Thank you for booking the **Hopi Ear Candling Course.**

Please read the attached A&P documents before attending the course.

Please note: Students work on each other, if there is any reason why you feel you cannot be a recipient of the treatment then you must let us know. Please see last section of A&P 'Contraindications'.

Non-refundable deposit of 50% payable on booking. Payment in full if booked 7 days or less before the course date. Balance payment will be taken from your credit/debit card on the last working day (working days are Mon-Fri) before your course date. Please see T&Cs on our website for more information. www.dragonflyacademy.co.uk/t-cs/

The venue

Dragonfly Nail and Beauty Academy, Vichy House, 264a Monkmoor Road, Shrewsbury, Shropshire, SY2 5ST Please see directions on the next page.

There will be tea, coffee, water and biscuits provided throughout the course.

If you require any further information, please do not hesitate to call us on 01743 354800/ 07974 300139.

Kind Regards

Donna

Donna H Law
CEO

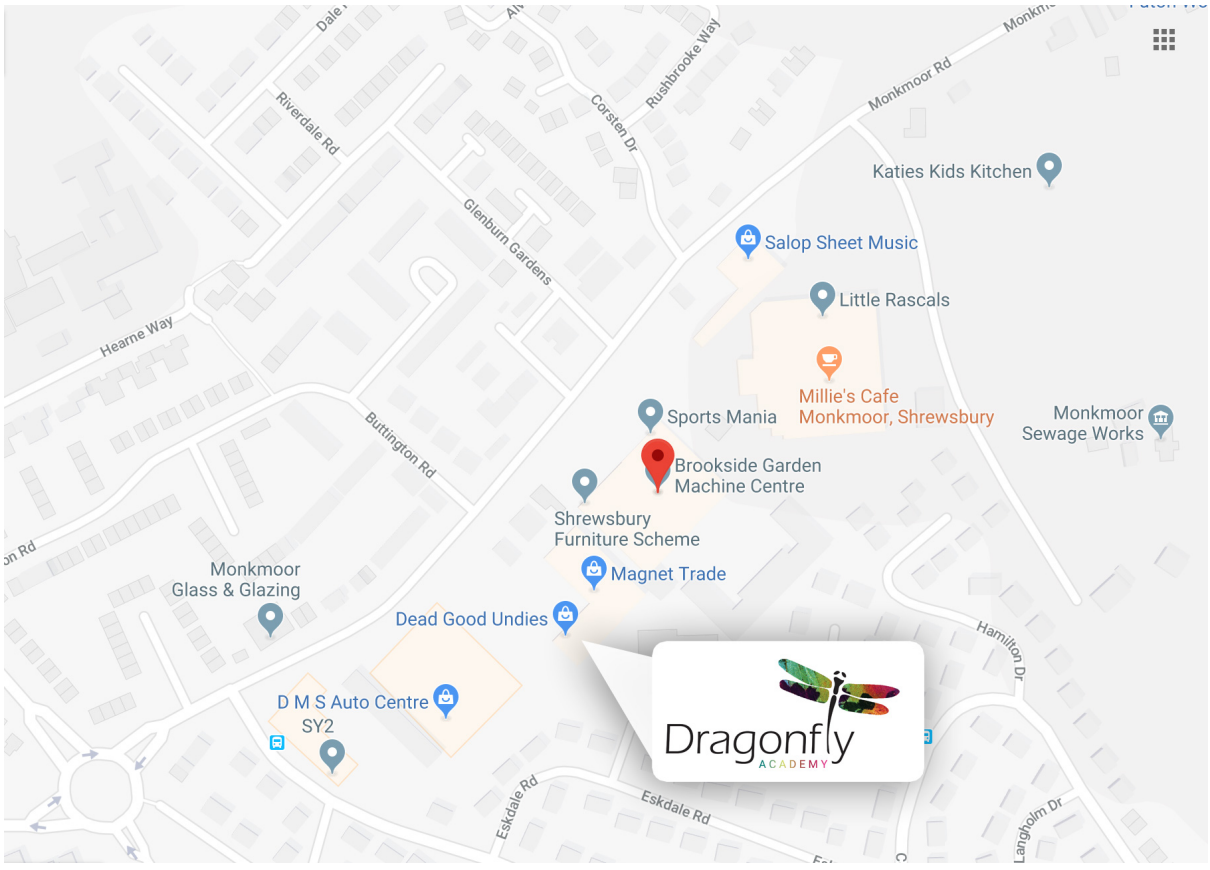
Venue Directions

Dragonfly Nail and Beauty Academy
Vichy House
264a Monkmoor Road
Shrewsbury
Shropshire
SY2 5ST

Satnavs do not find the exact building.

Please follow signs for Magnet Kitchens. Once you are in the car park look for the tall building with green window frames. Parking is free.

Pre-Course Phone Line: 01743 354800
ONLY AVAILABLE 30 MINUTES BEFORE COURSES START
Please call this number if you need help finding us for your course



Dragonfly

Hopi Ear Candling

Pre course reading

There is no need to bring this with you to your course as you will receive a full bound manual including the Anatomy and Physiology

How Hopi Ear Candles work

