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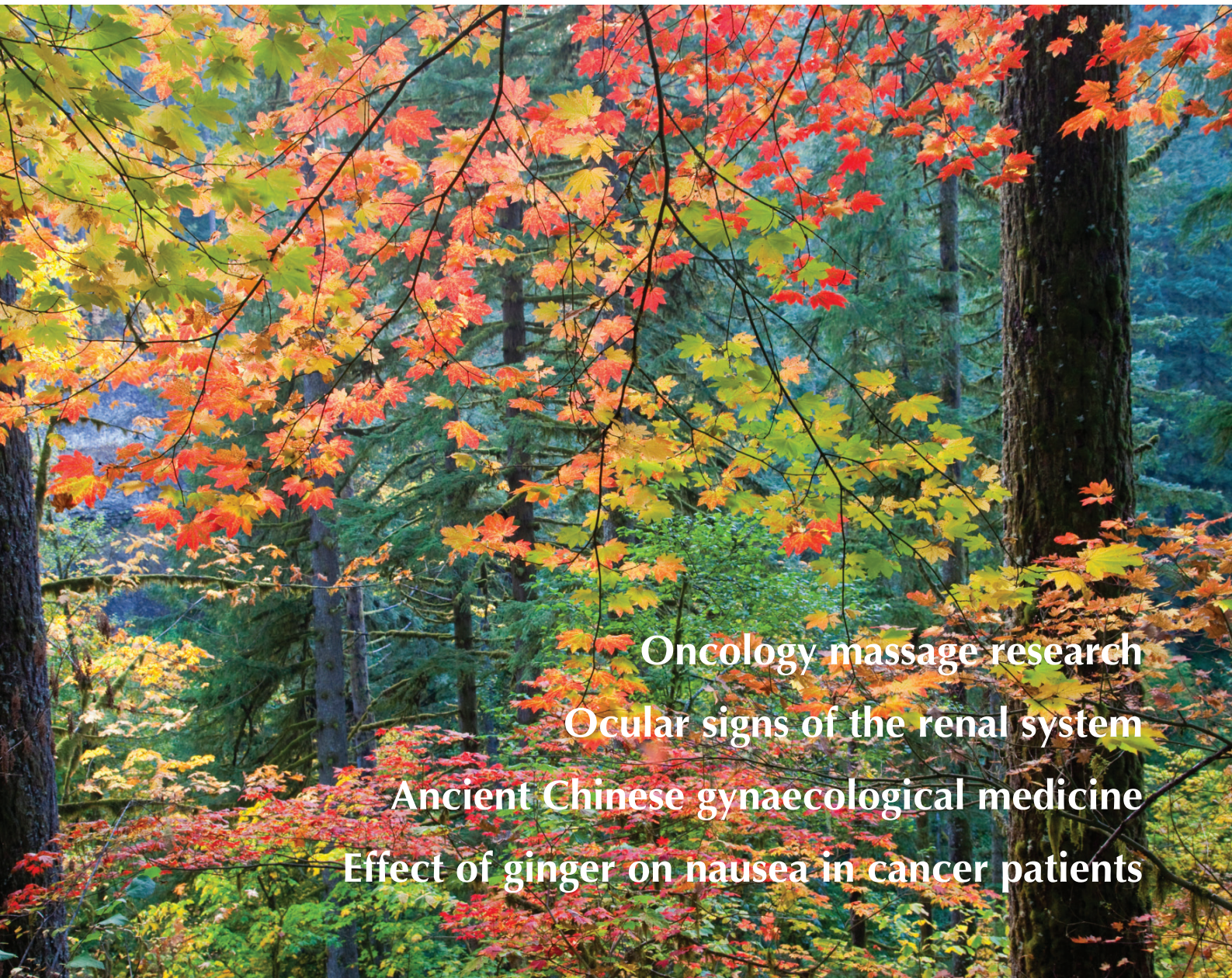

Oncology massage research

Ocular signs of the renal system

Ancient Chinese gynaecological medicine

Effect of ginger on nausea in cancer patients

The Australian Traditional-Medicine Society Limited (ATMS) was incorporated in 1984 as a company limited by guarantee ABN 046 002 844 2333.

ATMS has three categories of membership.

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Contents *March 2012*

President's Message

Dr Sandi Rogers Ed.D. ND

CHANGE IS THE AGENDA FOR 2012

2012 is well under way and we are heading toward one of the biggest changes ever experienced within the Australian Traditional Medicine Society. This change will see the board made up of six new directors who will be elected by the membership and six existing directors who will stay on for one year to help guide the newly elected ones.

This handing-on of knowledge will help the new members settle in and once a full year has passed the six directors who remained on the board may run for election if they choose to. The transition is very important as we need to ensure the board operates as a collective, cohesive and respectful group, making decisions that will keep the organisation moving forward and meeting the needs of our members, as members are the focus of the organisation.

This year we will face several challenges, yet as always we will work through them professionally, responsibly and ethically. We will focus on many issues. These are some, but not all, of these issues.

- Social media
- New board vote
- Quality assurance package
- Regulation of our occupations with the Natural Medicine and Therapies Registration Board (NM&TRB)
- Education of our occupations
- EBSCOhost
- Developing strategies to engage the public in what we do. This matter will be reported as we develop the strategy.
- Research projects to be developed and reported once they have been approved by the board

There are many more projects and I will report on each as they progress. This report focuses on social media and your need to participate, quality assurance and regulation of the NM&TRB, the election and EBSCOhost.

YOUR TEAM

Within the office you have the very best team to help and support you. They all are focused on your needs and every member of the team is passionate about ATMS. Your needs as a member are always considered.

Teamwork does not just happen. It has to be developed and guided by a team leader. Matthew Boylan has taken on the position of CEO and has had to make many changes that were challenging, yet whose outcome will reassure members that their fees are providing them with the best team any organisation could wish for. Matthew brings to the position a broad expertise that is invaluable to the organisation and I look forward to working with the entire team this year as we face further exciting challenges and changes.

One excellent result Matthew achieved was the negotiations for members to have access to EBSCOhost, a database of articles that cover our modalities. This brilliant offer is another fantastic service for our members, and in particular to our student members. A big thank you to Matthew for this initiative, which will help so many members keep abreast of current research findings in natural medicine.

SOCIAL MEDIA AND THE WORLD WIDE WEB

One of the innovations of the 21st century is the communication we can have across the world within a matter of moments. Social media is the new way to communicate. "Go to www" is being used more and more.

Most of you would have many clients coming in with Dr Google information about their health problems. Many times the diagnosis has been achieved by going online, filling in forms and, hey presto, a diagnosis - and often a treatment.

As practitioners, working at the coalface of clinical practice, we must be wary of internet diagnoses. Always developing your diagnosis by sitting with the client and gathering all the information you need to 'get it right' for the client.

One of ATMS' policies is that all clients must have a face-to-face initial consultation. This policy is there to protect you, the practitioner. Consulting over the internet or phone is fraught with difficulties and dangers. You do not have the opportunity to assess the client in the way you should, working within the holistic paradigm.

Another aspect of social media is one I want to encourage you all to participate in: the ATMS Facebook and Blog. It is provided for you to communicate your thoughts and opinions. Please go to www.facebook.com/atmsnatmed or www.atmsblog.com.au. Here you can make a difference by posting what is important to you and initiating dialogue with other members.

The blog is particularly useful and one where you only have to put about 300 words together and follow the guidelines for the required standard, and off you go.

Your feedback is welcomed and valued. It is an opportunity to voice your opinion about any issues you feel matter. One recent issue that has arisen is the formation of a group entitled Friends of Science in Medicine, which is backed by the

Australian Sceptics. They believe that universities should stop teaching natural medicine as it is "unscientific" and that health funds should not be providing rebates for natural medicine and therapies. This is yet another misguided attack on natural medicine and therapies.

Consumers of health care subscribe to natural therapies in great numbers not merely because they find their practitioners caring and supportive, but because they get results. Why else would roughly half the population see natural therapists? Why should a group of professions that achieves this have to regularly rebut the unsubstantiated attacks of Professor Dwyer and the organisations he attaches himself to? With the participation of Professor Dwyer it is most unlikely that natural therapies could be represented in a balanced and scientific way.

However, health care consumers continue to lead the way in all these matters. They will go on supporting natural medicine and therapies so long as we go on offering them the time, care and, above all, results they want to assist them on the their journey toward wellbeing.

Please go to the ATMS face book and click 'like' and join us and also get onto the blog and start writing.

EDUCATION OF NATURAL MEDICINE PRACTITIONERS

During a recent flurry within the media and our social networking, one point was raised that requires clarification. Comments within facebook and our blog suggested that I am opposed to university training, which is not only misleading but also totally incorrect. I will take this opportunity to explain the position of the Australian Traditional Medicine Society, which is also my personal position.

Before I explain this position it is important I provide a little background. Over many years there has been scaremongering about education levels for natural medicine practitioners. Most of you would have heard claims that all practitioners must have a University degree in order to keep working or to be seen to be credible by the medical profession.

The Australian Traditional Medicine Society believes that education is the foundation of the organisation. In fact it was considered to be so important that our founding directors made it a condition of eligibility for membership as a board member. Every director was to be a college owner or a representative of a college that taught natural medicine subjects. Education is the foundation for all occupations and professions. Standards in education were regularly reviewed and updated. Accredited colleges were required to comply with the standards set by the Australian Traditional Medicine Society. As natural medicine grew in popularity and more graduates became practitioners, educational requirements continued to evolve. The National Training Package was developed, drawing on the expertise of stakeholders from many areas. The Australian Traditional Medicine Society and colleagues from non-ATMS colleges joined together and provided input into setting government-accredited national education standards for natural medicine.

In 1999 it was determined that the entrance level for ingestible modalities would be Advanced Diploma. It must be stressed here that Advanced Diplomas were considered entry level to the natural therapies profession. They were also an entry level to university degree training.

ATMS encourages the concept of lifelong learning for its members through continuing professional education. Taking a scholarly interest in natural medicine and perhaps seeking to enter the exciting world of research are encouraged. University education is exciting and offers many opportunities, but it is not the entrance level for natural medicine education.

Never at any time has ATMS, nor myself personally, taken the position that we are against university training. What we are very concerned about is where many of our practitioners are slighted when references are made to non-university trained practitioners as being inadequately skilled which implies that university graduates are better trained, when this is not the case.

What holds us back as an occupation is mindless statements being offered that are upsetting and untrue.

Education is fantastic and I encourage everyone to never stop learning. I studied for over thirteen years beginning with a Graduate Certificate and finishing with a Doctorate. I love Universities. I have a problem, however, with demeaning the Advanced Diploma qualification which has been determined to be more than sufficient education to be a good natural medicine practitioner.

QUALITY ASSURANCE

As we enter 2012 we are well on the way to developing our Quality Assurance package and we will keep you informed of our progress. Once all the documents are completed we will be looking to introduce it and engage you, our members. Quality Assurance is essential for all occupations and our group should welcome this as an opportunity that will demonstrate our professionalism, our safety record and our willingness to be assessed. Safety is an issue we are very proud of. Our record is enviable because we have very few safety issues as we deliver a broad range of treatments and therapies.

REGULATION

Regulation of the occupation of natural medicine and therapies is still on the agenda. ATMS is working with the Natural Medicine and Therapies Registration Board and we are attending ongoing meetings with like-minded associations to work toward co-regulation. There are many questions that we as an occupation must answer. What modalities should be included under the umbrella of natural medicine and therapies? What should be educational levels for these modalities? These questions are being addressed by the Natural Medicine and Therapies Registration Board and by working as a cohesive and respectful group our goals can be achieved - to provide the government and the public with a Board that clearly identifies competent and safe practitioners of natural medicine.

For additional information there is free information on the ATMS website. You can also ask for a free booklet that explains regulation, without the emotion that usually is attached to this subject.

BOARD ELECTIONS

2012 is the year where ATMS will have six members elected to the Board. You will receive information about eligibility requirements and the process for the elections. By running for a Board position you show you care about your occupation. Although being on a board carries a lot of responsibility, it is also very rewarding to contribute at such a level.

Change is certainly on the agenda as you can see from these subjects. As we proceed with the changes you will be kept informed through our fantastic journal, website and social media.

Please keep up to date and ensure you have your email registered with us. You may get a few emails but it is one way of keeping fully informed about what matters to you as a practitioner, as well as what is happening to your occupation.

Until next time, Find happiness in every moment

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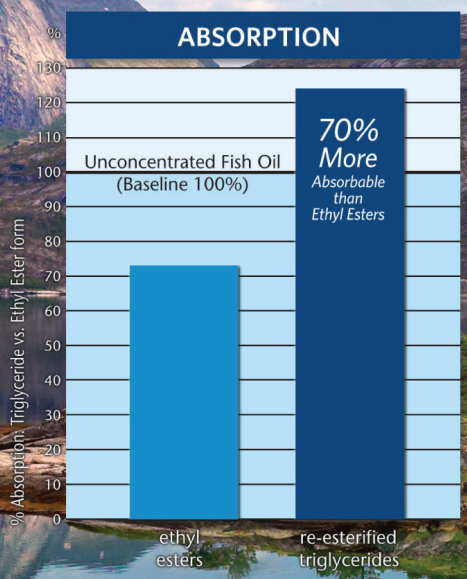

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CEO'S Report

Matthew Boylan

HAPPY NEW YEAR

I would like to wish every member and their loved ones welcome to 2012, and I hope that it is the best of years for us all.

CHINESE MEDICINE BOARD AUSTRALIA

All acupuncturists and traditional Chinese medicine herbalists MUST be registered with the Chinese Medicine Board Australia (CMBA) by 1 July 2012. If you are an acupuncturist or traditional Chinese medicine herbalist and you have not yet lodged your application to be registered with the CMBA please do so immediately.

If you are not registered with the CMBA by 1 July 2012 then effectively you will be unable to practise as either an acupuncturist or traditional Chinese medicine herbalist. Failure to be registered with the CMBA might also affect your ATMS membership. I will be emailing or writing to all members accredited by ATMS for acupuncture or traditional Chinese medicine shortly with more information about this, so please keep an eye out for that letter. To apply for registration with the CMBA, please visit their website: http://www.chinesemedicineboard.gov.au/

NOMINATIONS FOR ELECTION OF DIRECTORS

2012 is a historical year for ATMS as for the first time eligible accredited members will be able to nominate to be elected as a Director, and/or vote in an election to appoint Directors to ATMS.

There are six vacancies up for election in 2012. The Nomination Form for 2012 has been enclosed as a separate document with your copy of this edition of the Journal of the Australian Traditional-Medicine Society. So please locate that document if you are considering nominating for election, or know someone who you feel should nominate. If you can't find your copy or have misplaced it, just ring the ATMS office on 1800 456 855 for advice on how to most conveniently get another form.

Instructions on how to nominate for election are contained on the Nomination Form. Please keep in mind however that the fully completed Nomination Form must be received at the ATMS registered office by no later than 5pm on Monday 30 April 2012. I will be confirming receipt of nomination forms with the nominees, so I suggest you lodge the Nomination Form with ATMS at least one week before 30 April so that there will be time to lodge another Form if the first is not received.

GOVERNMENT SUBMISSIONS

ATMS has again been busy lodging submissions with Government on a variety of topics. Since I last wrote my report for the December Journal, we have lodged on behalf of members the following formal submissions:

A response to the Australian Physiotherapy Council Consultancy Paper on proposed Acupuncture accreditation standards. ATMS is very concerned about this proposal which will allow the Australian Physiotherapy Council to determine a definition for 'acupuncture', and also to accredit certain short courses which once completed will allow other registered medical professionals (for example doctors, nurses, physiotherapists etc) to call themselves acupuncturists. ATMS felt so strongly about this issue that I also wrote to Professor Xue, Chair of the Chinese Medicine Board Australia and the Secretary of the Australian Health Workforce Ministerial Council protesting against this proposal. Unfortunately this proposal is specifically allowed for under the legislation relating to the statutory registration of TCM practitioners, and there is very little, other than protest and try to influence matters to get the best possible result, that ATMS can now do.

A further submission to the CMBA relating to four proposed Codes/Guidelines that will be introduced under statutory registration for TCM practitioners, and also on the composition of the CMBA (Course) Accreditation Committee.

A response to the South Australian Government Department of Health consultation paper on the proposed introduction of a Code of Conduct for healthcare professionals who are not subject to statutory registration (that is most of the members of ATMS.) This Code of Conduct is based heavily on the already existing Code of Conduct in New South Wales. ATMS supported the introduction of the South Australian Code of Conduct, and will notify affected members if/when the proposed Code of Conduct becomes law.

A response to the New South Wales Government Department of Health consultation paper on changes to the Public Health Regulations. The main matter affecting ATMS members in this paper were some changes to the requirements regarding skin penetration. ATMS again gave broad support to these proposed changes, and again will notify affected members if/when the proposals become Law.

I am also very pleased to report that ATMS has been successful in one of its submissions to the CMBA. In respect of the 'grandparenting' requirements to allow existing practitioners to continue to practise, the CMBA were proposing that only those practitioners who had graduated with an Advanced Diploma before 2008 would be accepted for registration. ATMS however made a strong submission on behalf of members that those members who held a relevant Advanced Diploma, or who will graduate with a relevant Advanced Diploma before 1 July 2015, should be accepted for registration. I am very pleased to advise that the submission by ATMS was essentially accepted by the CMBA.

