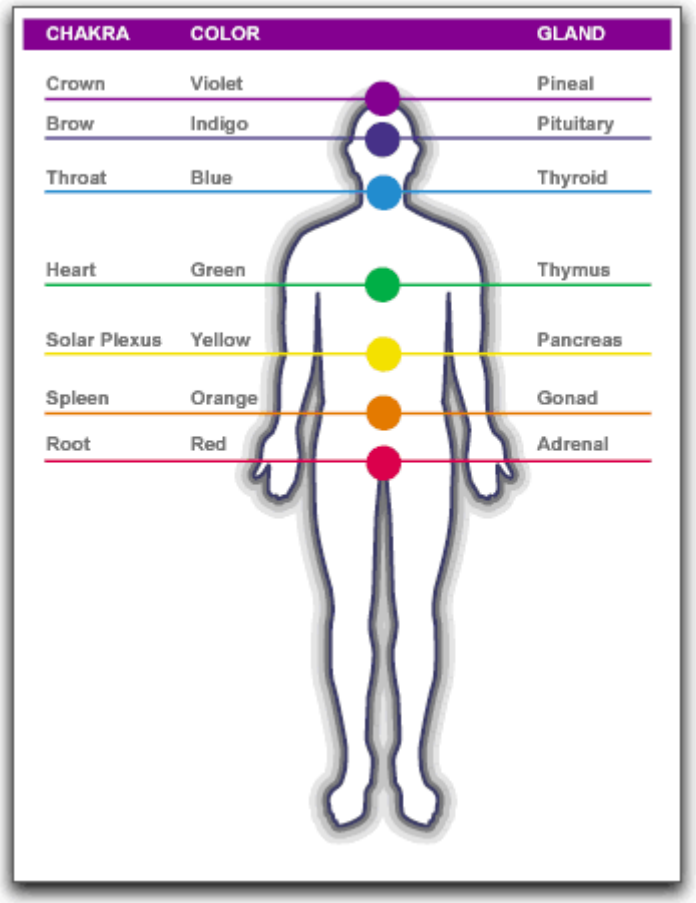
To help balance a chakra, whether on an emotional, intellectual, physical or spiritual level, we need to bring in the chakra (colour) vibration, which resonates at the same frequency.

When one part of a chakra centre is out of sync it may eventually affect its other parts and possibly its neighbouring chakra.