The ear candling treatment is a relaxing one with your client lying fairly still in a comfortable position whilst the Hopi ear candle is gently inserted into their ear.

When lit, the ear candles have a slight sucking action often referred to as the chimney principle, drawing any impurities to the surface where they can be gently removed. The rising air inside the ear sets up a vibration which gently massages the eardrum. This can help to regulate the pressures involved inside the ear.

The flow of air within the ear candle creates a circulation of concentrated vapor. This is soothing, calming and protects the irritated areas. Most impurities or deposits are carried away through the candle "chimney", although some of them can be found in the lower section of the candle after removal from the ear, or some wax could even work its way up to the surface 24-48 hours after.

It is believed that he cleansing fire carries away negative vibrations from the fine metabolic energy fields and harmonises the energy status.

What are Hopi Ear Candles used for?

Though results may vary from patient to patient, some of our practitioners and clients have reported to us that Hopi ear candles can be helpful with:

Cleaning out excessive or compacted wax in the ears
Cleaning out yeast build up and dispelling fluid build up
Promoting lymphatic circulation
Improving immune system
Eliminating backed up mucus
Alleviating allergic conditions
Discouraging Candida
Diminishing chronic sinusitis
Enhancing hearing, or even taste and smell
Relieving ear pain
Restoring equilibrium or pressure in the ear (e.g. for frequent flying, sports such as diving, etc)
Stimulating of local and reflex energy flow
Noises in the ears, ringing, tinnitus