STRUCTURAL CHANGE

In recognition of the changed role of the ATMS Company Secretary, with additional duties and responsibilities above those expected of a Company Secretary or Chief Administrative Officer, the ATMS Board decided that my position should have a title change to Chief Executive Officer.

Hence the change in title to this report. I remain the ATMS Company Secretary, and responsible for all the duties normally carried out by a Company Secretary. Also I have been offered this position of ATMS CEO for a seven-year term, in contrast to my permanent appointment as the Company Secretary. I agreed to this change as both the Board and I are of the same opinion that a person in the Chief Executive role should not be appointed for an indefinite period. The 7 year term may however be extended if both parties agree. There were no other changes to my employment conditions, and there was no increase in salary with the new title.

EBSCO JOURNAL DATABASE ACCESS FOR MEMBERS

I am excited to advise that ATMS has negotiated an arrangement with EBSCO Publishing, a leading provider of electronic databases, for members to have free access to the EBSCO natural medicine database, 'Alt Healthwatch', plus some other resources including the EBSCO 'Rehabilitation Reference Centre'.

This package includes access for over 1,600 full-text journals plus access to the EBSCO Rehabilitation Reference Centre, which includes hundreds of evidence-based clinical summaries, nearly 10,000 exercise images and several textbooks.

To access this database you will need to log in to the member only area of the new website. At the time of writing this new website was in its final stages of development. I hope that it will be available to members by the time you read this report. If it is not, please contact the office for details as to how to access the EBSCO databases.

OFFICE STAFF CHRISTMAS CHARITY DONATION

I am honoured to report that at their own initiative, ATMS office staff decided to take up a collection to donate to our local West Ryde Rotary Club Christmas Appeal. The aim of this Appeal was to purchase Christmas presents for local children. Although there are only twelve staff, they were able to personally donate $300.

This was a very lovely gesture, and my appreciation and thanks goes to all our wonderful staff, but in particular to Sylvie and Nicole for thinking of this great way for the ATMS Office staff to personally and directly give something back to our local community.

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Oncology Massage Research and Training Update

Eleanor Oyston CT(ASC), DipRM, Bowen Therapist, OMT. National Director, Oncology Massage Training; Margaret McGee BSc, MPH, Dame Roma Mitchell Cancer Research Laboratories, Department of Medicine, Faculty of Health Sciences, University of Adelaide and Orthopaedic and Trauma Service, Royal Adelaide Hospital, SA.

Despite oncology massage having been well established internationally for more than a decade,[1] Australian massage professionals have been slow to embrace this sub-specialty of massage for people with cancer or who are undergoing cancer treatment.

The role of remedial and sports massage for injury management and health and wellbeing is well established. There is also a growing body of scientific evidence that supports what we know: that massage confers significant therapeutic benefits for the person with cancer. Massage schools teach their students that cancer is a contraindication for massage. Nevertheless, there are volunteer and paid massage therapists in hospitals, aged-care facilities, day spa services and in private clinics around the country who are massaging clients with cancer.

Cancer remains a contraindication unless the therapist has sub-specialty training in oncology massage techniques and understands the science of cancer, cancer treatment and toxicities. Importantly, the massage therapists may be confronted with their own mortality and burdens when working with clients with cancer and who are experiencing life changing events and may be on the edge of life. An important element of oncology massage training therefore is preparing the therapist for this experience.

This article summarises some of the scientific evidence base for oncology massage and highlights the important role that sub-specialty trained massage professionals play in the developing field of integrative oncology and medical massage.

THERAPEUTIC MASSAGE AND CANCER

Massage is the systematic application of pressure to skin in order to affect muscle and connective tissue with the aim of improving blood and lymph circulation. The intention is to detoxify and encourage healing in acutely or chronically injured tissues which may clinically manifest as pain and restricted range of motion.[2] Massage therapy is also commonly used for stress reduction or relaxation. While the physiological stress reduction response to mechanical stimulation by massage has not been formally elucidated, neuroendocrine and immune function effects have been implied. Moraska et al (2008)[3] reviewed 25 studies published in peer reviewed journals to examine the effect of massage, delivered by a trained massage therapist, on physiological variables associated with stress. Although studies were heterogeneous in design and the methods were of variable quality, reductions in the "stress hormone" cortisol and heart rate in people receiving massage were consistently reported after single treatments and there was some evidence of reduction in diastolic blood pressure. Similarly, in their review of studies on massage in patients with a variety of medical conditions, and normal subjects under stressful conditions, Field et al (2005)[4] found across studies an average reduction in cortisol of 31% in patients in response to massage as well as an average increase in the neurotransmitter serotonin by 28% and dopamine by 31%. Both of these transmitters are recognised as biological regulators of a number of functions associated with well-being including mood, appetite, sleep, and some cognitive functions.

In a randomised controlled trial (RCT) in normal subjects, with light touch as the control group, massage for 45 minutes resulted in a large effect size decrease in arginine vasopressin responsible for controlling blood pressure, and a small effect size decrease in cortisol.[5] Consistent with decreased cortisol levels and cortisol's action of suppressing the immune system, there was an increase in circulating lymphocytes and decreased levels of interleukins and other inflammatory mediators, providing some support to the hypothesis of an effect of massage on immune function. Increases in natural killer cells in response to massage have also been reported in a small cross-over study of massage in patients with HIV.[6] This neuroendocrine response has been demonstrated in limited clinical studies examining the physiological effect of massage in people with cancer.

In a small pilot RCT by Hernandez-Reif et al[7] 34 women with breast cancer were randomised after surgery to a massage therapy group where they received 30 minute massage treatments three times a week for five weeks or to a control group where they received standard care. In addition to significant immediate improvements in psychosocial outcomes, including reductions in depressed mood and anxiety compared to baseline, patients receiving massage also had significantly increased serotonin and dopamine, natural killer cells and lymphocytes when compared to control patients. Further study was undertaken to examine whether the effects observed were due to an indirect relaxation response alone of massage and were not effects mediated by a tactile response, by including a progressive muscle relaxation group.[8] When

compared to the control group, both the massage therapy and relaxation treatments had immediate effects on depressed mood, pain and anxiety but, after the five weeks of treatment, only the massage therapy group had significant improvements in qualitative measures of well-being as well as increased levels of dopamine, serotonin, natural killer cells and lymphocytes, when compared to baseline. These results were further supported by a RCT of massage in 30 women undergoing radiation therapy.[9] In this study patients randomised to massage therapy treatment had a decrease in the deterioration of natural killer cell activity, which occurs in response to radiotherapy, as well as a lowered heart rate and systolic blood pressure when compared to control patients.

For the person in treatment for cancer or recovering from cancer, massage has the potential, through these physiological responses, to confer therapeutic benefits for the management of symptoms of cancer or the side effects of cancer treatment.[10] These include symptoms that may not be adequately controlled pharmacologically or by other medical or psychological interventions. There is a plethora of literature from observational studies that show that massage therapy is therapeutically effective in the acute management of cancer symptoms. Higher level evidence of effectiveness is also available from randomised clinical trials that show that massage intervention results in positive outcomes defined as immediate reductions in symptoms of acute nausea,[11,12] general and neuropathic pain and discomfort,[8,13-16] fatigue,[8,14,15] anxiety,[7,15,17,18] depression and insomnia.[19, 20]

The concept of massage being a positive touch experience has also been validated by qualitative studies of patients undergoing cancer treatment. The meaning of receiving massage during cancer treatment has been described in a phenomenological study by Billhuilt et al (2007)[21] where five themes were described. These were that i) massage offered a distraction from the frightening experience of cancer treatment, ii) receiving massage turned the negative experience of cancer treatment into a positive experience, iii) massage offered a sense of relaxation, iv) massage conferred a confirmation of caring, and v) patients reaffirmed the concept of massage feeling good.

With this growing body of evidence the Cancer Council of Australia[22] and State Cancer Councils[23-25] have produced position statements and dedicated patient information resources on the use of complementary therapies for people with cancer that advocate the benefits of massage. Published integrative oncology guidelines state that modalities such as massage are "strongly recommended to be incorporated into a multidisciplinary approach in reducing anxiety, mood disturbance, chronic pain and improving quality of life in cancer patients".[26] As a result, the therapeutic benefits of massage are increasingly being appreciated by patients undergoing cancer treatment and this is translating into an increased use of massage services.

In a recent audit of utilisation, the patient-reported main reasons for electing to have massage were determined from the first 46 clients who underwent a total of 116 massage sessions in an oncology-dedicated massage clinic at the Tennyson Centre, South Australia (Table 1). The massage was performed by massage therapists who had undergone training through the National Oncology Massage Training (OMT) program. For 70% of patients (n=32), relaxation was one of the main reasons for requesting massage. Lymphoedema management was the second most common reason. Massage therapists with oncology training also have training in manual lymphatic drainage and, therefore, can provide treatment for patients with mild limb swelling or discomfort due to lymphoedema, and provide important education for self-management.[27] Massage for the relief of pain or musculoskeletal symptoms was the third most common reason for requesting massage (n=11, 24% of patients). As the audited activity did not include patients receiving massage in day infusion units while receiving chemotherapy, the use of massage for chemotherapy related nausea was less common.

TABLE 1: REASONS FOR REQUESTING MASSAGE

Reason*	No. patients
Relaxation	32(70)
Lymphoedema management	15(33)
Pain/musculoskeletal symptoms	11(24)
Immediate pre or post-treatment stress/anxiety management	5(11)
Fatigue	2(4)
Lymphatic drainage	1(2)
Breathing difficulties/congestion	1(2)
Nausea	1(2)
Scar tissue management	1(2)
Application of skin lotion to help manage radiation induced dermatitis	1(2)

** patients may have reported more than one reason for requesting massage*

ONCOLOGY MASSAGE TRAINING

In the hospital setting massage has historically been delivered by nursing staff and volunteers. However, in most acute care, outpatient chemotherapy and palliative care settings, nursing staff are often already extended in their clinical care responsibilities, and volunteers have limited capacity and ongoing training to provide massage. Thus, important opportunities for therapeutic intervention may be missed. Furthermore, although nurses are trained in patient care, often they are not formally trained in soft tissue structure, function and manipulation which underpin successful massage technique and treatment outcomes.

Importantly, without formal massage training, a lack of awareness of the contraindications for massage or the modifications and adjustments required to tailor conventional massage regimes for the patient with a history of cancer or being treated for active cancer, poses patient safety concerns, with the risk of adverse events. Some certified massage therapy courses list cancer as a contraindication for massage. This is because there are a number of important considerations when planning massage treatments for patients with cancer.[26, 27] Important technique modification involves pressure and site restrictions. Patients are at higher risk of easy bruising, particularly if they are on anticoagulant therapy or have bleeding tendencies. Patients may also be at greater risk of skin irritation due to chemotherapy drugs and radiation induced dermatitis. Patients may be immunosuppressed due to chemotherapy or other treatment regimes and may be at risk of reduced bone density in response to steroid use or the disease process itself, metastases to bony sites, radiation therapy or certain chemotherapy regimes. Patients may be on pain medications which lower their awareness of normal pain thresholds in response to massage. Patients may also have sensitive limbs due to chemotherapy induced neuropathy in the hands or feet.

The risk of lymphoedema is very common in patients who have had surgical excision of and/or radiotherapy to lymph nodes.[28] While the correct technique of massage (manual lymphatic drainage) can confer marked benefits for the management of lymphoedema, inappropriate massage technique and pressure can also put the patient at risk of clinically significant lymphoedema. Deep tissue massage, used for detoxifying tissues and repair, may overload the lymphatic system and the major organs whose function may be compromised during, and for some time after, chemotherapy or radiation therapy. Massage that is too demanding for people recovering from their cancer treatment can cause flu-like symptoms. Oncology massage is therefore largely limited to effleurage type massage using fingers and palms without any localised or intense pressure.

Safety is the primary responsibility of the massage therapist. Our experience, supported by limited published data[29] suggests that, when delivered by qualified practitioners trained and experienced in working with people with a history of cancer, serious adverse attributed to massage are rare. Consequently integrative therapy guidelines recommend that massage therapy should be delivered by an oncology-trained massage therapist.[26]

The psychosocial contribution that massage can make to a person's treatment or recovery has already been highlighted. An important component of oncology massage training therefore, is the preparation of therapists for this added responsibility. Therapists must maximise the patient-practitioner relationship by providing professional treatment without fear or pity. This ensures that the full therapeutic benefits are experienced by patients. In a RCT examining effects of massage on mood and discomfort in palliative cancer patients, the treatment effect of massage on mood was significantly enhanced if a patient was treated continuously by the same massage therapist.[14] This finding highlights the importance of the patient-therapist relationship in effecting maximum therapeutic benefit. With dedicated therapeutic massage personnel in inpatient and outpatient oncology settings, massage can therefore be included in the available evidence-based treatment offered by oncologists as part of comprehensive multidisciplinary cancer care.

Despite the existence of volunteer-based complementary therapy services in inpatient and outpatient oncology settings in Australia, no formal oncology massage training is provided to these volunteers. Difficulty in setting benchmarks for volunteer services, maintaining continuity of service and the inability to enforce continuing education requirements on volunteers makes this model of service delivery a less attractive one. Raising education standards also drives quality assurance within the industry, which translates into continuous improvement in client care. Professional bodies representing massage therapists are working hard to improve the professionalism of the industry and to raise benchmarks for standards of care. This is with the aim of facilitating professional interaction and respect as health care moves towards more integrative models of care that acknowledge an important role of complementary therapies in conventional medical settings. Ensuring that massage therapists who work with people with complex medical conditions are equipped with an understanding of evidence-based complementary medicine also facilitates best practice. Understanding the evidence-base raises the awareness of the gaps in knowledge and the need for further clinical research, to justify the role of these health care services in conventional medical care.

AUSTRALIAN NATIONAL ONCOLOGY MASSAGE TRAINING PROGRAM

A National Oncology Massage Training Program (OMT) was established in 2007 for massage and Bowen therapists wanting to treat clients with a history of cancer or who are in active cancer treatment. The OMT program aims to ensure national benchmarks and standards of care are met, that therapists are equipped with essential emotional tools and that therapists embrace an evidenced-based medicine approach to their service delivery. The four module program is modelled on a program that has been in operation for more than 10 years in the United States.[27] In December 2011, OMT signed a contract to present Modules III and IV in a public hospital in Melbourne CBD in the hope that this will further the development of massage services to cancer patients.

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Effect of Ginger on Chemotherapy-Induced Nausea and/or Vomiting in Cancer Patients

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ABSTRACT

Objective: The present study was conducted to investigate the effects of ginger on chemotherapy-induced nausea and/or vomiting.

Design: The study was carried out on cancer patients receiving chemotherapeutic agents in the haematology clinic of a training hospital between March 01, 2011 and July 29, 2011.

Subjects: The study group was composed of intervention (n=15) and control (n=30) patients. Approval from the ethics committee, informed consent from the patients and permission from the hospital management were obtained.

Intervention: Control patients received antiemetic drugs for ethical reasons and intervention patients received ginger tablets (800 mg).

Outcome Measure: Data were collected using the Identification Form for Descriptive Characteristics, which was prepared by the researchers. SPSS 15.0 was used for data assessment.

Results: Statistical analysis revealed no differences in the characteristics of the intervention and control groups ($p>0.05$). A significant difference was found between the groups receiving ginger and antiemetics, suggesting that ginger is effective for treatment of nausea and vomiting ($p<0.05$).

Conclusion: Results of the present study suggest that ginger is effective for reducing chemotherapy-induced nausea and/or vomiting and they should be confirmed in future studies that include more patients with a haematological cancer.

INTRODUCTION

Ginger (zingiber officinale) is a perennial herbaceous plant of Southeast Asian origin. The plant grows mostly in Africa, China, Nigeria, Jamaica, Australia and North America. The root of the flowering plant is most commonly used. Its chemical structure contains such compounds as oleoresin, geranial, neral, b-fellandren, sineol, borneol, bisabolen, zingiberen, gingeroles, sogaoles, diterpenes, lypids, protein, starch and vitamins.[1,2] The plant is reported to have anti-inflammatory, antimicrobial, anticarcinogenic, antidiabetic, antilypidemic and antiemetic effects. Roman, Greek, Ottoman and Chinese historical records reveal that ginger was widely used for many years for these clinical features. Ginger, which is now registered in the pharmacopoeias of Austria, China, Egypt, Germany, England, Japan and Switzerland, is recommended for intestinal colitis and flatulence problems in the Ayurvedic pharmacopoeia. The root of ginger, which is registered at the German Federal Institute Commission E and which has an economic significance, is suggested for treatment of digestion problems and car-sickness. It is recorded in the United States pharmocopeia and the National Formulary as having been used as a carminative, an aromatic and a stimulant, and in King's American Dispensatory as beneficial for weight loss and cold hands and feet. Recently, non-chemical products have become popular for alternative cancer treatment, and there have been efforts to improve these alternative treatments. Among the recommended products, ginger is one of the encapsulated drug forms. It is a complementary food and is included in the safe herbal products list of the FDA.[2,3,4,5,6]

Several studies of ginger have suggested that the plant has many beneficial effects and no unfavourable effects have yet been reported. Ueda et al.[7] demonstrated anti-inflammatory effects of ginger. Therkleson et al.[8] found that ginger decreased pain and increased joint motility in patients with osteoarthritis. In another study, ginger was given to nasogastric tube-fed or mechanically-ventilated patients. The group receiving ginger had a lower incidence of mortality and pneumonia and a more effective gastric emptying than those not receiving.[9] Lianga et al.[10] reported improved upper gastrointestinal symptoms with the administration of ginger. The authors investigated the effects of ginger on gastric emptying, antral motility, proximal gastric dimensions, and postprandial symptoms and suggested that ginger may be symptomatically more beneficial in specific patient groups than placebo by altering the gastric half-emptying time and the frequency of contractions in the antrum. Tuntiwechapiful et al.[11] found that ginger had favourable effects on lung cancer cells and suggested a beneficial role for it in the treatment of lung cancer.

