

|                                                                                                                 | <br>CREAM<br>MOISTURISING<br>FOR DRY FEET<br>UREA 5%<br>INTENSIVELY MOISTURISES & SOFTENS SKIN | <br>CREAM<br>SOFTENING<br>FOR ROUGH FOOT SKIN<br>UREA 15%<br>MOISTURISES, EXFOLIATES & PROTECTS | <br>CREAM<br>TREATMENT<br>FOR CRACKED HEELS & CALLUSES<br>UREA 30%<br>EXFOLIATES, MOISTURISES, REGENERATES | <br>GEL<br>RELAXATION<br>FOR TIRED LEGS<br>COMPLEX LACTIC<br>SOOTHES, TENS, SWELLS LEGS | <br>MASK<br>EXFOLIATION<br>FOR CALLOUSED FEET<br>ACIDS PHA<br>EXFOLIATES DEAD SKIN, REGENERATES | <br>SPRAY<br>RELAXATION<br>FOR TIRED LEGS<br>COMPLEX LACTIC | <br>SPRAY<br>PROTECTION<br>FOR FOOT CRACKING<br>NEEM OIL | <br>SALT<br>EPSOM<br>FOR TIRED & SORE FEET<br>MAGNESIUM | <br>SALT<br>RELAXATION<br>FOR CALLOUSED SPRING FEET<br>COLLAGEN | <br>SCRUB<br>EXFOLIATION<br>ON DRY, WORN, CRACKED FEET<br>SUGAR & COCONUT SHELL |
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|                                                                                                                 | CREAM<br>MOISTURISING                                                                                                                                                          | CREAM<br>SOFTENING                                                                                                                                                              | CREAM<br>TREATMENT                                                                                                                                                                         | GEL<br>RELAXATION                                                                                                                                                         | MASK<br>EXFOLIATION                                                                                                                                                               | SPRAY<br>RELAXATION                                                                                                                            | SPRAY<br>PROTECTION                                                                                                                         | SALT<br>EPSOM                                                                                                                              | SALT<br>RELAXATION                                                                                                                                 | SCRUB<br>EXFOLIATION                                                                                                                                               |
|  RISSIGE FERSEN                | ●<br>täglich                                                                                                                                                                   |                                                                                                                                                                                 | ●<br>über Nacht<br>für 7 Tage                                                                                                                                                              |                                                                                                                                                                           | ●<br>2 Mal<br>pro Woche                                                                                                                                                           | ●<br>ab dem 7. Tag<br>der Behandlung                                                                                                           | ●<br>ab dem 7. Tag<br>der Behandlung                                                                                                        |                                                                                                                                            |                                                                                                                                                    |                                                                                                                                                                    |
|  LOKALE VERHORNUNG<br>DER HAUT |                                                                                                                                                                                |                                                                                                                                                                                 | ●<br>täglich auf<br>verhornte<br>Stellen                                                                                                                                                   |                                                                                                                                                                           | ●<br>2 Mal<br>pro Woche                                                                                                                                                           |                                                                                                                                                |                                                                                                                                             | ●<br>1 Mal<br>pro Woche                                                                                                                    |                                                                                                                                                    | ●<br>3 Mal<br>pro Woche                                                                                                                                            |
|  RAUE FÜSSHAUT                 |                                                                                                                                                                                | ●<br>täglich<br>für 14 Tage                                                                                                                                                     | ●<br>3 Mal<br>pro Woche                                                                                                                                                                    | ●<br>2 Mal<br>pro Woche                                                                                                                                                   | ●<br>2 Mal<br>pro Woche                                                                                                                                                           |                                                                                                                                                |                                                                                                                                             | ●<br>mindestens<br>2 Mal pro Woche                                                                                                         | ●<br>mindestens<br>2 Mal pro Woche                                                                                                                 | ●<br>3 Mal<br>pro Woche                                                                                                                                            |
|  TROCKENE FÜSSHAUT             | ●<br>täglich                                                                                                                                                                   | ●<br>täglich<br>für 14 Tage                                                                                                                                                     | ●<br>2 Mal<br>pro Woche                                                                                                                                                                    | ●<br>2 Mal<br>pro Woche                                                                                                                                                   | ●<br>2 Mal<br>pro Woche                                                                                                                                                           |                                                                                                                                                |                                                                                                                                             | ●<br>mindestens<br>2 Mal pro Woche                                                                                                         | ●<br>2 Mal<br>pro Woche                                                                                                                            | ●<br>2 Mal<br>pro Woche                                                                                                                                            |
|  UNANGENEHMER GERUCH           |                                                                                                                                                                                |                                                                                                                                                                                 |                                                                                                                                                                                            |                                                                                                                                                                           |                                                                                                                                                                                   | ●<br>täglich                                                                                                                                   | ●<br>täglich                                                                                                                                |                                                                                                                                            | ●<br>mindestens<br>2 Mal pro Woche                                                                                                                 |                                                                                                                                                                    |
|  GRUNDLEGENDES PFLEGE        | ●<br>täglich                                                                                                                                                                   |                                                                                                                                                                                 | ●<br>1 Mal<br>pro Woche                                                                                                                                                                    | ●<br>täglich<br>abends                                                                                                                                                    | ●<br>1 Mal<br>pro Woche                                                                                                                                                           | ●<br>täglich<br>abends                                                                                                                         | ●<br>täglich<br>abends                                                                                                                      | ●<br>mindestens<br>1 Mal pro Woche                                                                                                         | ●<br>1 Mal<br>pro Woche                                                                                                                            | ●<br>2 Mal<br>pro Woche                                                                                                                                            |
|  MÜDE FÜSSE                  |                                                                                                                                                                                |                                                                                                                                                                                 |                                                                                                                                                                                            | ●<br>täglich<br>abends                                                                                                                                                    |                                                                                                                                                                                   | ●<br>täglich<br>abends                                                                                                                         |                                                                                                                                             | ●<br>mindestens<br>1 Mal pro Woche                                                                                                         |                                                                                                                                                    |                                                                                                                                                                    |