Section 5

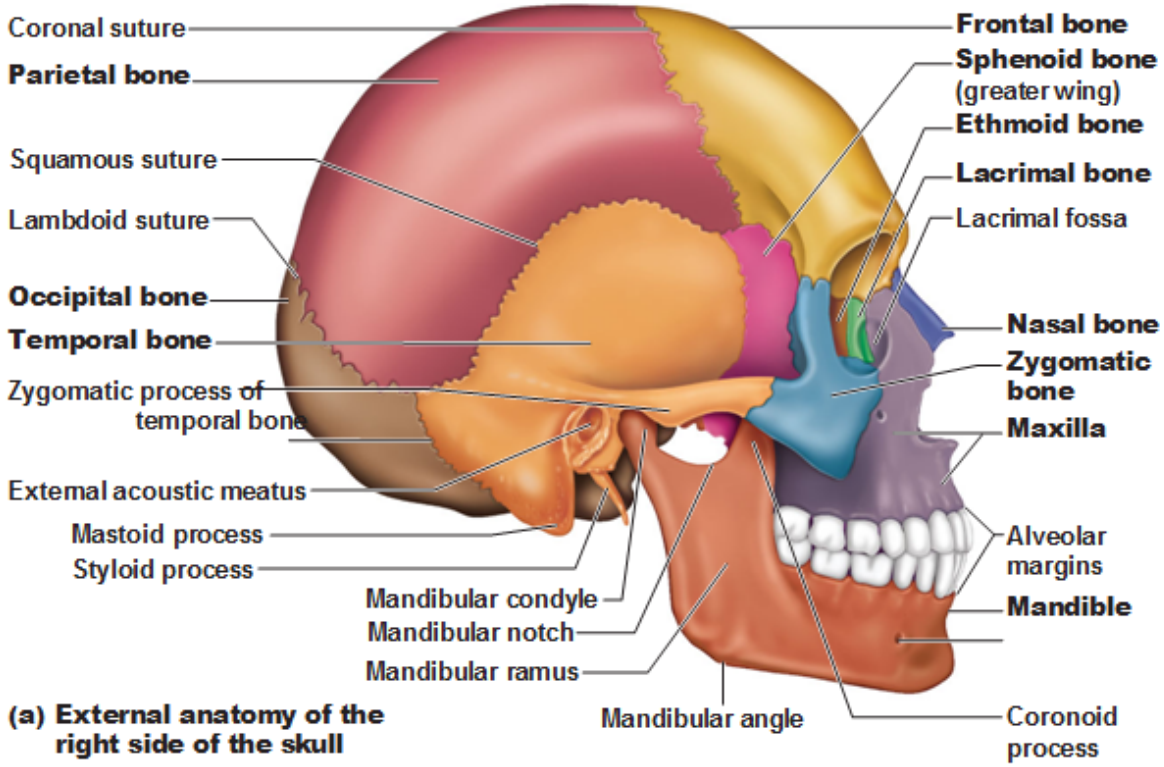
Anatomy of the Human Skull

The human cranium and the facial bones are the foundation for the soft tissues of the face and head. Thus, much of the visible appearance of the human face depends upon the shapes and qualities of these bones. The cranium is that part of the skull that holds and protects the brain in a large cavity, called the cranial vault. Eight plate-like bones form the human cranium by fitting together at joints called sutures. The most important of these cranial bones for the appearance of the face is the frontal bone, which underlies the top of the face above the eyeballs. The human skull also includes 14 facial bones that form the lower front of the skull and provide the framework for most of the face that is important to psychological research. These 22 skull bones form other, smaller cavities besides the cranial vault, including those for the eyes, the internal ear, the nose, and the mouth. The important facial bones include the jaw bone or mandible, the maxilla or upper jaw, the zygomatic or cheek bone, and the nasal bone.

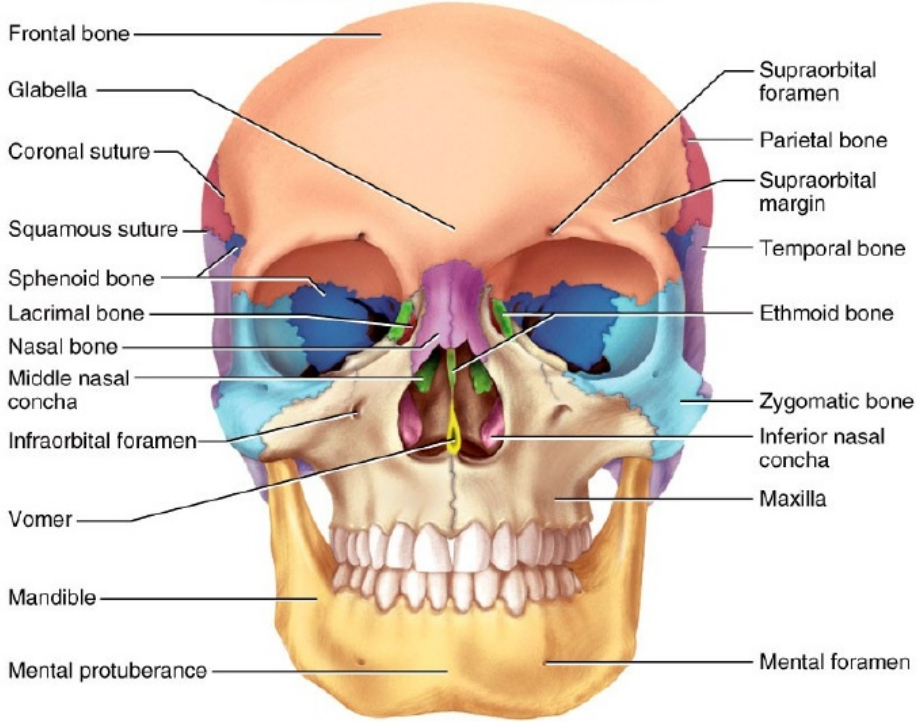
The shapes and features of the human skull determine much of the static appearances of the face and provide the basis for the features of physiognomy. Forensic pathologists and biologists can reconstruct the superficial appearance of a face merely from the human skull, as in the case of the Kennewick Man. The reconstruction of this skull revealed a facial appearance that indicates he is a descendant of a more ancient migration from Asia than that which brought the ancestors of the Indians (Amerinds), who settled widely in the Americas before the arrival of Europeans.