There are several completed and ongoing studies of the above-mentioned effects of ginger. Among these, ginger's antiemetic effect has been extensively studied. It is reported that this effect does not occur through the central nervous system, but rather is related to a peripheral pathway with aromatic, absorbent or carminative effects.[1] Researchers have also reported that 940mg of ginger root duff was more

effective than dimenhydrinate and other antiemetic drugs in a study of 1489 subjects with sea-sickness.[1] A meta-analysis by Ernst and Pittler[12] revealed that ginger may have positive effects on chemotherapy- or pregnancy-induced, or postoperative, nausea and/or vomiting. Ebrahimi et al.[13] reported the use of ginger in the complementary treatment of hyperemesis gravidarum. A fixed 1g of ginger was found to be more effective for reducing postoperative nausea and/or vomiting than placebo in five randomized studies with a total of 363 patients, and the only side effect experienced was abdominal discomfort.[14]

Several studies of ginger have suggested that the plant has many beneficial effects and no unfavourable effects have yet been reported.

While several studies demonstrated a positive effect of ginger on pregnancy-induced and postoperative nausea and/or vomiting, there is a limited number of studies that examine the effects of ginger on chemotherapy-induced nausea and/or vomiting. Molassiotis et al.[15] investigated pharmacological and non-pharmacological treatment modalities for nausea and/or vomiting in patients receiving chemotherapeutic drugs. They reported that 38.3% of clinicians had recommended ginger to such patients in order to avoid the well-known side effects of antiemetic drugs. Several studies have suggested that ginger is effective in the prevention of chemotherapy-induced nausea and/or vomiting during treatment of several cancer types, including osteosarcoma and gynecological cancers.[16,17,18,19] To our knowledge, there are no studies on the use of ginger for haematological cancer patients receiving chemotherapeutic agents. The present study was carried out to assess the effectiveness of ginger on patients receiving treatment for a haematological cancer in Turkey.

METHOD

The study was carried out on cancer patients receiving chemotherapeutic agents in the haematology clinic of a training hospital between March 01, 2011 and July 29, 2011. Thirty out of 45 patients agreeing to participate in the study formed the control group and the remaining 15 formed the intervention group. Informed consent was obtained from both the intervention and control group. A questionnaire for sociodemographic features was administered to patients. Treatment of patients in the intervention group was begun after they had attended outpatient haematology clinic. Two tablets (2x 400 mg) of ginger were administered to patients in the intervention group in both the morning and the evening throughout the course of treatment. All patients in the intervention and control groups also continued using a sodium bicarbonate mouth care solution in line with hospital protocol. Presence of nausea and/or vomiting was recorded by a nurse twice daily during chemotherapy and was recorded on the nausea and/or vomiting follow up form. For the control group all the questionnaires were administered, the antiemetic treatment of 3mg of setron IV was started according to the chemotherapy protocol, and the chemotherapy regimen was continued without administering ginger.

Criteria for inclusion were as follows:

- Patients were aged 18 years or older
- They had no communication deficits
- They had no oral or gastrointestinal abnormalities
- They were not experiencing malnutrition or other illnesses that might induce nausea and/or vomiting

No changes were made to patients' nutritional schedules and there were no additional interventions for nausea and/or vomiting. All patients participated in an educational program about nausea and/or vomiting before the administration of chemotherapy and ginger.

DATA SHEETS

Identification Form for Descriptive Characteristics: This form was prepared by the researchers and consisted of 31 questions for identifying patients' sociodemographic characteristics and several characteristics of nausea and/or vomiting.[1,2,12,13,15]

Nausea and/or Vomiting Follow-Up Form: This form was prepared by the researchers to identify the presence of nausea and/or vomiting, and was completed daily both in the morning and in the evening.

DATA ANALYSIS

Data analysis was performed by SPSS (Statistical Packages for the Social Sciences) 15.0 and the homogeneity test and x-square tests were used for the analyses.

ETHICAL APPROVAL AND PERMISSION

Approval from the ethics committee, informed consent from participants and permission from the hospital management were obtained.

RESULTS

Eighty percent of the patients in the intervention group were male and 20% female; 66.7% were aged 46 to 80 years; 86.7% had graduated from primary or middle school; and 46.7% were unemployed. Sixty percent of the control patients were male and 40% female; 56.7% were aged 46 to 80 years; 76.7% had graduated from primary or middle school; and 56.7% were unemployed. In the intervention group 66.7% of patients had a diagnosis of leukemia and 53.3% were on at least their second course of treatment. In the control group 63.3% of patients had a diagnosis of leukemia and 53.3% were on their first course of treatment. Forty percent of patients in the intervention group were smokers and 60% brushed their teeth. On the other hand, 20% of the control patients were smokers and 80% brushed their teeth. Statistical analysis revealed no differences between the characteristics of the intervention and control groups ($p>0.05$).

The presence of nausea and/or vomiting was examined in the patient groups receiving ginger or an antiemetic drug, and no vomiting or nausea was found to have occurred in those receiving ginger. The rate of nausea and/or vomiting was

76.7% in the group using only antiemetic drugs. A significant difference was found between the group receiving ginger and the group receiving antiemetic drugs, suggesting that ginger is effective for nausea and/or vomiting ($p<0.05$) (Table 2).

Of the patients receiving antiemetic drugs, 83.3% were female and 72.2% were male; 92.3% of patients were aged 20 to 45 years; and 64.7% of those aged 46 to 80 years experienced vomiting and/or nausea. 84.2% of those patients with a diagnosis of leukemia and 63.3% of those with a diagnosis of lymphoma experienced vomiting and/or nausea. The incidence of nausea was similar in the groups receiving the first treatment course, smoking or brushing their teeth, and in the other groups. Statistical analysis revealed no significant differences between the groups ($p>0.05$) (Table 3). No statistical analysis was performed for the comparison of sociodemographic characteristics, as no patients in the intervention group experienced nausea and/or vomiting.

DISCUSSION

Results of the present study suggest that ginger is more effective than an antiemetic drug (3 mg setron) for the prevention of nausea and/or vomiting in patients receiving chemotherapeutic agents. However, as a significant percentage of the patients in the control group (53.3%) was receiving at least a second course of treatment course when compared to the intervention group (46.7%), nausea and/or vomiting might have been triggered visually or olfactorily because of unfavourable experiences they had previously had.

Results of the present study suggest that ginger is more effective than an antiemetic drug …

In a similar study, Pillai et al.[19] administered a combination of 40 mg/m²/day cisplatin and 25 mg/m²/day doxorubicin to pediatric and young osteosarcoma patients aged 8 to 21 years for three days. Starch powder was given to the control group, and a ginger capsule (consisting of 167 mg of ginger powder to patients weighing 20-40 kg and 400mg to those between 40 and 60 kg) to the intervention group, twice a day. Ginger root powder was found to decrease the severity of acute and late chemotherapy-induced nausea and/or vomiting at a similar rate to both ondansetron and dexametazone.

Zick et al.[20] assigned 162 patients of similar sociodemographic characteristics to three groups to receive low-dose ginger, high-dose ginger or a placebo. The aim of the study was to compare the effect of high (2gr) and low (1gr) doses of ginger on the prevalence and severity of nausea and/or vomiting. Interestingly, the authors found that the two different doses of ginger did not have different effects on acute and late nausea–vomiting.

Sontakke et al.[21] studied patients diagnosed histopathologically with malignancies. Ondansetron, metoclopramid and ginger were given to separate groups. This study found that full control over nausea was achieved by 86% of the group using ondansetron, by 62% of the group using ginger and by 58% of the group using metoclopramide. Ondansetron was shown to be significantly more effective for full control over nausea than metoclopramid and ginger, but no difference was found between the antiemetic effects of ginger and metoclopramid.

In a study of 28 cancer patients by Levine et al.[22] patients received chemotherapeutic drugs with a normal to high risk of emetic effect in their first course of treatment. Following the first chemotherapy course patients were divided into three groups. The first group received a diet containing moderate amounts of protein and ginger; the second group received a diet high in protein and ginger; and the third group received a normal diet. The authors reported significantly less nausea following the first course of chemotherapy in patients receiving a high protein and ginger diet than in patients in the other two groups.

Manusırıvıthaya et al.[23] investigated the effects of ginger on 48 patients with a gynaecological cancer who were receiving chemotherapy. In this study an antiemetic was given on the first day of treatment with cisplatine, which strongly induces emesis, and then patients were divided into two groups. Group A received 1g/day of ginger capsule orally for five days following the first chemotherapy course and group B received a placebo on the first day of the chemotherapy and metoclopramide orally for the following four days. Both regimens were effective in controlling acute and late nausea and/or vomiting in patients receiving two chemotherapy courses. Discomfort, as a side effect, occurred more frequently in patients receiving metoclopropamide than in patients receiving ginger.

CONCLUSION

Nausea and/or vomiting are common problems for patients receiving chemotherapy treatment and are difficult to control. Individuals receiving chemotherapy experience serious problems with eating due to the unfavourable effects of both their illness and nausea and vomiting, which impair their quality of life. Ingestion of ginger for preventing chemotherapy–induced nausea and/or vomiting may not only represent a cost-saving over more expensive pharmaceutical preparations, but also may help to prevent the side effects of antiemetic drugs and their possible interactions with other drugs. Guidance given to patients receiving chemotherapy treatments by health practitioners about the effects of ginger on reducing chemotherapy-induced nausea and/or vomiting may have a positive effect on the treatment and care of the patients.

DISCLOSURE STATEMENT

No sponsorships or competing interests have been disclosed for this article

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Ocular Signs of the Renal System

Toni Miller ND, DHM, Integrated Iridologist, ATMS, IIPA, CCII

Chronic kidney disease is a significant and growing public health problem in Australia, responsible for a substantial burden of illness and premature mortality.

- Approximately 1.7 million Australians may be affected by early-stage kidney disease and not know it [1]
- A person can lose up to 90% of their kidney function before experiencing any symptoms
- 1 in 3 adults are at increased risk of developing CKD
- 11.3% of all deaths in Australia are due to, or associated with, kidney failure
- Every day about 6 Australians commence expensive dialysis or transplantation to stay alive
- About 50% of all organs transplanted from deceased donors are kidneys
- Overall there has been a 23% increase in deaths from kidney disease over the past 10 years, killing more people each year than breast cancer (2,799) prostate cancer (3,111) or even road deaths (1,417)[2]

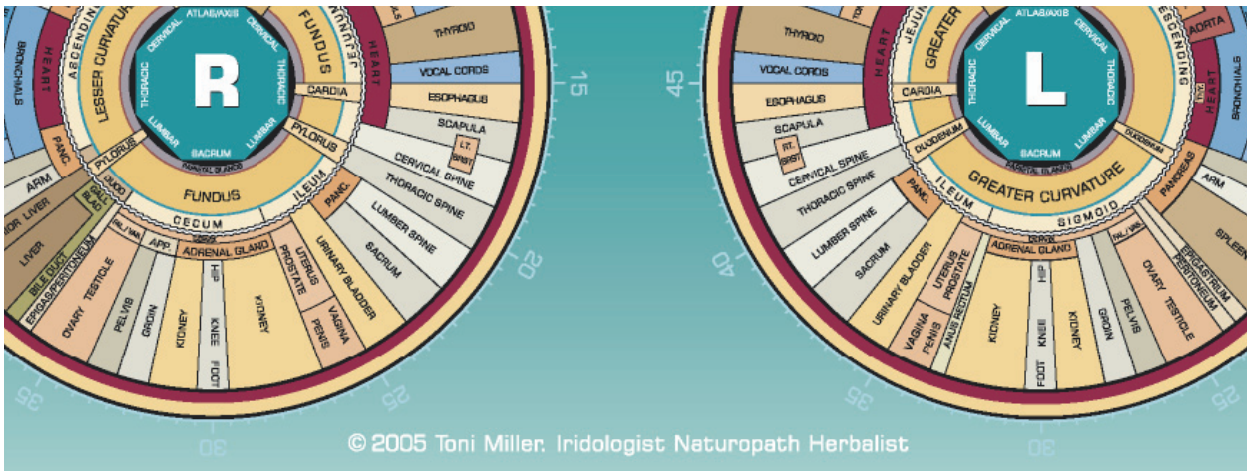
Many kidney issues are preventable. Iridology provides a non-invasive assessment of specific dispositions.

"Integrated Iridology" ® is a system that embraces the physical, emotional and mental aspects of the individual based on the assessment of the iris, sclera and pupil. Clinical observation has established that all organs respond to specific emotions. In Traditional Chinese Medicine (TCM) the primary emotional trigger for the kidneys is fear, so it is little wonder that we are now finding the kidneys are one of the most frequently marked areas in the iris. This discussion presents eye signs associated with urinary system dysfunctions according to the principles of Integrated Iridology.

THE LOCATION OF THE BLADDER AND KIDNEYS IN IRIDOLOGY CHARTS

The bladder reaction field lies medially in each iris adjacent to the uterus / prostate region. This is anatomically appropriate. Fibre density reveals the tone of the bladder and accumulations such as pigments in this area determine functional information.

Most iridology charts have the area medial to six o'clock representing the kidneys. You will notice that in the "Integrated Iridology" chart the kidney reaction zone encompasses this area plus a small area to the lateral side of six o'clock. The legs are positioned directly at six, with the hips toward the collarette and the feet at the ciliary border with the knees approximately mid- way. *Any marking in the leg region should also be considered as a possible kidney sign.* This is because the kidney meridian runs through both knees. It has been established that patella crepitus is an indication of reduced connective tissue and skeletal metabolites including GAGs (glycosaminoglycans) and calcium.[3] In my personal clinical observation, I have seen an increased incidence in renal issues in people working in occupations where there is undue knee stress such as carpet laying or floor tiling. This is in harmony with one of the fundamental principles in the philosophy of TCM, holding that everything that happens on the outside of



the body in terms of damage or injury reflects an imbalance on the inside. In the case of knee difficulties, the knees represent the Kidney (they are associated with this organ, according to Five-Element theory).[4]

EMOTIONAL PRECURSORS ASSOCIATED WITH KNEE DISORDERS.

The knees carry the full weight of our body whenever we are upright. At the emotional level, stiffness or rigidity in the knees suggests reservation and stubbornness towards acceptance of new ideas or resistance toward moving forward. Perhaps there is a lack of flexibility. There may be a feeling that bending our knees means being on our knees in submission. Do we resist being flexible toward one of our parents?

There is a view among iridologists that the right knee represents issues with our father or some other significant male and the left knee represents issues with our mother or another significant female.

In addition to markings found in the kidney reflex area, there are many other iris markings that indicate the possibility of kidney issues. Let's consider the signs that tie us to predispositions influenced by our forebears. These signs can also indicate a "kidney personality" type.

CONSTITUTIONAL RENAL SIGNS

Constitutional signs (Figure 2) are those that remain for the duration of our life. The colour and structure of your iris is genetic and is predominantly influenced by your parents and two sets of grandparents behind them. There is a link between colour accumulation and the metabolic effects of our major organs. European iridologists discovered that they could categorize people into distinct groups based on iris colour and structure. This assessment is known as Constitutional Iridology and it enables us to determine individual dispositions to disease.

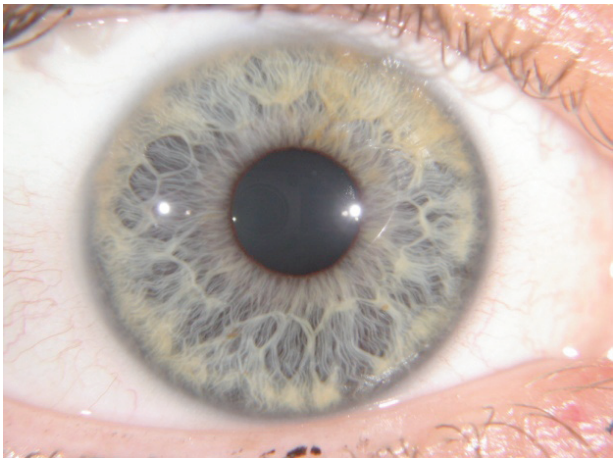


Figure 2

When eyes appear green to the naked eye, close inspection reveals a blue iris with some yellow pigment overlay. The primary colour indicating renal issues is yellow. This eye colour determines the kidney lymphatic constitution. There may be structural signs in the kidney reaction field such as a lacuna or rarefaction (looser fibre density). The kidney type tends to have a low thirst response. This reduces urine output, thus increasing the likelihood of elevated uric acid levels. Faulty protein metabolism increases the risk of arthritis and rheumatism. The skin tends to be dry which in turn accelerates the ageing process.