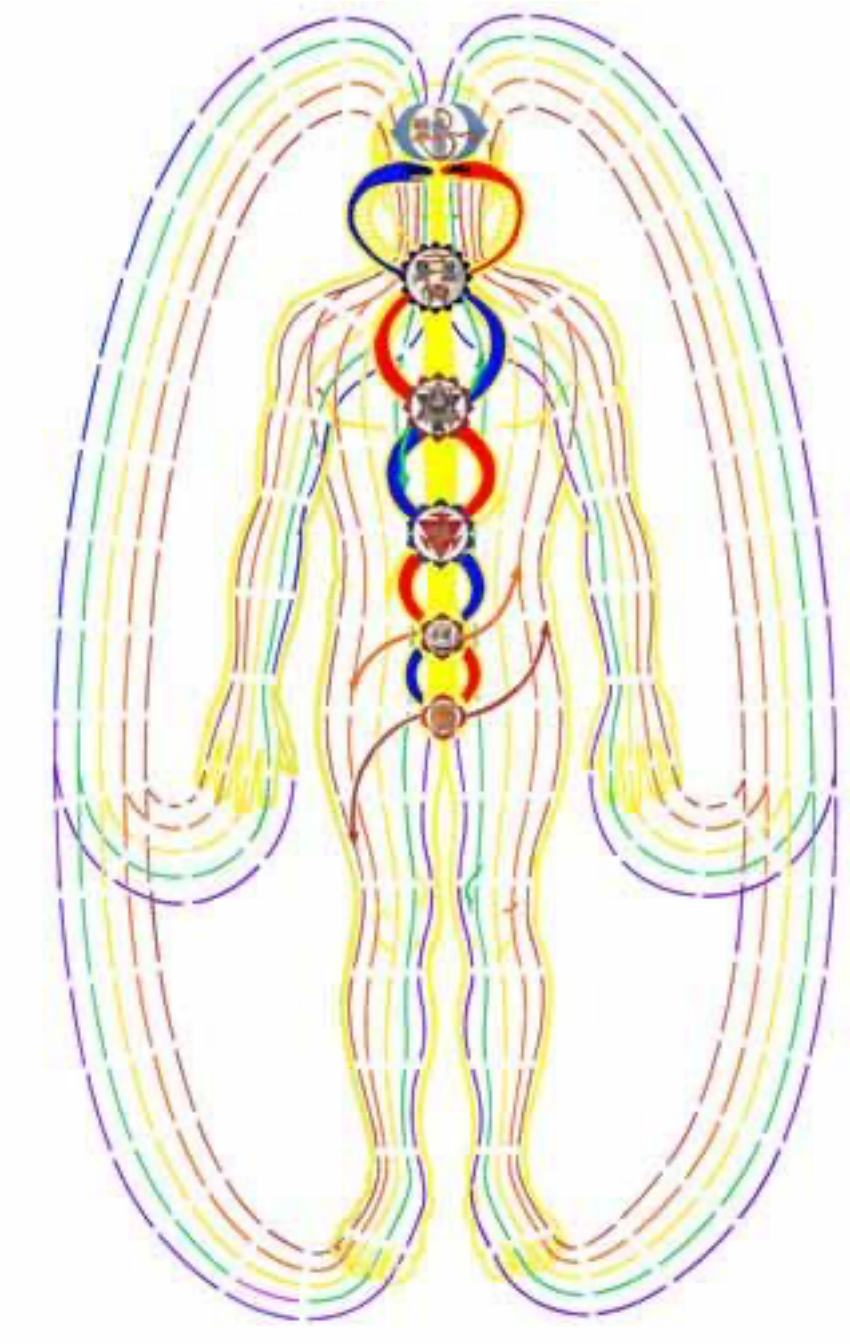
When a chakra centre is out of balance it generally means that it is over-active or under-active, or possibly congested or blocked. If this happens it is usually felt on a mental, emotional or physical level.

In the study of the anatomy of the aura it is important to understand the significance of the chakra system and the language of colours expressed in the aura.

The names of the seven main chakras and the master organ that each one governs are detailed in the diagram below.



The Flow of Energy



Chakras and Colour Frequencies

RED

1st Chakra ~ Base/Root Chakra ~ Adrenal
Earth, survival, grounding, stillness. Contains the primary 8 cells that have all of the knowledge of creation and remain the only cells in your body that do not change in your lifetime. It grounds us in the physical world.

ORANGE

2nd Chakra ~ Spleen/Sacral Chakra ~ Gonad
Relates to our sexual and reproductive capacity. Blockage manifests as emotional problems or sexual guilt.

YELLOW

3rd Chakra ~ Solar Plexus Chakra ~ Pancreas
Seat of Emotions. Gives us a sense of personal power in the world. Blockage manifests as anger or a sense of victimisation.

GREEN

4th Chakra ~ Heart Chakra ~ Thymus
Blockage can manifest as immune system or heart problems, or a lack of compassion.

BLUE

5th Chakra ~ Throat Chakra ~Thyroid
Tied to creativity and communication. Feels pressure when you are not communicating your emotions properly.

INDIGO

6th Chakra ~ Brow/Third Eye Chakra ~ Pituitary
Often connected to the forehead. It is a physical eye at the base of the brain with the capabilities of looking upward. Clairvoyance, psychic abilities, imagination, dreaming.

VIOLET

7th Chakra ~ Crown Chakra ~ Pineal
Connects you with messages from higher realms. Can be experienced as a pressure on the top of the head. Spiritual connection, understanding, knowing, bliss, God.