The skull bones are associated with many other features. Processes are areas where the bones have extra tissue to hold muscles and ligaments; lines are grooves in the bone from other developmental processes; foramina are holes in the bones through which nerves and blood vessels pass; sinuses are empty spaces in the bones that make the skull lighter. Some of these features affect the physiognomy of the face due to variations in thickness, size, location, and shape.
The diagrams below show the major external features of the human cranium and the major skull bones. The facial bones, cranial bones and features of the bones.

Skull – Lateral aspect

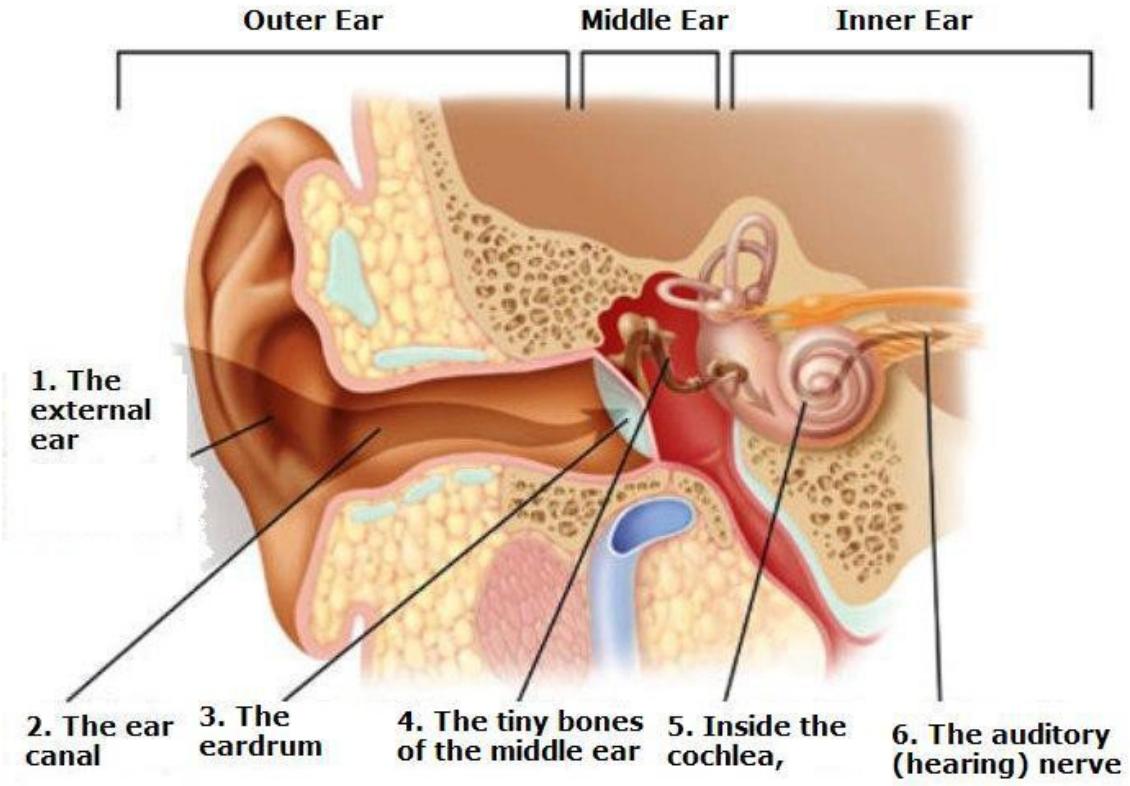


(a) External anatomy of the right side of the skull



The ear and its function
How do we hear?

Hearing starts with the outer ear. When a sound is made outside the outer ear, the sound waves, or vibrations, travel down the external auditory canal and strike the eardrum (tympanic membrane). The eardrum vibrates. The vibrations are then passed to three tiny bones in the middle ear called the ossicles. The ossicles amplify the sound and send the sound waves to the inner ear and into the fluid-filled hearing organ (cochlea). Once the sound waves reach the inner ear, they are converted into electrical impulses which the auditory nerve sends to the brain. The brain then translates these electrical impulses as sound.



The ear is the organ of hearing. The parts of the ear include:

The outer ear consists of the pinna, or auricle and the ear canal (external auditory meatus). The pinna - the "ear" that we see on each side of our head - is made of cartilage and soft tissue so that it maintains a particular shape but is also pliable. The pinna serves as a collector of sound vibrations around us and funnels the vibrations into the ear canal. It assists us in determining the direction and source of sound.

The ear canal is about an inch long and ¼ inch in diameter. It extends from the pinna to the eardrum (tympanic membrane). The outer foundation of the ear canal is cartilage covered with skin that contains hairs and glands that secrete wax (cerumen). The hairs and wax help to prevent foreign bodies, such as insects or