Common symptoms: renal conditions including urinary tract infections and kidney stones are often part of the family history. Dehydration promotes the likelihood of constipation. Check bowel transit time and offer suggestions if necessary. Brown pigments, when present, are associated with liver involvement. It has been observed that people with green eyes are usually related to someone who has had kidney issues. Having this constitution predisposes them to similar conditions – especially if they have a comparable diet and lifestyle to their predecessors.

There are other constitutions that indicate a negative impact on the urinary system. They are hydrogenic (also called hydrogenoid) and hyper-acidic (also called the uric acid type)

The *hydrogenic constitution* (Figure 3) is identified by the presence of collagen bundles (lymphatic tophi) near the outer periphery of the iris. The colour of the tophi can vary from white, yellow, orange or brown – the darker colours indicating increased toxic encumbrance. The point of weakness for this type is the regulation of the fluid systems - both water and lymphatic, which have a tendency to become erratic. Cold damp conditions exacerbate a strong disposition to fluid retention and rheumatic symptoms. Age increases the predisposition to develop high blood pressure and diseases of the veins and urinary channels. Although they may complain of heavy perspiration, they are paradoxically troubled with fluid retention. The temperament is often grumpy and intolerant with minimal patience. Depression is common. This temperament can be due to potassium deficiency, caused by sodium and water retention in the interstitial spaces. Symptoms are exacerbated by increased body fat slowing down absorption in the lymph capillaries. Hydrogenic types are rarely symptom-free if they fail to exercise regularly. Dysbiosis is common.

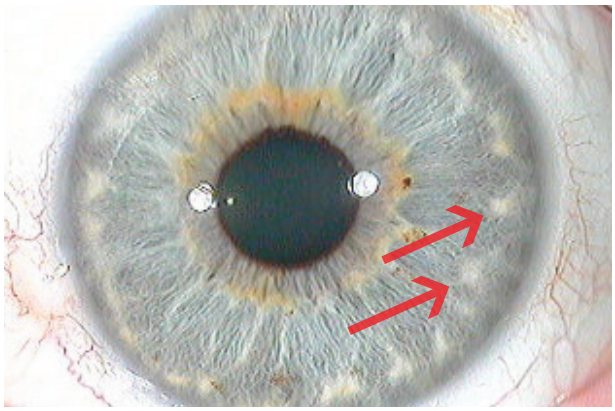


Figure 3

The *hyper-acidic constitution* (Figure 4) appears icy blue to the naked eye. Tophi (if present) can be white or discoloured. This constitution is often found to have a scurf ring (dark periphery – see arrow). Skin conditions including eczema, psoriasis and pruritus (itching) are common. The hyper-acidic type should avoid constipation due to the negative impact this has on the liver. As with the kidney lymphatic constitution, a low thirst response results in a tendency to constipation and poor urine output. This exacerbates the likelihood of elevated uric acid levels which are already at work due to faulty protein metabolism. This increases the risk of rheumatoid arthritis, collagen diseases and kidney stone formation.

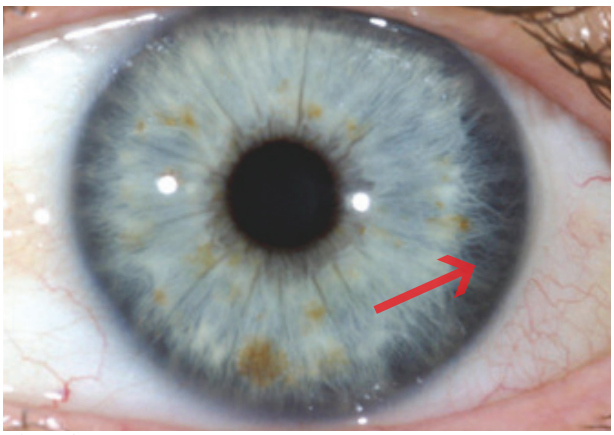


Figure 4

RENAL CALCULI

Dehydration is the most significant catalyst for the formation of kidney stones. A kidney stone occurs when substances in the urine form crystals. Renal colic is one of the most painful of human experiences.

PREVALENCE OF KIDNEY STONES

Unfortunately, kidney stones are one of the most common disorders of the urinary tract. Approximately 10% of all males in Australia over the age of thirty are likely to have a kidney stone at some point in their lives.[1] Kidney stones have been recognized for thousands of years, but theirfrequency in the Western world has increased dramatically and continues to rise. The majority of kidney stones are comprised of calcium oxalate (Figure 5).

Figure 5

EMOTIONAL PRECURSORS ASSOCIATED WITH KIDNEY STONES

It is thought that kidney stones represent lumps of un-dissolved anger. The main emotional trigger for kidney dysfunction is fear.[5] Many kidney types, it is thought, fail to express their issues for fear of reprisal. Constant internal focusing on an unresolved issue can cause compression of a toxic experience that can ultimately manifests as a kidney stone. Just as water is the universal solvent physically, at the emotional level, we need to dilute toxic thoughts and experiences to avoid crystallizing them into something harmful.[6]

OTHER IRIDOLOGICAL SIGNS

There are many structural and accumulative signs in the iris relating to the kidneys including lacunae, transversals, pigments and shading. Morphological variation regulates the influence of lacunae. For example:

Rarefaction (Figure 6) in the kidney reaction field indicates reduced circulation and function of the kidneys, modified by the shading (depth) within. The darker the shading is the greater the functional impairment is likely to be. Rarefaction in the kidney region shows a strong tendency to dehydration. This means there will be less dilution of hydrophilic metabolites and other waste material. Rarefaction is often associated with a low thirst reflex, dehydration, urinary frequency or urgency. The last two symptoms will be due to tonal impairment or sensitivity. This sign makes the kidneys a "nurture point". It is very important that this person be made conscious of the need to drink ample amounts of clear fluid. Water is the universal solvent. "The solution to pollution is dilution".

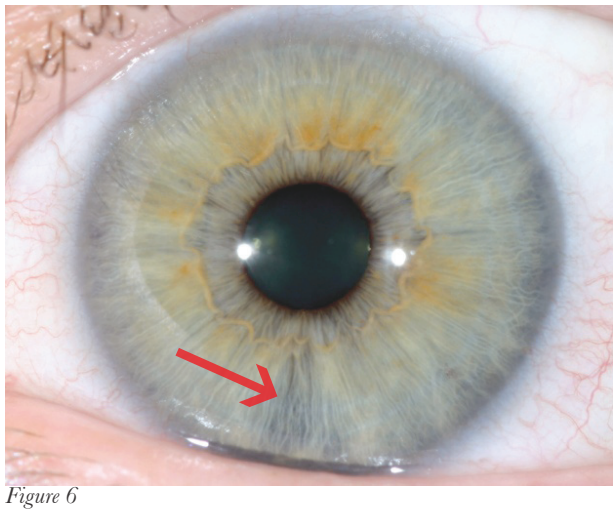


Figure 6

A double lacuna (Figure 7) is usually seen in major organ reaction fields. John Andrews, an iridology researcher and author in the UK, claims that up to 70% of clients with a double lacuna in the renal sector have medically confirmed polycystic kidneys. Because lacunae represent familial trends clients exhibiting this feature should be questioned about their family history and their personal symptoms. They identify specific "nurture points" for the individual.

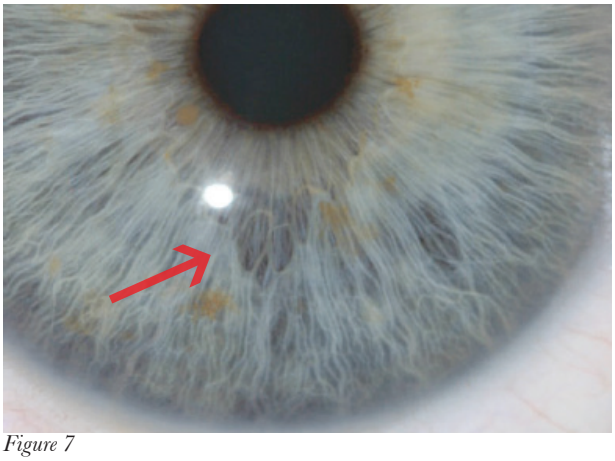


Figure 7

A one sided lacuna (Figure 8) indicates organ insufficiency and the possibility of hypertrophy (increase of size) of the reflex tissue. They are more commonly found in the cardio-pulmonary area of the iris. When located in the renal area, there is a suspicion of oedematous tendencies and inflammatory conditions. These could include persistent cystitis or urethritis.

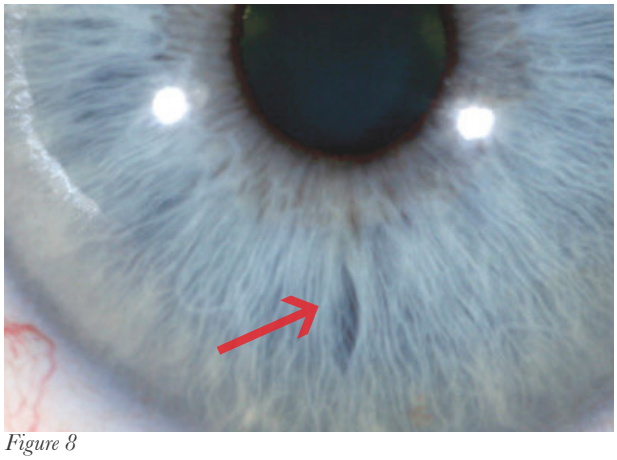


Figure 8

The rhomboid lacuna (Figure 9) (diamond shaped) was identified by Josef Angerer as indicating a specific tendency to calcium loss and poor assimilation of Vitamin D. This increases the disposition toward osteoporosis. A pigment patch in a rhomboid lacuna indicates a strong tendency to osteomalacia. These risk factors can be minimized by ensuring exposure to at least fifteen minutes of sunlight daily. This provides adequate vitamin D production. Regular appropriate bone density tests should be recommended for susceptible individuals.

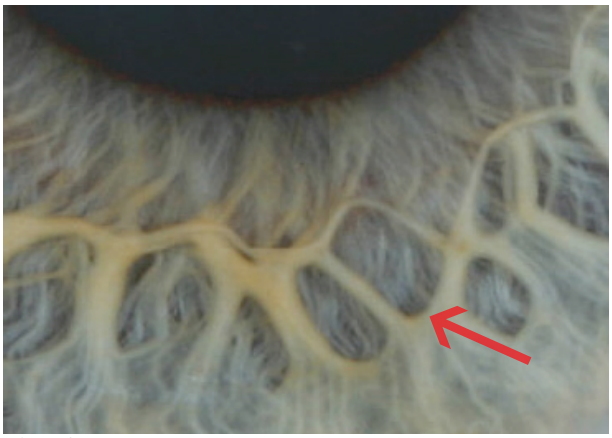


Figure 9

The shoe lacuna (Figure 10) is named after its shape, which looks just like a sole and heel. This topolabile sign is thought to be always related to kidney issues. For example, a shoe lacuna found in the cardiac reflex area greatly magnifies the likelihood of hypertension. (Consider the kidney-heart relationship). A shoe lacuna located in the head zone would likely be associated with headaches with a renal aetiology. This lacuna has been observed in all constitutions regardless of base colour. It is unique and held to be reliable in establishing a genetic link to a parent or grandparent who had kidney issues.

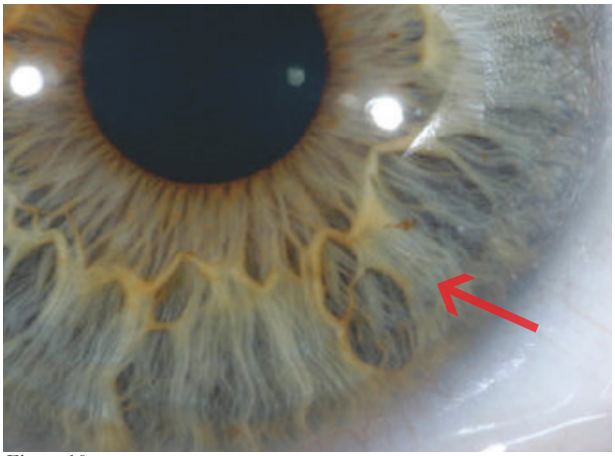


Figure 10

Stone drops (Figure 11) are a number of small crypts or substance defects in a row. They can be observed in any constitution but are more common in the kidney types. They represent a precursor to the mobilization of calcium phosphate from the bones. This can result in the formation of kidney stones (check reaction field). This sign can also indicate altered white blood cell production, thus affecting immune function and the production of white blood cells.

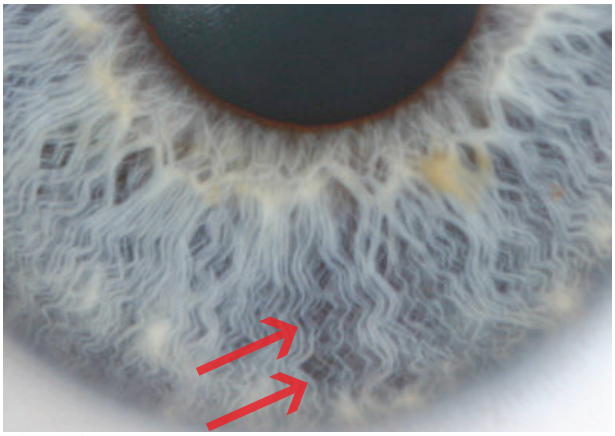


Figure 11

A *Stone Path* (Figure 12) is identified by two parallel brightened radials (like railway tracks). This is commonly seen in the renal sector of the iris. They increase the risk of renal calculi – likely to be caused by penicillin which has been poorly metabolized by the kidneys.[7] Note the grey green colour of this eye. (Increased rheumatic risk) To date this patient has not developed any renal calculi but suffers with severe spinal pain.

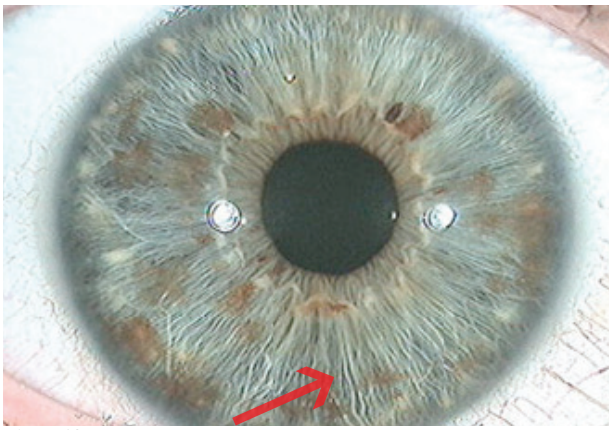


Figure 12

Indentation of the collarette (Figure 13) towards the pupil in the kidney/adrenal area increases the likelihood that the kidneys are causing head symptoms. The most common symptom is headache. The most frequent influence will be to bring on dehydration. This is avoidable. If you observe this sign, pay special attention to water consumption.

Transversals run obliquely across the general direction of the iris structure. They direct our focus to a primary source of irritation. They can occur in any region and vary in colour from white to pink and occasionally to red. While many transversals can be inherent, they are thought to appear after significant trauma to the reflex area. Transversals are named according to shape and location. All transversals located in the kidney reflex area are referred to as "urinary transversals".

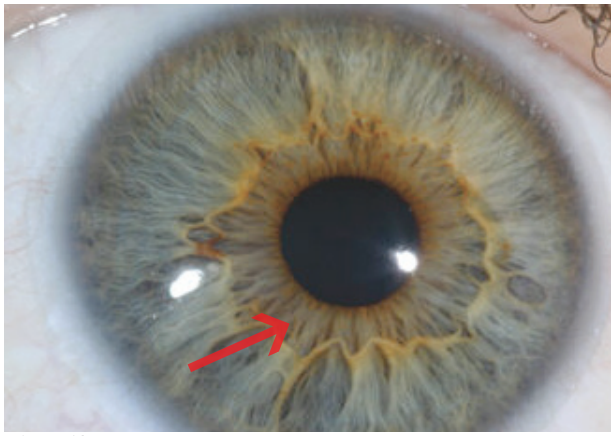


Figure 13

Urinary transversals (Figure 14) indicate various possibilities including scar tissue, adhesions, local stagnation and plethoric (congested) circulation. All transversals, regardless of their shape, indicate an increased risk of pathology - especially if they are pink. This may involve renal calculi due to mineral imbalance, high blood pressure due to fluid imbalance or more serious conditions. German iridology masters believe the presence of this transversal in the kidney area increases the risk of pathology in the uterus, prostate, kidneys or bladder. [8]

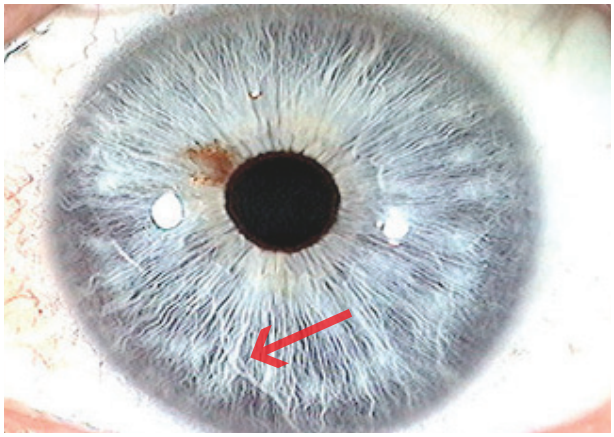


Figure 14

Angled transversals (Figure 15) show a predisposition to inflammatory conditions including arthritis and joint degeneration – especially of the knees and hips - likely due to poor calcium uptake.

Vascularised transversals (Figure 16) are either pink or red. Either of these colours is an indication of extreme aggravation, irritation, injury or congestion. Regardless of the area or shape, if the transversal is vascularised there is an urgent need for medical assessment as this usually indicates acute inflammatory conditions or a possible malignancy. When a vascularised transversal appears with no underlying pathology it can be inherent, but the reflex tissue should become a "primary nurture point". The picture is offered as an example of the colour change one sees when a transversal becomes

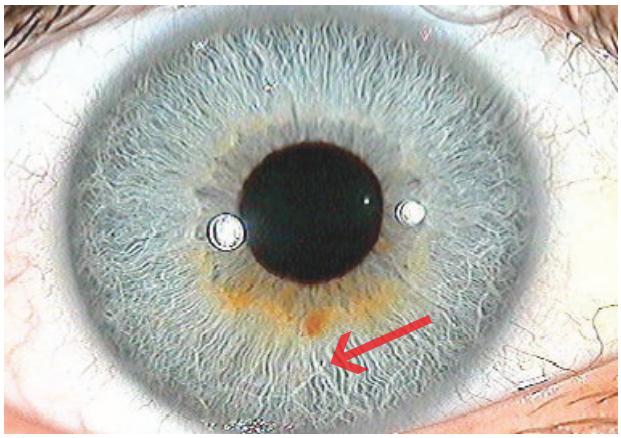


Figure 15

vascularised. The shape indicates this as a tortuous vessel. Its location is in the right kidney. A sign such as this requires urgent medical investigation.

Aberrant fibres (Figure 17) are outstandingly brighter than the surrounding area, indicating increased sensitivity in the reaction field. If a brightened radial manifests in the kidney or bladder region, it often relates to irritability or reduced tone. White radials in the bladder section indicate a familial disposition to experiencing acute conditions including bladder and urinary tract infections. In the absence of symptoms, question the client about the family history. Aberrant fibres, once present remain as a permanent feature of the iris, even though the symptoms may have been treated successfully. This serves as a reminder of the person's historic disposition.

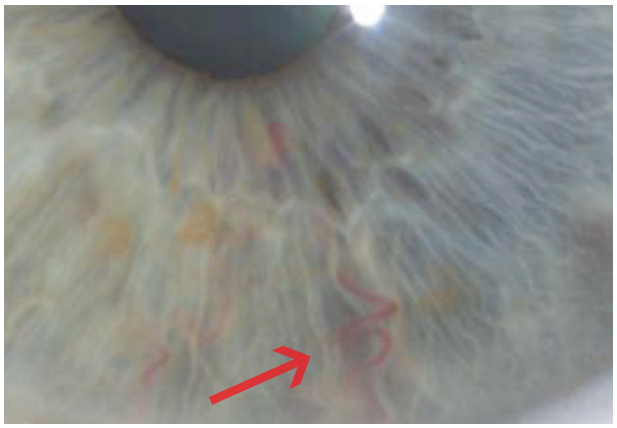


Figure 16

Contraction Furrows (Figure 18) indicate a number of possibilities. Classical iridology defines them as nerve rings, an indication of emotional frailty and increased anxiety. Note in this example there is rarefaction as well as contraction furrows. This will probably be linked at the physical level to a nervous bladder. Clinical observation has shown that many people with contraction furrows are highly motivated, action oriented characters. When contraction furrows are located in the kidney zone, the client is often a very restless sleeper who kicks off the bed linen while asleep. The influence on the renal system is increased if the contraction furrow is broken in the

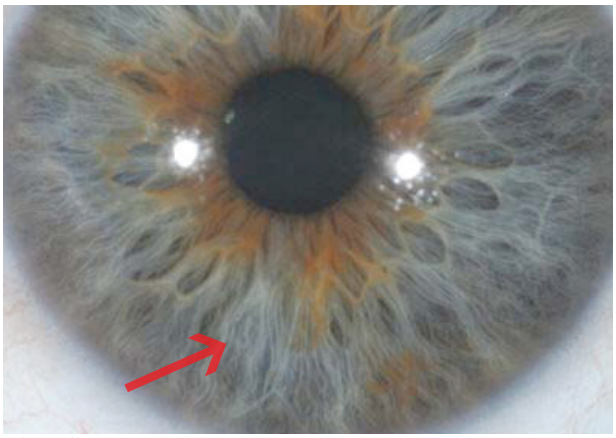


Figure 17

kidney or bladder reflex areas. This becomes a focal stress point as it can indicate tension, neural irritation or cellular insufficiency in this region.

A *Scurf Ring* (Figure 19) can indicate reduced integumentary function based on the degree of darkness. Integrated iridology refers to the skin as the third kidney due to its connection to the elimination of fluid. At the emotional level, it can indicate someone who has difficulty finding their purpose in life. Ask them whether they let things "get under their skin"? A thick scurf ring can indicate a person who is "thick skinned" – someone who is insensitive to outside opinion. The accompanying photo is of a hyper acidic constitution with a scurf ring.

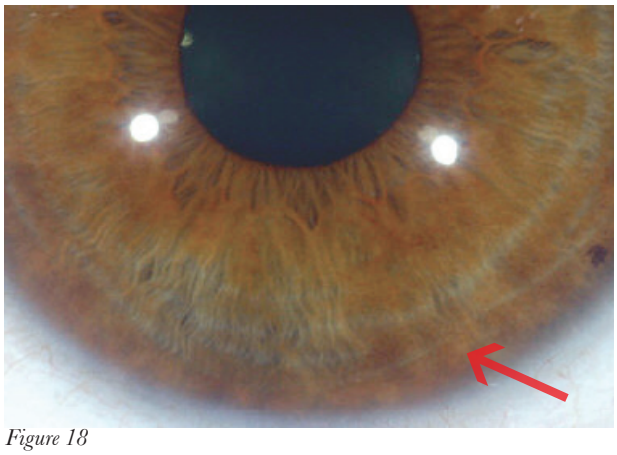


Figure 18

THE KIDNEY - LUNG RELATIONSHIP

According to TCM, the lungs and kidneys are connected energetically.[9] The kidneys react profoundly to the emotion of fear and the lungs react to grief, separation and anxiety about not being able to survive an issue.[5] It makes good sense to examine the structural makeup of the lungs whenever you notice kidney signs in the iris. Having a "kidney" iris sign in itself is by no means fatal!

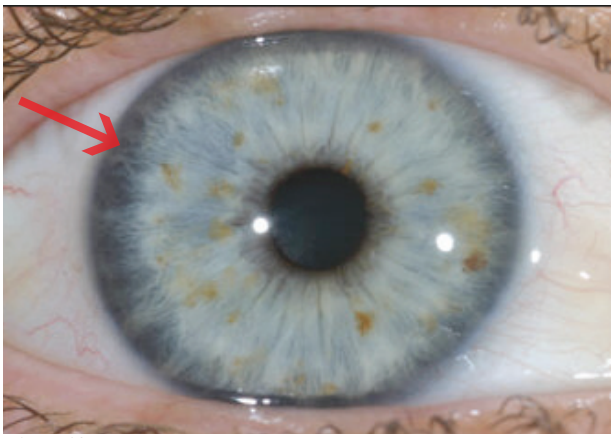


Figure 19

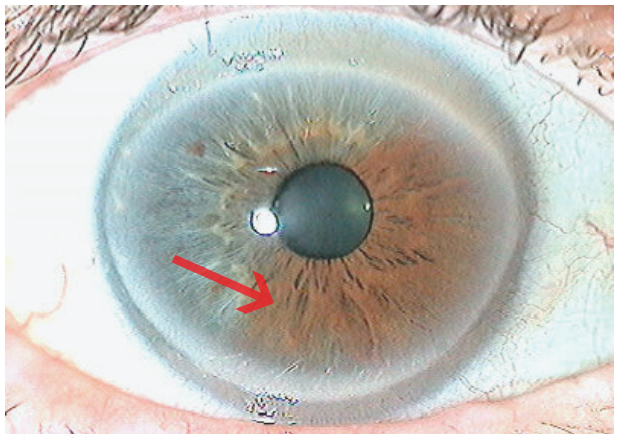


Figure 20

EMOTIONAL PRECURSORS ASSOCIATED WITH KIDNEY DISORDERS

In my clinical experience, I have observed that renal symptoms are usually activated after a person has experienced specific emotions. For example, the kidneys are vital organs that help maintain the balance of volume and pressure of body fluids. This gives us an understanding of the emotions that can be behind kidney issues. Has this client been out of balance emotionally? Perhaps they have felt unable to make decisions about their own needs. Do any of their relationships make them feel powerless? Do they think that life is unfair? Many "kidney" types put people up on a pedestal so to speak - only to be disillusioned when their high levels of expectation are unmet. This causes feelings of disappointment and distrust. While there may be a strong desire to help other people, there is often an inability to decide what's good for them. This can lead them to adopt a "victim mentality".

THE INFLUENCE OF PIGMENTATION

In the simplest form this is: shades of brown = liver influence; shades of yellow[10] = kidney influence; orange = pancreas influence

Straw Yellow pigment is also known as urosein and is the primary renal system colour. It is thought to be promoted by putrefaction, fermentation and decay exacerbated by insufficient consumption of acid free neutral liquids - especially water.[11] This pigment can be observed to develop gradually in children and young adults. This emphasises the importance of adequate hydration from birth! If this colour is confined to the humoral zone collarette it indicates a strong tendency to renal insufficiency, dysbiosis and periodic diarrhoea.

Heterochromia (Figure 20) means "other or different colour". A sectoral heterochromia is a block of colour confined to a specific area of the iris. The significance depends on the location and colour of the segment. If a heterochromia is observed on the kidneys or bladder reflex the colour should be examined to determine which other major organ is contributing a metabolic influence. In this photo sample there is a brown heterochromia sector, indicating liver influence.

Perifocal marks are marks adjacent to each other, e.g. a pigment next to lymphatic tophi. It is possible that adjacent iris signs can occur in the same reaction field. We call these perifocal markings since they increase the focus on this area. They warn of added complications including functional insufficiency and pathological potential or history. The sclera is also a barometer of kidney health. Both forms indicate renal weakness and a tendency to renal spasm and calculi. [2]

Glomeruli vessels (Figure 21) are so named due to the morphological likeness to renal glomeruli. There are two types within this group.

1. A looped form indicates capillary constriction causing decreased surface blood supply.
2. A spider leg form (as illustrated) suggests potential capillary blockage.

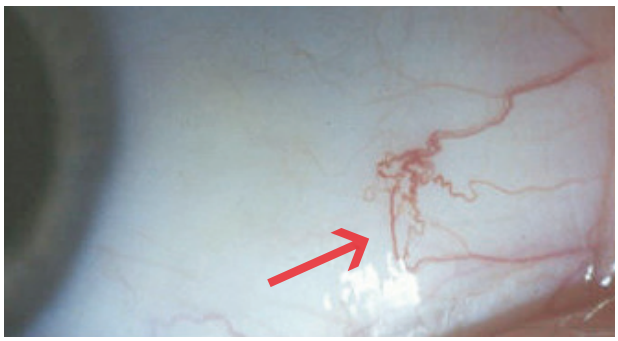


Figure 21

A *spiral* (Figure 22) vessel is distinguished by a loop form. It indicates reduced elasticity of the peripheral blood vessels resulting in decreased regulation over them. They are usually seen in connection with variable blood pressure which can vary from high to normal or normal to low. There may be a history of oedema. Encourage regular blood pressure monitoring and regulation to reduce a negative effect on renal function.

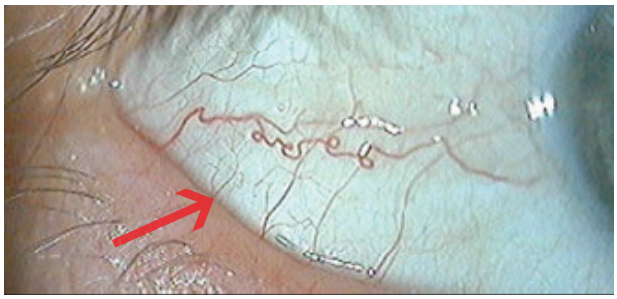


Figure 22

THE DAMAGING EFFECTS OF SMOKING ON DIABETES

The negative effects of smoking on diabetic kidney disease are well documented. Diabetics who smoke tend to develop kidney disease earlier and lose kidney function more quickly than diabetics who do not smoke, or who quit smoking.[15] Smoking has also been shown to hasten the progression of other types of kidney disease. In addition, smoking increases high blood pressure and cardiovascular risks, two health problems that often occur in conjunction with kidney disease. Diabetes and hypertension increased the risk of developing kidney disease.

Keep Your Kidneys Healthy.

- Drink at least eight to ten glasses of clear fluid daily and more if you are exercising
- Balance protein meals with plenty of leafy vegetables to keep things moving
- Avoid heavy consumption of alcohol
- Moderate the amount of wet dairy products (especially milk) in the diet
- Don't smoke
- Engage in exercise that keeps the pelvic floor strong
- Try not to brood over things you can't change
- Adopt an attitude of gratitude
- Forgive those who hurt you
- Anger management can be helpful for some people

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Xiao Shan Zhu Lin Si's Secret Gynaecological Chinese Medicinal Formulae – Grappling with an Ancient Disease in Modern Times

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INTRODUCTION

This book was introduced to the authors by a well-known scholar of Chinese medicine from Hong Kong, Professor PYC Kong. It attracted our interest by its title, as it was a gynaecology book written by a group of Buddhist monks in a monastery in China over a century ago. The edition that this commentary is based on was published by the Tai Ping Bookshop in Hong Kong in 1969. In the preface the editors point out that there have been many versions of the book. This final version was edited using all 37 related books published by the monastery, perhaps as long ago as the thirty-sixth year of the Qian Long period during the Qing Dynasty. The editors suggest that the oldest version of the book may even date back as early as the Song Dynasty (960 – 1279 CE).

As the title suggests, this is a Chinese medical book for the treatment of gynaecological disease. One may wonder how monks could possibly treat gynecological disorders when they could not physically examine female patients. Did they in fact see female patients, and was it common at the time to have clinics in monasteries in China? If not, how could Buddhist monks have gained the necessary clinical experience? However, if we reflect on the history of medicine we will note that many centuries ago in Europe the best medical and herbal treatment was provided by Christian monasteries.

HISTORY AND AIM

Despite the fact that monks could not examine women, they might still have treated their female patients in ways similar to those of the royal physicians when treating the Empress and concubines of the Emperor in ancient China.[1] In the Imperial Palace there were strict regulations forbidding physical contact between physicians and the their patients. Monks in ancient China were one of the most highly educated and privileged groups in society. In ancient Tibet too monks were a group of select scholars committed to learning medicine, meteorology, and mathematics in a systematic manner.[2] They were often called upon to serve imperial family members and nobles. It is not a surprise therefore that a number of herbal formulae considered to be the best at that time were kept and administered in the monasteries.

The question for modern practitioners of Chinese medicine is whether there remains any value in the 21st century in reading and studying this antique gynaecological book. Apart from famous examples of classical medical literature such as the Huang Di Nei Jing, Shen-nong Bencao Jing, Bencao Gangmu, and the Shanghan Lun, there are many other texts that are little known even to Chinese medicine practitioners, let alone Western ones. We believe that there is a tremendous store of clinical experiences in Chinese medicine recorded and written in books such as this text which will prove of great benefit to modern readers. Unfortunately there are very few reviews and commentaries on many of these outstanding books. In this review we attempt to give a brief overview of this book along with our personal comments, and assess any information that may be valuable and pertinent to modern western practitioners.

This book has 105 pages describing ancient Chinese medicine treatments for many gynaecological conditions. Each chapter was written as a brief case report with clinical presentations, followed by the corresponding treatment formulae. There were a total of 117 case reports, with 40 on gynaecological conditions, 36 on diseases in pregnancy, and 41 on postnatal complications.

CASE REPORT

The following case report was taken randomly from the book for discussion. English translation for the selected case report is those of the present reviewers.

Case 7 Prolonged menstrual flow

Prolonged menstrual flow lasts for more than 10 days to half a month without any sign of cessation. This should be considered as a firm condition. It is necessary to ask the woman whether she had taken chili, ginger or hot food. Jin Gou San should be used in this condition.

Herbal formula: 金钩散 Jin Gou San (see Table 1)

COMMENTARY

From the above case report, the historical documentation appears to be too simple to meet current medical science diagnostic requirements. Lack of physical examination and clinical investigations would certainly be deemed as inadequate in the current state of the practice of medicine. From a western medicine perspective, there are many aetiological causes for case 7. The most serious causes are cancers and infection and

these should be excluded by examination and investigations before appropriate treatment can be instituted. Otherwise, following the treatment in this book runs the risk of giving patients an empirical formula to provide symptomatic relief without an appropriate and definitive diagnosis. This type of practice would certainly be perceived as 'negligent' in today's 'litigious' world.

On the other hand, the wisdom and clinical experience that these monks acquired in the old days should be appreciated. Even though they did not have the licence enjoyed by doctors today by either patients or the legal system for intimate gynaecological examination, they applied themselves to treating gynaecological conditions and diseases using only herbal formulae.