dust, from entering the ear canal. Near the eardrum (tympanic membrane), the wall of the ear canal becomes bony and covered tightly by skin.

The middle ear begins with the eardrum at the end of the ear canal. The middle ear contains three tiny bones called the ossicles. These three bones form a connection from the eardrum to the inner ear. As sound waves hit the eardrum, it moves back and forth causing the ossicles to move. Thus the sound wave is changed to a mechanical vibration.

The first bone, the hammer (malleus) is connected to the eardrum. The hammer connects to the second ossicle, the anvil (incus), and then the anvil connects to the third bone, the stirrup (stapes). The mechanical energy transmitted through the three bones (ossicular chain) causes the in-and-out movement of the base of the stirrup (stapes footplate) in patterns that match those of the incoming sound waves. The stapes footplate fits into the oval window, the beginning point of the inner ear.

The middle ear is located in the mastoid section of the temporal bone (a skull bone on each side of the head) and is filled with air. A tube called the Eustachian tube runs from the front wall of the middle ear down to the back of the nose and throat (the nasopharynx). This tube provides ventilation and access to outside air and equalizes air pressure on both sides of the eardrum -- the middle ear side and the outer ear side. We are aware of the Eustachian tube at work when we feel air pressure changing in our ears as we yawn, chew, or swallow.

Because of the facial and skull structure of children, the Eustachian tube is in a rather flat position between the middle ear and the nasopharynx rather than in the downward slanting position from the middle ear to the nasopharynx in adults. The flat positioning of the tube in children creates risk for infection travelling from the nasopharynx into the middle ear.

The inner ear contains the sensory organs for hearing and balance. The cochlea is the hearing part of the inner ear. The semicircular canals, the utricle and the saccule are the balance part of the inner ear.

The cochlea is a bony structure shaped like a snail and filled with fluid (endolymph and perilymph). The Organ of Corti is the sensory receptor inside the cochlea which holds the hair cells, the nerve receptors for hearing.