Within the book there are several well known formulas, (e.g., Jin Gou, Shi Quan Da Bu and Jiao Zhi Tang). They contained common herbs which are still used today by TCM practitioners. A closer look of the herbal components in these three formulae suggested that their actions were non-specific (Table 2).

There were more than 100 herbal formulae mentioned in the book. Some herbal formulae were suggested for frequent use and were often combined with other formulae for a range of different conditions or diseases. From the Chinese medicine perspective, the herbal formulae had often been described by a previous Chinese commentary as the best ones for women's health. However, it is not the purpose of this paper to analyze the merits of all the herbal formulae. Whether the above herbal medicine worked or not and how well they work were not documented in the book. There were no patient follow-ups or herbal action mechanisms recorded in the book, and no side effects or adverse reactions arising from the medications were documented.

IMPLICATIONS

At present there are TCM practitioners in some parts of the world who still practise the same way as the monks in the monastery.[3] They cannot physically examine female patients or request clinical investigations under the present legal frameworks in which they practise. Pelvic examination will very likely remain the province of registered medical practitioners but not be allowed by non-medically trained TCM practitioners, even under legislation to be introduced in Australia in 2012. It is essential that TCM practitioners are trained to identify those patients with serious conditions requiring referral for further medical investigations and practise cooperatively with western medical practitioners in the form of integrative practice where both western medical and TCM practitioners share their experience and expertise to benefit their patients.

Today, western medical doctors are fortunate to be equipped with many valuable investigative tools and modern pharmaceutical products. However, it is well known that some patients do not always respond to western medical treatments. So does it mean we should start using some of the ancient herbal formulae to treat our patient's conditions? We believe that it is not ethical when there is insufficient scientific evidence to support the proposed treatment. Only by exploring the medical remedies of the past can we selectively examine some of the herbal medications that might prove useful to patients. For example, can we examine the actions and effectiveness of Shi Quan Da Bu Tang to complement the treatment of patients with molar pregnancy, as well as to prevent the occurrence of choriocarcinoma? Only a properly designed randomized double-blinded clinical trial can provide the evidence and a definitive answer.

Traditional Chinese medicine is an experiential science and we should be critical but also open to the therapeutic value of its practices.

Many people may find reading ancient Chinese medicine books too hard to understand and some people may even find it illogical. One might regard old Chinese texts in the same light as antique furniture and houses with unique craftsmanship and architecture. If we totally discard the merits of ancient Chinese medicine texts we may overlook the treasures handed on to us through the ancient secret Chinese herbal formulae that many of these Chinese medical texts contained.

CONCLUSION

Traditional Chinese medicine is an experiential science and we should be critical but also open to the therapeutic value of its practices. Harmonization between both Western and Chinese medicine in the near future will integrate the best available evidence from both systems to provide the possible best care to patients. Health professionals are encouraged to read and find out how useful these classical medicine texts are and publish their commentaries, which may increase interest among other readers. Finally, Xiao Shan Zhu Lin Si's Secret Gynaecological Chinese Medicinal Formula can be viewed as an interesting historical text, as it sheds light on how women were treated in ancient China. However, it is too early to conclude definitively that practitioners will benefit from reading it.

The above commentary reflects the personal observation and understanding of the authors of this review, who are medical gynaecology specialists. We recognise our comments might reflect ignorance of Chinese medicine but we hope to engage the reader in gaining a deeper understanding of ancient medical practice in China and its relationship to modern times

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Table 1 – Selective Herbal Formulae used in the case report Herbal formula used for Case 7		
Herbal Formulae	*Composition*	*Comments*
Case 7 Jin Gou San	Shu Di 10g, Dong Quai 5g, Bai Shao 5g, Huang Qin 5g, Chuan Duan 5g, Gui Jiao 5g, Di Yu 5g, Bai Zhi 4g, Chuan Xiong 4g	Modified Four-substance Decoction (Si Wu Tang)

Table 2 – Common Herbal Components of the above Formulae Components of the herbal formula Jin Gou San		
Name	*Latin Name*	*Action*
Shu Di	Radix Rehmanniae Preparata	• Nourish yin • Tonify blood • Replenish jing
Dong Quai	Radix Angelica Sinensis	• Tonify Blood and regulates the menses • Used in patients with Deficient Blood patterns
Bai Shao	White Paeony Root	• Nourish blood and regulate menstruation • Reinforce yin with astringent action to stop sweating • Nourish liver pain and suppressing the liver-yang
Huang Qin	Radix Scutellariae	• To clear heat and dampness • To stop bleeding and calms the fetus • To lower liver yang in jaundice condition • Used in conditions of hypertension, anxiety, headache due to cold or flu
Chuan Duan	Himalayan Teasel Root	• Nourish yin for kidney and liver • Rreplenish jing and marrow
Gui Jiao	Colla Carapacis et Plastri Testudinis	• Nourise yin • Used in conditions of hot flushes with night sweating, chronic ache in loin and knees, excessive menstrual bleed, dark purple blood clots at menstruation
Di Yu	Sanguisorba officinalis Linn	• Used in conditions of bleeding in defecating, bleeding in urination, excessive bleeding of the vagina not during menses
Bai Zhi	Angelica dahurica Benth. et Hook	• To expel wind-cold • Alleviate toothache • Clears swelling and dampness in leucorrhoea • To clear wind which leads to development of white vaginal discharge, amenorrhea and swelling in vagina
Chuan Xiong	Rhizoma Chuanxiong	• Promotes qi and circulation • Relieves pain like headaches, abdominal ache, chest pain, muscle pain, boils, amenorrhea

Against the Grain – How Grains Cause and Feed Cancers

Stephen Eddey, MHSc, CompMed., DipAppSc (Nat), AssDipChem CertIV (Workplace Training and Assessment), ATMS Head of Nutrition

"Don't you need cereal for your bowels? Oats are healthy because they lower cholesterol, don't they?" These are very common questions which I hear all the time as a practitioner. Grains are actually not healthy for humans because we never evolved to eat them (we actually never hunted down and killed a bowl of wheat or ate from a pasta plant!). This article explains that the humble grain (oats, wheat, rye, rice etc.) actually drives cancer.

The topic of nutrition and what we should eat is an emotional issue. Let's take the emotion out of it, and look at the latest scientific evidence on this highly controversial topic.

Firstly, here are some background facts about grains that need to be considered in relation to cancer:

- Grains are high in absorbable (non-fibre) carbohydrates which, once digested, turn into sugar in the body. Pasta for example is about 75% carbohydrate and thus eating 200g of pasta means your body will end up with 150g of sugar (30 teaspoons of sugar) with little nutritional benefit. In comparison, vegetables are vastly higher in nutrients and on average 90% lower in absorbable carbohydrates.
- Grains must be processed to some degree before humans eat it. 'Whole grain' bread is made up of milled and cooked grains and not 'whole' grains. Eating a whole grain of wheat will result in a chipped tooth!
- Humans have only consumed grains for a few thousand years, which is less than one percent of the entire time humans have been evolving. Thus grains represent a fad aspect of our current diet.
- Grains, especially cereals, are often combined with cow's milk, which has been found to be carcinogenic in its own right.[1]
- Grains are typically low in nutrients and highly allergenic.

THE SCIENCE DEMONSTRATES THE LINK BETWEEN CANCER AND GRAINS.

It was once believed that cereals are good for your colon. In fact, grains actually drive colon cancer via two separate mechanisms:

- Plasma CRP (a marker of inflammation) concentrations are elevated among persons who subsequently develop colon cancer. The data support the hypothesis that inflammation is a risk factor for the development of colon cancer.[2] Dietary glycemic (i.e. grain) load is significantly and positively associated with CRP.[3]
- A scientific study published a few years ago found that, despite popular belief, foods such as grains that increase blood sugar and insulin levels also increase colon cancer.[4]

CEREAL FIBRE INCREASES CANCER

It was once thought that the fibre in cereals reduced cancer. However recent evidence has found that cereal fibre actually increases cancers such as endometrial cancer.[5]

RESTRICTING CARBOHYDRATES/GRAINS BENEFITS CANCER PATIENTS

Tumour patients exhibit an increased peripheral demand of fatty acids and protein. Tumours utilize glucose as their main source of energy supply. Thus, a diet supplying cancer patients with enough fat and protein to meet their demands while restricting the carbohydrates (CHO) tumours thrive on could be a helpful strategy in improving the patient's situation.[6]

BREAST CANCER SUFFERERS BENEFIT FROM CARBOHYDRATE RESTRICTIONS

A recent study on breast cancer found an inverse association between risk of breast cancer and a vegetable-based, low-carbohydrate-diet.[7] In another study on breast cancer, researchers found that "a sustained reduction in dietary fat intake did not reduce risk of breast cancer in women with extensive mammographic density. Weight and carbohydrate intakes were associated with risk of breast cancer."[8]

We basically need to eat what we are designed to eat to improve our health and prevent diseases such as cancer.

Another recent study found that "(these) findings offer a compelling preclinical illustration of the ability of a low carbohydrate diet in not only restricting weight gain but also cancer development and progression."[9]

CONCLUSION

Including grains at the expense of highly nutritious unrefined fruits, vegetables, salads, nuts, seeds, legumes and beans is fraught with danger. Substituting anti-carcinogenic fresh foods with refined, processed high carbohydrate foods such as grains that promote and feed cancers is a dangerous thing to do, and such foods need to be highly restricted or even eliminated. We basically need to eat what we are designed to eat to improve our health and prevent diseases such as cancer.

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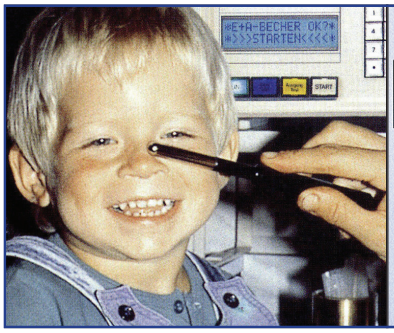

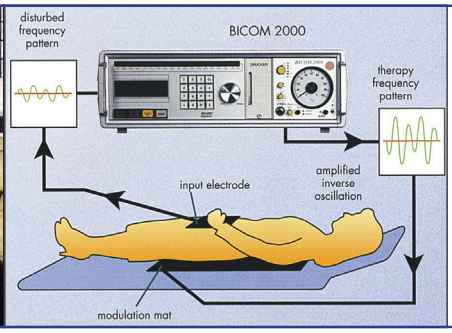

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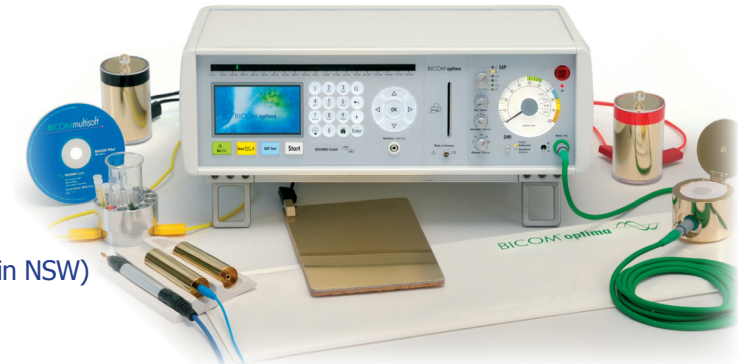

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An Anatomical Perspective on Growing Pains in Children

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In the literature on growing pains in children, it is generally accepted that their pain is real and primarily occurs in children 3 years to 12 years of age but may sometimes accompany them into adolescence. It usually involves both legs, commonly in the thigh, calves and behind the knees, but it should be noted that it can affect one leg at a time. Occasionally, the muscles of the arms can exhibit this type of pain. The pain is more intensive during the night and much less so in the day, even though it is then that sufferers may undertake sporting activities. Approximately one third of all children suffer from the condition and eventually most outgrow it.

Definitive causes were not identified in the literature, but some of the many possibilities included muscular fatique due to excessive physical activity, postural deviations such as pes planus (flat feet), pronated feet, genu valgum (knock knees), and medical conditions and pathologies such as juvenile arthritis, osteomyelitis, Ross River virus, a fracture across the growth plate, and Osgood-Schlatter's syndrome.

A BRIEF HISTOLOGICAL DESCRIPTION OF GROWTH IN LONG BONES

Growth in long bones like the femur, tibia and humerus primarily occurs via two processes:

- Appositional growth by deposition of matrix produced by osteoblasts and resorption of matrix by osteoclasts in order to increase the width of the bone, while at the same time maintaining a medullary cavity for bone marrow to reside in, and
- Interstitial growth at a specialised area of long bone near the epiphysis known as the epiphyseal (growth) plate, where cartilage cells (chondrocytes) eventually enlarge and degenerate, and are replaced by osteoblasts and osteocytes invading from the diaphysis towards the space created at the plate by the degenerating chondrocytes. This then allows the long bone to elongate.

This growth process is stimulated by somatotrophin (growth hormone) released by the anterior pituitary gland.

Another important tissue to bear in mind is the periosteum, which is layer of connective tissue that surrounds bones except at the articular surfaces. The periosteum has both an outer fibrous (collagenous) layer and an inner osteogenic layer, which contains cells that can develop into osteoblasts that are important in fracture repair and increasing the width of bone.

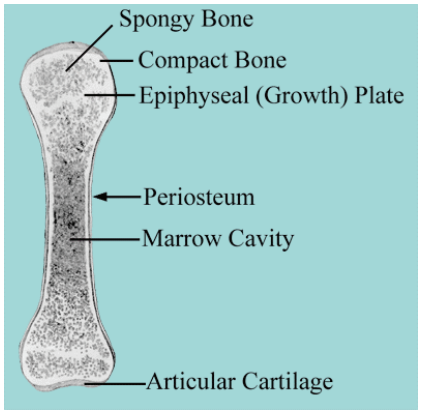

Figure 1: A schematic view of a developing femur

The periosteum is attached to the bone by Sharpey's collagen fibers as and provides attachment for ligaments and tendons. Significantly, the periosteum contains nociceptive (pain) nerve endings, which respond mainly to mechanical and thermal changes. Figure 1 also shows spongy bone that occurs at the epiphysis and consists of trabeculae or shelves of bone. The compact bone around it and in the diaphysis is formed by a series of Haversian systems (osteons). Bone marrow residing mainly in the diaphysis consists of developing red and white blood cells as well as adipocyte (fat) cells. Articular cartilage surrounds the ends of long bones to form part of the synovial joints and is not lined by periosteum.

A paper by Noonan et al.[1] examined increased growth during recumbency in young animals. Using implanted microtransducers, bone length measurements were sampled every 167 seconds for 25 days, to reveal that 90% of bone elongation occurred during recumbency and little whilst standing or during movement. The authors suggested that the growth plates are compressed during weight bearing and that a possible mechanism of pain may be increased tension in the periosteum as the growth plates spring back from released compression, or because of some signal transduction mechanism during recumbency.

There is a distinct possibility that, during certain times in some children's growth phases, the tension across the epiphyseal plate may be released in a manner similar to a microscopic "earthquake", placing increasing tension on the periosteum, thereby triggering the firing of the pain receptors that reside in this tissue. In addition, it is well established that bone growth is influenced by the release of growth hormone from the anterior pituitary gland, so it is necessary to take into consideration that varying levels of hormone characteristically released during certain behavioural states in a child may intensify the growing pain. In 1971 Finkelstein et al.[2] examined four normal human infants to establish that during the states of crying and sleep (REM and non REM) plasma growth hormone levels were distinctly higher and more variable than normal. More recently, a paper by Lampl and Johnson[3] Johnson[3] examined the relationship of sleep and infant bone growth in length. The study concluded by suggesting that sleeping and bone length growth are related temporarily, which again supports the notion that certain behavioural states in a child could exacerbate the discomfort and pain experienced by having increased hormone output adding to the cellular forces exerted across the epiphyseal growth plate.

This analysis of the mechanical forces which may be occurring at the growth plate, as well as addressing certain behavioral states in the affected child, supports a large part of the literature encountered on this topic, which suggests that massage of the affected limb(s) would be beneficial in easing discomfort and pain. Some of the aims of massage therapy for this purpose would be to elongate the muscles by employing gentle passive or active stretches (PNF) and kneading, thereby reducing the tension of tendons on the periosteum. Other massage techniques such as effleurage and compression aim to improve soft tissue blood supply and further increase tissue elasticity. In addition, massage has the added benefit of relaxation providing comfort in this stressful period of a child's life.

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Sleeping Well, Breathing Well and Eating Well - an Oral Health Perspective

Dr. Ron Ehrlich BDS (Syd. Uni.) FACNEM (Dent.)

There are three things we do every day which we give little thought to, yet if we do them well we are almost certainly assured of being really well: sleeping, breathing and eating.

SLEEPING WELL

Without a doubt, a good night's sleep is crucial to good health. An avalanche of choices bombards us each day that we know aren't good for our health. We make promises about what we will eat and drink, and the exercise that we'll do, but if we are tired it just doesn't happen. A consistently good night's sleep is important to every aspect of our health, and affects:

- Alertness and performance
- Memory, concentration and creativity
- Better health
- Your sex-life
- In the short-term reduced sleep leads to headaches, colds and digestive problems
- In the long-term reduced sleep is linked to obesity, heart problems, diabetes and shorter life spans

The famous Kinsey reports on sexual behaviour observed that the best aphrodisiac was sleeping well, eating well and regular exercise. It's the same with all other aspects of our lives.

Let's review what "a good night's sleep" means.