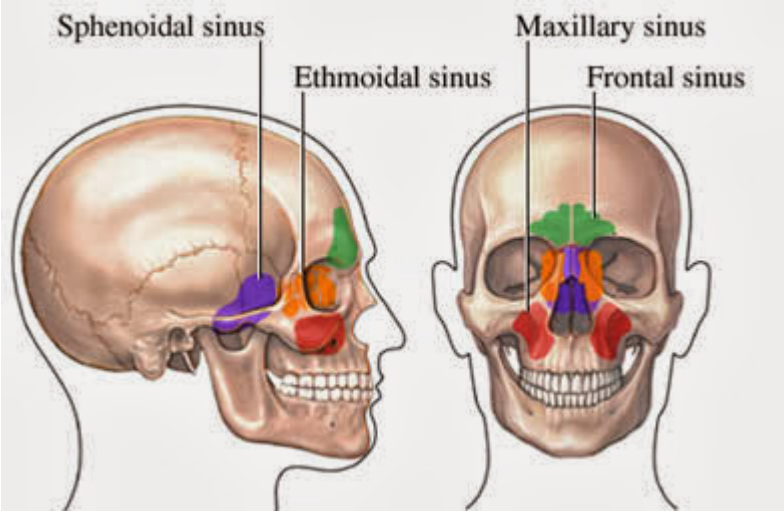
The mechanical energy from movement of the middle ear bones pushes in a membrane (the oval window) in the cochlea. This force moves the cochlea's fluids that, in turn, stimulate tiny hair cells. Individual hair cells respond to specific sound frequencies (pitches) so that, depending on

the pitch (frequency) of the sound, only certain hair cells are stimulated.

Signals from these hair cells are translated into nerve impulses. The nerve impulses are transmitted to the brain by the cochlear portion of the acoustic nerve (VIII cranial nerve)

Interconnecting the cochlea and the semi circular canals is an area called the vestibule, containing the utricle and the saccule, which are responsible for static equilibrium. They provide sensory information regarding the alignment of the head in relation to the ground (gravity) and are essential for maintaining posture as we sit or stand. They share the same fluid as the cochlea and semi circular canals and have specialized hair cells called the stereo cilia.

The Sinuses



Opening into the nasal passages are the Para nasal Sinuses

Section 6

Conditions affecting the ear Contra-indications

Conditions affecting the ear

Although the ears may appear to be isolated structures, they are directly linked to the nose and throat. The visible part of the ear, the pinna, is connected to the ear canal, which ends at the eardrum. Beyond this membrane lies the middle ear, an air filled space connected to the back of the nasal cavity and to the throat by a channel called the Eustachian tube. This tube ensures that the air pressure is the same on both sides of the eardrum. Our ears provide us with two vital but very different senses: hearing and balance. Sound detected by the ears provides essential info about our external surroundings and allows us to communicate in highly sophisticated ways, such as through speech and music. In addition our ears contribute to our sense of balance, the largely unconscious understanding of the body's orientation in space that allows us to maintain an upright posture and move without falling over. Ear problems and infections can upset this delicate balance.

Colds - can occur at any time of the year, although infections are more frequent in the autumn and winter. The initial symptoms of a cold usually develop between 12 hours and 3 days after infection. Symptoms include:

Frequent sneezing
Runny nose
Sore throat
Coughs

Bacterial ear infections are a common complication of colds. It is recommended, whilst suffering from a cold, Hopi ear candles can be used allowing 2 days apart for the first week then less often in the second week if symptoms persist. Whilst these treatments will not cure a cold, they may help to clear congestion and ease discomfort.

Sinusitis - The sinuses are air filled cavities around the nose and eyes. Within the lining of the sinuses are many mucus-secreting glands. Mucus passes continuously through narrow channels that lead from the sinuses to the back of the nose. Sinusitis is an inflammation of any of the sinuses. Sinusitis may be acute (developing and clearing up rapidly) or chronic (long term). The most common cause of sinusitis is a viral infection such as the common cold. If the channels connecting the nose to the sinuses become blocked due to the viral infection, mucus collects in the sinuses. Symptoms depend on which sinuses are affected and may include headache, pain and tenderness in the face that tends to worsen when bending down. If symptoms do not improve within 3 days you should consult your doctor. In the first few days of acute sinusitis it is recommend treatment every 48 hours. Monthly treatments may then help to prevent the severity and frequency of attacks. Chronic sinusitis will probably require weekly treatment for the first month then 1 -2 times per month for a further 2-3 months.