There are two aspects to consider in getting a good night's sleep.

1. How much sleep do we need? Nintey percent of the population needs 7-8 hrs/night. If you don't get that much sleep, those hours missed add up and there is a cumulative sleep deficit. The sleep "budget" needs to be balanced so missed sleep needs to be made up.
2. Quality sleep: This means reaching deeper levels of sleep and keeping the body and brain well oxygenated while you are asleep.

If our sleep is disturbed and we don't go into those deeper levels our body and mind suffers for it.

It is only when we reach those deeper levels of sleep that the body really starts to effectively rebuild and recuperate, producing many hormones including the growth hormone for rebuilding, and a hormone called grehlin which is important in regulating hunger and ultimately our weight and health.

Another aspect of sleep quality is airway, meaning, is your body and brain getting enough oxygen.

The tongue is attached to the lower jaw. If the lower jaw drops back at night the airway is blocked and the body doesn't get enough oxygen. This may happen to varying degrees. In its mildest form you may snore. In its worst form you may stop breathing many times a night for periods which can vary from seconds to minutes, called obstructive sleep apnoea.

The use of a facemask, CPAP, is considered the gold standard in treating obstructive sleep apnoea, but it's awkward to use and compliance is poor.

THINGS TO DO TO PREPARE FOR A GOOD NIGHT'S SLEEP

- Make a point of going to bed early. Remember 7-8hr/night. Simple but very effective!
- Start to wind down and relax for 30-60 mins. before going to bed. Answering emails or watching TV in bed is not the way to prepare for sleep.
- Don't eat for 2-3 hours before bed.
- Don't drink too much fluid for an hour before bed; you'll be less likely to get up for the toilet.
- Don't ignore snoring, or sleeping with someone who does. Both lead to a disturbed night's sleep. An excellent alternative, designed by your dentist, is thin plastic plates worn on the upper and lower teeth that holds the lower jaw forward, maintaining the airway throughout the night.

BREATHING WELL

All diseases start with an imbalance in body chemistry, specifically an imbalance in the pH (acid-base balance). The pH is affected by how we breathe and what we eat.

Breathing is not really something many people think of. We think it comes "naturally", but that may not really the case. It's such a basic thing we do, seemingly simple, yet so often overlooked when thinking about chronic health problems.

Are you a mouth breather or do you always breathe through your nose?

The answer to that question may determine the shape of your palate and upper jaw, which also affects the nasal passages and your ability to breathe well.

Ideally, from the moment we are born, we should breathe through our noses with our mouths closed and our tongue resting on the roof of our mouth.

This is also important because nasal breathing warms, filters and humidifies the air, reducing respiratory irritation and keeping our body chemistry in balance.

This is also important because nasal breathing warms, filters and humidifies the air, reducing respiratory irritation and keeping our body chemistry in balance.

Our mouths should be closed with our tongues resting on the roof of our mouths. Our tongues are nature's orthodontic appliances ensuring that our palates are broad and flat, providing enough room to fit all the teeth (16 in both jaws) that nature provided us with.

The palate also determines the room for our tongue and lower jaw; both its position and the available space for our teeth. Ever thought why teeth may not be straight? The position of the lower jaw also affects the airway when you are awake, as well as asleep.

The roof of the mouth is also the floor of the nose. So the shape of the palate affects airway and airway affects posture. We will always position our head to get the best airway possible. If the mouth and nose are narrow then we'll tilt our head up to get the best airway. However we want also to keep our eyes parallel to the horizon and so tilting our head up and keeping our eyes level with the horizon results in a head forward posture, with greater potential for postural imbalances.

We should ideally breathe 8-12 breaths/ minute. Breathing more than that affects body chemistry, specifically the pH of our blood.

Another problem with mouth breathing is that it frequently involves over-breathing. We should ideally breathe 8-12 breaths/minute. Breathing more than that affects body chemistry, specifically the pH of our blood. When breathing is out of balance the pH of our blood also becomes imbalanced and this can affect our health in many ways including:

Smooth muscle function. Smooth muscle is found in blood vessels (affecting blood pressure), the digestive system (affecting digestion and absorption of nutrients), the bladder and urinary system (affecting frequent urination, like getting up through the night to go to the toilet), and the respiratory tract (affecting our ability to breathe more easily). In fact every system in our body is affected by smooth muscle contraction.

Energy. Blood should have a pH of 7.35-7.45. Even slight variations outside this range affect the ability of haemoglobin in our red blood cells to release oxygen and provide energy to cells. So energy levels can be affected by imbalance in breathing. Nature provided us with 32 teeth (16 in both upper and lower jaws). Yet 80% of the population don't have enough room for all of those teeth. Think about how many people you know who have had the wisdom teeth out, teeth removed because of crowding or crookedness, overlapping or just being out of alignment. Did nature make a mistake with the number of teeth we were given? This is so much more than just a cosmetic issue, although having straight teeth is nice.

THINGS TO DO FOR BETTER BREATHING

- Become aware of your breathing and posture.
- Respiratory physiologists can assess your breathing pattern and advise some exercises to help.
- Consult an ear nose & throat specialist to eliminate any major problems or obstructions.
- Consult a dentist who is aware of the connection between the shape and position of your jaws, airway, breathing and posture.

EATING WELL - HOW & WHAT

We all know it's important to eat well. Eating well contributes to our having enough mental energy to make rational decisions.

HOW TO EAT BETTER

The purpose of eating, basically, is to absorb nutrients. How we eat plays a big part in how well we absorb those nutrients. Teeth are designed to break food down into a smaller more absorbable form. Taking your time and chewing your food not only breaks down the size but also mixes it together with saliva, so how you eat plays an important part in digesting and absorbing nutrients.

Chewing is a habit and again not something that people give much thought to but there are a few reasons why people might not chew their food for as long as they should:

- Their jaws may click or your teeth are not aligned, meaning your ability to chew properly may be out of balance. Its just more comfortable to eat and swallow quickly.
- Mouth breathing. We know it's socially unacceptable to eat with your mouth open. If you're a mouth breather you want to eat and swallow quickly so you can breathe.
- You're stressed and in a hurry. Being stressed reduces the blood supply to your digestive system so its simply not working as efficiently as it should.

WHAT TO EAT BETTER

So much has been written about what to eat I don't want to add to the confusion. So here are a few points to consider.

It has taken us over two million years to evolve as humans to the point we are at now. We have not changed genetically in the last 10,000 years and yet would our genes recognise the vast array of food on offer, or its sheer abundance?

Over the last 30 years we have been told to eat low fat foods, resulting in our eating more grains and sugars than ever in our history, and now we are more obese than ever. Eating low fat foods, grains (which are often quickly broken down to sugars) and sugar, causes not only insulin resistance, predisposing to Type 2 Diabetes, but also leptin resistance. Leptin is an important hormone, one we hear very little about. Leptin tells our bodies when we have had enough to eat, so leptin resistance results in overeating.

Just as cattle are fattened on grains that are totally unnatural to them (nature designed them to eat grass), humans are being fattened on a diet based on grains that is also totally unnatural. We are now fatter and sicker than ever.

Eat whole food that is natural and nutrient-dense: lots of vegetables, good natural fats, a moderate amount of organic pasture fed meat. Foods that are nutrient-dense are grown in healthy soils and are rich not only in vitamins and minerals, but importantly in fat soluble vitamins A, D and K that allow thse nutrients to be absorbed and utilised. In summary, sleep well, breathe well eat well, and you'll be well.

ABOUT THE AUTHOR

Dr. Ron Ehrlich is the founder and director of the Sydney Holistic Dental Centre (www.shdc.com.au), is also Fellow of the Australian College on Environmental & Nutritional Medicine (ACNEM) , a member of the Australasian Integrative Medical Association(IAMA) , the International Association for the Study of Pain (IASP) and the international Headache Society (IHS).

He is also on the board of Nourishing Australia, a non-profit organisation dedicated to informing, educating and inspiring people about the critical importance of nourishing our soils, plants, animals, people, communities and ultimately, our planet.

Why Just Working on a Part of the Body Won't Fix Pain

Steve Lockhart, Associate Diploma in Health Science (Massage Therapy)

If when you received your bodywork or massage training you were taught to fix painful conditions by working on a specific area of the body, you may be wondering why you are able to achieve only limited success. Treating the body as a sum of parts rather than as one integrated system doesn't work and in this article I will try to explain why.

Firstly let me clarify my definition of pain to be sure we are both on the same page. Pain in an area of the body, usually a joint, is affected by pressure to the point where any movement causes irritation and inflammation. In many cases it can also be set off just by bearing weight on that joint or area. Pains come and go for everyone but chronic pain, which is the main focus of our discussion here, is defined as pain that persists, either continually or on and off, for six months or more.

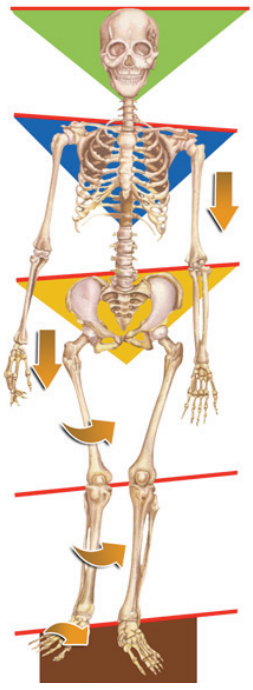
An important concept you need to consider when it comes to pain is that while in the sitting or standing position our muscle system is under load carrying the weight of gravity. That means our body is 'working' continually while we are upright. If someone in pain while in an upright position suddenly had the weight of gravity lifted from them, there's a good chance their pain would disappear, or at least reduce considerably, much the same as happens when someone lies down and gets relief. So the downward force of gravity and its affect on the whole body need to be considered when treating pain. Another consideration is that much chronic pain that people suffer from occurs in a joint. Patients commonly present with, for example, specific knee, ankle, shoulder, neck or hip pain, or with a joint dysfunction in the spine, possibly affecting a disc or nerve. Chronic pain can be the result of joint dysfunction that has built up over time whenever the joint is under gravitational load.

A good analogy is that of a building. In a building it is very important that the foundations are strong and level, in order to carry the weight of the structure above so that cracks don't start appearing in the joins. We have all seen stories on TV of a house whose foundation has shifted and cracks in the walls or leaking roof that follows.

The structure of the body is similar, the lower body being the foundation that supports the weight of our upper body. If that foundation is not strong and balanced, it causes pressure spots to develop in the spine or joints. Over time, as the supporting muscles try to compensate for any imbalance in this foundation they often tighten or weaken. Tight muscles may cause misalignments of joints, affecting their movement and causing irritation, inflammation and pain. The structure of our lower body is basically a pelvis sitting on two legs being held together by groups of muscles that work together to orchestrate our movement. Unlike the house in our analogy, the body moves around, bends, twists and turns. So not only does this foundation need to be strong and balanced but it also has to be able to adjust to our movement and to all the positions we can adopt, counter-balance the movement of the upper body, and then return to a balanced position

It only takes a few muscles in one leg to shorten and the pelvis will be pulled out of its balanced position. This can arise equally from an injury, bad posture or fatigue, or even from deterioration caused an old injury, even one many years old. An unbalanced pelvis can cause pain in the hip, along the spine, neck, shoulder, or even in the knee or ankle. But the problem muscle that is causing the pelvic imbalance may be nowhere near those joints causing immediate pain.

The body is NOT a series of independently moving parts, rather the whole body moves as one. Everything is co-ordinated so that when one muscle switches on, another muscle relaxes and lets go.



For example, a muscle in the shoulder may co-ordinate with a muscle in the opposite hip, or a hamstring co-ordinate its movements with muscles in the back.

If muscles on one side of the body are, over- tight or weak and therefore acting on the spine or pelvis differently to their counterparts on the other side, the whole spine may tilt, twist or sag (see diagram).

It is this sagging, exaggerated by the weight of gravity, that builds pressure on a joint that with movement, that eventually leads to inflammation and pain.

It is likely that working on any one area and not the whole body as an integrated system will have a very limited effect on providing lasting relief from chronic pain. It is therefore my conclusion that chronic pain is not difficult to fix for most people – provided you take a co-ordinated full body approach that balances the muscle system and removes the twisting, tilting or sagging from the structure.

ABOUT THE AUTHOR

Steve Lockhart created his unique bodywork system call SLM Bodywork to focus specifically on fixing pain. You can learn more by downloading his free book, 'How To Fix Pain Using Massage and Bodywork' from http://www.HowToFixPain.com

Erratum

In the *September 2011* issue of JATMS we published the results of the Nomenclature survey conducted by the ATMS Research Committee. Raymond Khoury was a member of the Research Committee during the survey's design, dissemination, data collection and analysis. Raymond was an active contributor and we would like to add his name to the list of authors of the report. Correct citation of the report should be: Grace, S., Rogers, S., Eddey, S. & Khoury, R. (2011). The Natural Medicine Workforce: Terms in Public Use. Journal of the Australian Traditional Medicine Society, 17(3): 139-142

In the *December 2011* issue of the Journal of the Australian Traditional Medicine Society we published an article entitled The Histological Effects of the Uyghur Medicine Xipayi KuiJiean on Ulcerative Colitis in Rats. The correct order of authors as appeared in the original document was: Kurexi Yunusi, Yasen Mijiti , Huang Jing Jing , He Jie, Lian Jing Jing, Halmurat Upur

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An Evaluation of Senior Pharmacy Students' Perceptions and Knowledge of Complementary and Alternative Medicine at a Malaysian University

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ABSTRACT

Background: The global market for complementary and alternative medicine (CAM) is projected to reach US$5 trillion by 2050. With increased global efforts to integrate complementary and alternative therapies into modern medicine, there is a need for health professionals to be well-informed about several aspects of CAM. Traditionally, pharmacy curriculums do not include in-depth courses on CAM.

Objectives: To evaluate the knowledge and perceptions of senior pharmacy students on CAM and to document their perception towards the current curriculum related to CAM.

Method: A cross sectional survey using a 20-item questionnaire was conducted. One hundred and thirty two questionnaires were distributed among final year pharmacy students at the Universiti Sains Malaysia (USM), of whom 96 responded (response rate 72.7%). The data were analyzed using SPSS version 14.0 and Microsoft ® Excel. Descriptive statistics including frequencies and percentages were used for data analysis.

Results: An overwhelming proportion of the students (about 90%) agreed that knowledge about CAM is important to them as future pharmacy practitioners and 84.4% believed that clinical care should integrate the best of conventional and CAM practices; 89.6% of the respondents agreed that health professionals should be able to advise their patients on commonly used CAM methods. However 36.5% did not believe they had received sufficient training to advise patients on their use of CAM. Evaluation of students' knowledge about CAM found that only 31.3% attained a a score of 80% or more, whereas 68.8% had scores below 80%.

Conclusion: This study showed that senior pharmacy students at Universiti Sains Malaysia USM overall have an positive perception of CAM, but their levels of knowledge apppear to reflect the inadequacy of training about CAM in the current pharmacy curriculum. The study therefore highlights the need for curriculum review and innovation in order to introduce comprehensive courses related to CAM at USM, and perhaps at other pharmacy schools.

INTRODUCTION

The popularity of complementary and alternative medicine (CAM) utilization and practice has dramatically increased in a number of countries during the past decade. CAM therapies are usually promoted on the basis of both their therapeutic and economic values. The growth of CAM is demonstrated by the number of visits to alternative care practitioners, which rose from 427 million in 1990 to 629 million in 1997 in the United States, as well as by estimated spending there on alternative therapies not covered by health insurance (termed out-of-pocket spending) of 27 billion dollars in 1997.[1] According to a World Bank report, the global herbal and natural products market is expected to grow to US$5 trillion by 2050. Use of CAM among women in mid-life, particularly those with high educational levels, is the highest of all groups in the US.[2] A study by Wilson et al.[3] reported that 79% of 1280 adolescents had used CAM in their lifetime. CAM may include acupressure, acupuncture, Alexander technique, applied kinesiology, anthroposophic medicine, aromatherapy, ayurveda, chiropractic, environmental medicine, healing, herbal medicine, homoeopathy, hypnosis, massage therapies, meditation, naturopathy, nutritional therapy, osteopathy, reflexology, reiki, relaxation and visualization, shiatsu, therapeutic touch and yoga.[4] In the United Kingdom at least one in 10 specialist physicians is actively involved in CAM treatments, but only 13% have received any kind of CAM training.[5] In 1997 herbal products sales in the US were estimated to be as high as $5.1 billion and many of these occurred in community pharmacies.[6] Discussions about CAM with patients are important because of the potential for dangerous adverse interactions between CAM and other pharmacotherapeutic agents. It is therefore important to ascertain what pharmacists and pharmacy students know and believe about CAM so as to assess whether they receive sufficient information about CAM. Malaysia is rated in the top 12 countries with the widest diversity of plants in the world. Malaysia has about 15,000 known plant species, of which 3700 have medicinal value and are used for traditional therapy and to produce food and food additives.[7] Several studies related to CAM courses, usage, perception and knowledge have been conducted in other countries, including the US [6,8,9], UK [10,5,11], Australia [12,13], Singapore [14], Thailand [15,16], and Hong Kong [17]. In the US, for

example, 36 schools offered didactic courses in herbal medicine or other areas of CAM.[9] A study by Mackowiak et al.[6] which examined the extent of use and knowledge of herbal drugs by United States pharmacy students found that the average score was 32%. A study in Singapore found that the training in Traditional Chinese Medicine (TCM) in a 3 year pharmacy curriculum was apparently inadequate to meet students' needs.[17] Most pharmacy schools in Malaysia do not include in-depth courses related to CAM in their curricula. Pharmacists may therefore be inadequately equipped to provide effective patient education and to guide the selection of CAM products. This study was conducted among senior pharmacy students at Universiti Sains Malaysia (USM) to ascertain their perceptions of CAM and the adequacy of their course in CAM training.