Wax Blockage of the ear canal by earwax often causes a feeling of fullness and irritation in the ear. Earwax, produced by glands in the ear canal, cleans and moistens the canal. Usually wax is produced in small quantities and emerges naturally from the ear. However, if the canal becomes blocked with wax, it causes a feeling of fullness and discomfort and sometimes hearing loss. To

help clear wax blockage one treatment may be sufficient, however 2 -3 may be needed dependent upon extent of build up. Regular treatments every 8 weeks may help to relieve and prevent excess build up.

Chronic Secretary Otitis Media - This is a persistent collection of fluid in the middle ear common in children under 8 years old. Sometimes referred to as 'glue ear' the middle ear becomes filled with a thick, sticky, glue-like fluid. It is the most common cause of impaired hearing in children under the age of 8. The middle ear is normally ventilated by the Eustachian tube. However, if this tube becomes blocked, possibly as a result of infection, the middle ear may fill with fluid. Often the blockage persists, causing chronic (long term) secretary otitis media. The symptoms may develop gradually and may initially go unnoticed. The symptoms tend to fluctuate and tend to be worse in the winter months. They may include: partial deafness, immature speech for the child's age, ear infections. If symptoms persist for several months' grommets will probably be inserted under general anesthetic to allow air to circulate around the middle ear. An initial treatment of once per week for 1 month may be sufficient. Regular monthly treatments thereafter may be beneficial.

Allergic rhinitis / Hayfever - is the inflammation of the membrane lining the nose and throat due to an allergic reaction. It affects people who experience an allergic reaction after they inhale specific allergens. Allergic rhinitis may occur only in the spring and summer, in which case it is known as seasonal allergic rhinitis or hay fever, or it may be perennial and occur all year round. Allergic rhinitis is more common in people who also have other allergic conditions such as asthma. Dependent upon the severity of the condition 2-3 Hopi ear candle treatments may be needed in the first week then 1-2 times in the next 2-3 weeks. The most common symptoms are streaming eyes, blocked nose, headaches and sneezing.

Tension Headaches - Moderate or severe pain affecting one or more areas around the head, often as a result of stress. The pressure relief and relaxation brought about by a Hopi ear candle treatment can really help this condition. The frequency of treatment will depend upon the severity of the condition.

Tinnitus - This sound is heard in one or both ears in the absence of any external noise. These sounds may include ringing, buzzing or whistling. Hopi ear candle treatment can help to reduce the symptoms of Tinnitus by aiding relaxation, however, there is no known cure for Tinnitus and whilst some sufferers do benefit others do not.

Contra-indications

In these cases refer the client to their G.P before treatments is applied. Where possible, treatment should be adapted to suit the client's conditions and needs. See listed below:

When not to do the treatment

Perforated eardrum

Grommets in place – devices placed in the eardrum

Eczema or dermatitis in the outer ear – itchiness and dryness of the outer ear

Cochlear implant – a type of hearing aid implanted in the cochlear of the ear

Outer ear infected or allergies to the candle ingredients

Current or recent ear infection of the outer ear, e.g. boils
(middle ear infections are fine e.g. fluid within the ear)

Recent head or neck injury

Skin or scalp infections

Infected inflamed ear

IT IS VERY IMPORTANT TO LET US KNOW IF YOU HAVE ANY OF THE ABOVE CONDITIONS AT LEAST 5 DAYS PRIOR TO YOUR COURSE. THIS WILL NOT MEAN YOU CANNOT ATTEND, HOWEVER WE MAY NEED YOU TO BRING A MODEL.

You are now all ready for your practical training.
We are looking forward to seeing you.