METHOD

A cross-sectional survey using a 20-item questionnaire was conducted among senior (fourth year) pharmacy students at USM. The data were collected from December 2007 to February 2008. The questionnaire was developed from relevant literature review and previous studies. It was subjected to face and content validation and later pre-tested among 10 pharmacy students to ensure clarity and lack of ambiguity of content. The validations were carried out by four pharmacy faculty members involved in teaching the CAM course. The survey instrument comprised 3 parts: demographic data of the respondents; 10 items to evaluate the students' perceptions about CAM and curriculum using a 5-point Likert scale; and 10 items to assess knowledge involving therapeutic use of herbal products and plants that are popular in Malaysia such as Gnoderma, Gingko Biloba, St John's Wort, Tongkat Ali (Eurycoma longifolia) and green tea.

The results were analyzed using SPSS, version 14.0 and Microsoft® Excel. Descriptive statistics involving frequencies and percentages were used for data analysis. The five-point scale used for the items on perception was collapsed into a three-point scale (i.e. disagree, undecided, agree). Non-parametric tests including the Mann-Whitney U-test and the Kruskal-Wallis test were used whenever appropriate. The level of significance was set at $p < 0.05$. This study was approved by the Dean of School of Pharmaceutical Sciences, USM in 2007. Participants were informed in the cover letter of the questionnaire that their answering the questionnaire implied voluntary consent.

RESULTS

One hundred and thirty-two questionnaires were distributed among final year pharmacy students, of whom 96 responded (response rate 72.7%). The sample consisted of 66 females (69%) and 30 males (31%). Ninety students (94%) students did not use any form of CAM. The mean age of students was 22.92 (± 0.72) years. Seventy-nine percent of the students agreed that CAM is an area that pharmacy should pursue aggressively and about 53% believed that there is sufficient evidence to support the use of some alternative therapies. However, more than half of the students did not know whether they would refer a patient to a CAM practitioner. The majority (69.4%) plan to stock natural products in their pharmacies. A large proportion (84%) of the students believed that clinical care should integrate the best of conventional and CAM practice. Furthermore, about 44% of respondents did not agree that CAM is very safe to use and 46.9% were unsure. Nearly 90% of respondents agreed that health professionals should be able to advise their patients about commonly used CAM practices and that knowledge about CAM is important to them as future pharmacy practitioners. Concerning respondents' perceptions about school curricula. 36.5% did not agree that they had received sufficient knowledge to advise patients about use of CAM. Details of the students' responses are presented in Table 1.

Item	STA*,n (%)	AG*, n (%)	NT*, n (%)	DA*, n (%)	SD*, n (%)
1. Alternative therapies are an area I believe pharmacy as a profession should pursue aggressively.	24 (25%)	52 (54%)	16 (16.7%)	4 (4.2%)	0 (0%)
2. Sufficient evidence exists which supports the use of some alternative therapies.	11(11.5%)	40(41.7%)	29(30.2%)	16(16.7%)	0 (0%)
3. I would refer a patient/ client to an alternative therapy practitioner.	2(2.1%)	24(25%)	52(54%)	16(16.7%)	0 (0%)
4. In my future practice, I'll stock natural products related to naturopathy in my pharmacy.	9(9.4%)	58(60%)	25(27.1%)	3(3.1%)	0 (0%)
5. Clinical care should integrate the best of conventional and CAM practice.	24(25%)	57(59.4%)	12(12.5%)	2(2.1%)	0 (0%)
6. CAM is very safe to use.	0(0%)	8(8.3%)	45(46.9%)	37(38.5%)	5(5.2%)
7. Health professionals should be able to advice their patients about commonly used CAM methods.	26(27.1%)	60(62.5%)	9(9.4%)	1(1%)	0(0%)
8. Knowledge about CAM is important to me as a future pharmacy practitioner.	34(35.4%)	52(54.2%)	9(9.4%)	0(0%)	1(1%)
9. Topics on CAM are well covered in my school.	1(1%)	32(32.3%)	50(52.1%)	13(13.5%)	1(1%)
10. I have received sufficient knowledge to advice patient about usage of CAM.	1(1%)	16(16.7%)	42(43.8%)	35(36.5%)	2(2.1%)

*Table 1: Perceptions of CAM *SA: Strongly Agree, AG: Agree, NT: Neutral, DA: Disagree, SD: Strongly Disagree*

The analysis of total scores on knowledge about CAM showed that the majority of the students scored an average of 7.18 ± 1.41 out of 10. The knowledge questions were divided into two categories (elementary and advanced), with 5 questions in each. For the elementary questions, the students were asked to answer five general questions about CAM that are popular in Malaysia, such as herbal medicines Kacip Fatima and Gingko Biloba, and chiropractic. The students' accuracy in answering elementary-type questions was good: approximately 48% scored 100% (mean ± SD score was 4.26±0.86. Only 31% achieved 80% or above for the advanced questions which included more specific disease-herb and drug-herb interactions and some contraindications.

DISCUSSION

This study found that senior pharmacy students at USM have a great interest in and positive perceptions about CAM. The findings were to some extent similar to those reported in another study which focused on CAM education in US' pharmacy schools.[9] This might be explained by the USM students having taken a core (required) course which had exposed them to common CAM during their third academic year.

CAM is important to the respondents as future pharmacy practitioners. Most respondents admitted that they would stock and sell natural products in their pharmacies in their future practices. There was a difference in plans for CAM use between the students in the present study and those at a school of pharmacy in Hong Kong (6% vs. 50%).[17] Morgan et al.[11] assessed the provision of education in CAM in medical schools, faculties of nursing and science/health studies in the UK and found that the total number of modules in CAM was more common in nursing than medical courses. Another study found that nursing students' knowledge and understanding about CAM therapies in general, was limited.(18) Despite the fact that some herbal medicines possess outstanding safety and efficacy profiles and often outsell prescription medications in countries like Germany and France, potential adverse effects or harmful interactions between CAM and conventional therapies (e.g. between St. John's Wort and serotonin reuptake inhibitors) may occur.[4,10,16,18] In order to provide comprehensive pharmaceutical care, pharmacists must have knowledge of such issues concerning CAM therapy. Fewer than one-third of the senior pharmacy students in this study could achieve a score of 80% and above (considered good knowledge) in the advanced questions. The majority, therefore, were not deemed to have attained the knowledge needed to demonstrate competence in CAM. This might reflect the inadequacy of training in CAM in the current pharmacy curriculum at USM. Even though all the students had taken a compulsory course related to CAM in their third year of study, the findings suggested that a review of the current course is warranted. A study by Rickert et al.[19] reported that, except for students who did personal research on herbal remedies, all students' mean scores in knowledge assessment questions were less than 50% of possible marks. In his 1999 study, he showed that pharmacy students scored a mean of 32% when questioned on the therapeutic use and adverse effects of many herbal remedies. Pharmacists often need to discuss CAM with their customers and help them differentiate useful approaches/remedies that have been shown by clinical evidence to be beneficial from those that have not. Similar studies need to be conducted in other pharmacy schools in Malaysia since curricula vary and the generalizability of our findings is somewhat limited.

CONCLUSION

This study showed that senior pharmacy students at USM overall had a positive perception of CAM, but the level of their knowledge about CAM was inadequate. A review of the pharmacy curriculum at USM is warranted in order to introduce comprehensive CAM courses.

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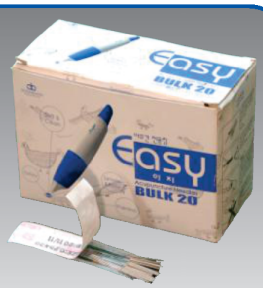

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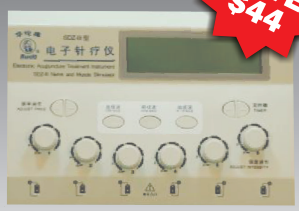

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Discrimination in the Workplace

Ingrid Pagura

Discrimination has been defined as "to distinguish unfavourably". It takes its meaning from the context in which it is used. Distinguish means to set apart, isolate, to treat differently. Unfavourably means in a negative way.

Discrimination is also context-based. Because it is such a general term, the person making the complaint must put it into context by saying what sort of discrimination it is. For example, instead of claiming "I'm being discriminated against" the person should say "I'm being discriminated against because of my age". Some examples of different contexts of discrimination are; Gender, Sex, Age, Race, Physical or mental incapacity, Pregnancy, Political beliefs, Religious beliefs and Marital status

In this article I will be focussing on sexual harassment, which is a form of sexual discrimination and unfortunately still occurs in many Australian workplaces.

SEXUAL HARASSMENT

Sexual harassment occurs when someone is demoted, fired, refused a promotion, denied benefits or refused to be hired because he/she denies sexual favours to another employee. It also covers employees who feel uncomfortable, intimidated by behaviour around them. This is a very serious issue and is not tolerated in Australian workplaces. It is an employer's responsibility to ensure that harassment does not occur and that staff are trained in recognising it and preventing it. The Sex Discrimination Act 1984 (Cth) ss 28A-28B covers workplaces:

28A MEANING OF SEXUAL HARASSMENT

1. For the purposes of this Division, a person sexually harasses another person (the person harassed) if:

   (a) the person makes an unwelcome sexual advance, or anunwelcome request for sexual favours, to the person harassed; or

   (b) engages in other unwelcome conduct of a sexual nature in relation to the person harassed; in circumstances in which a reasonable person, having regard to all the circumstances, would have anticipated that the perso harassed would be offended, humiliated or intimidated.

In this section *conduct of a sexual nature* includes making a statement of a sexual nature to a person, or in the presence of a person, whether the statement is made orally or in writing.

28B EMPLOYMENT, PARTNERSHIPS ETC

1. It is unlawful for a person to sexually harass:

   (a) an employee of the person; or

   (b) a person who is seeking to become an employee of the person.

2. It is unlawful for an employee to sexually harass a fellow employee or a person who is seeking employment with the same employer.

3. It is unlawful for a partner in a partnership to sexually harass another partner, or a person who is seeking to become a partner, in the same partnership.

4. It is unlawful for a workplace participant to sexually harass another workplace participant at a place that is a workplace of both of those persons.

5. In this section:

place includes a ship, aircraft or vehicle.

workplace means a place at which a workplace participant works or otherwise carries out functions in connection with being a workplace participant.

workplace participant means any of the following:

   (a) an employer or employee;

   (b) a commission agent or contract worker;

   (c) a partner in a partnership.

This section is wide enough to cover all conduct of a sexual nature in the workplace which a reasonable person would regard as offensive or indecent. Both males and females can make a complaint and both physical and verbal conduct has been found to be sexual harassment. Silence on the part of a person being harassed, should not be taken as acceptance of the conduct.

Where any of the following behaviour happens to you report it to your manager. If they don't do something about it take it further. No one should accept this behaviour as normal workplace behaviour.

If you are the manager and you see any of the following behaviour, put a stop to it:

- Requests for sex or sexual activities
- Inappropriate touching or body contact
- Making sexual comments
- Commenting on another person's physical attributes
- Discussing sexual preferences or fantasies
- Displaying sexual calendars, posters, objects,screen savers

- Downloading or viewing pornography
- Forwarding sexual emails, jokes, pictures etc

This covers anything that creates a sexualised atmosphere in the workplace where employees feel uncomfortable and vulnerable. Where an employee feels coerced into going along with the behaviour this is likely to be sexual harassment.

Employers must train staff about sexual harassment. They must ensure staff understand and comply with what they have been taught. It is an employer's responsibility to ensure that workplaces are free from sexual harassment. They must act upon complaints immediately.

These issues are particularly serious in a massage therapy setting. Here because of the nature of the work, staff can often be more comfortable touching each other by massaging shoulders or giving a back rub. Managers must be very careful that this behaviour does not make any other staff member feel uncomfortable. Just because you work in a massage therapy clinic, does not mean that another staff member wants to be touched, even in an innocent way. It is up to the clinic manager to set the tone for the workplace and ensure that people are as professional in their dealings with their colleagues as they are with their clients. Managers must ensure that all staff are aware of sexual harassment and what could be construed as such. They may be held liable if they have failed in their duties to staff who have been sexually harassed.

Integrative medicine

In this section of the journal we will present a series of cases selected by our Heads of Departments. Readers are invited to comment on their own or other possible approaches to Peter's client with anklyosing spondylitis and/or to comment on his homoeopathic approach. The aim is to stimulate an interdisciplinary discussion or debate about the various natural and mainstream medical approaches to treatment and their possible integration.
Please post your comments on http://bit.ly/communitiesofpractice.

Rhus toxicodendron (Rhus t.) is the most commonly prescribed potentised medicine for patients by all natural medicine practitioners. Not surprising really, as Rhus t. is listed in 10,009 different rubrics in Frederick Schroyens 'Synthesis 9.0' Repertory, easily making it a 'polycrest' in our dispensaries, particularly for physical therapists.

What is probably less well known is that Rhus t. is the only remedy listed in 664 of these rubrics – arguably the 664 most characteristic rubrics of this remedy, from: Mind – Anxiety – sitting - bent; to: Generals – wet – getting – sheets, ailments from wet.

Rhus t. truly becomes a Homoeopathic medicine when it is prescribed as the most similar remedy to the totality of the disease state of the patient being considered. Used otherwise, it is just a potentised medicine, readily available in a range of potencies, from preparations containing crude amounts (up to 12C, 24X, Q3) and beyond to infinitesimal preparations (up to 10MM, 200X, Q30). I'd really like to see this potentised medicine prescribed as a homoeopathic medicine more often. To encourage this, I've briefly illustrated the totality of the disease state of a 54 year old male patient 'BK' I first consulted in October 2008.

BK first presented to me with the diagnosis and prescriptions from his rheumatologist of a severe chronic systemic rheumatic disease called ankylosing spondylitis (AS). BK has the HLA-B27 gene marker for AS, as does his only brother, who also has AS. Interestingly, BK's only sister has been diagnosed with systemic lupus erythematosus (SLE). Their father had polio at age 17 years – the only other significant family history.

Rhus t. was the only homoeopathic medicine that I prescribed for BK over the next six months that it took for him to self-heal. So why did I select this as the one Homoeopathic medicine for BK, over the other 3,500+ possible potentised medicines available? What follows are my reasons - as characteristic rubrics containing Rhus t. (in parentheses).

BK had fallen off the roof of his house he was building 2 years earlier, and had fractured two vertebrae in his spine and his right femur (Generals – Injuries – Bones; fractures of), and had been experiencing pain there ever since (Generals – Pain – broken; as if: Bones). Rather than ever staying still (Generals – Motionless – affected parts – agg.), constant light movement helped ease these pains (Generals – Continued motion – amel.) and his other AS symptoms that moved around his skeletal system, from his ribs, to his skull, and to his spine (Generals – Pain – wandering). But if he moved too much, his pains were worsened by the end of the day (Generals – Motion – continued motion – agg.), keeping him awake one night in four (Sleep – Sleeplessness –accompanied by – complaints; other), until renewed movement again helped the next morning (Generals – Motion – amel.). These aggravation and amelioration rubrics are probably the most well known of Rhus t. that I expect you already knew.

Surprisingly, iritis was nominated by BK as his 'worst' symptom (Eye – Inflammation – Iris - rheumatic) at the time of our first consultation, aggravated by both physical and emotional stresses. BK had worked with wood since he was 4 years old, and his doctor has suggested that the presence of the bacteria Klebsiella in this wood was thought to be the environmental trigger to his genetic susceptibility to AS, which was first diagnosed at age 40 years when BK presented to his doctor with iritis. BK had always been stiff (Generals – Stiffness), even at his fittest in his late teens. Interestingly, his dreams had always been full of over-exerting events (Dreams – Exertion; of physical). Physical therapists had been tried in the past and were encouraging (Back – Pain – rubbing amel.) but couldn't seem to permanently help BK, though getting out into the fresh outdoors always seem to help (Generals – Air – open air – amel.), especially into the wilderness. However, whenever a big weather change came in his physical symptoms would get worse (Generals – Weather – change of weather – agg.), and even his spirits would drop with the barometric pressure falling. Dark, cold, wet rainy weather was always the worst (Generals – Weather – cold weather – wet – agg.). His divorce 10 years earlier still hurt too (Mind – Dwells – past disagreeable occurrences, on), with an enduring sense of loss, fear and anxiety, amplified by his three adult children also recently leaving his home (Mind – Anxiety – children - about his).

I don't have the space here to take you through BK's six-month self-healing journey of recovery. Suffice to say that he was soon off all his other medications and industriously working with his beloved wood once again, happily supporting his extended family.

In conclusion, may I send you my very best wishes in prescribing more homoeopathically! And remember - selecting the correct remedy is half the task for a homoeopath. For the other half, you really need to get the Posology oh so just right for our very precious Goldilocks' patients.

Recent research March 2012

MASSAGE

Norrbrink C, Lundeberg T. Acupuncture and massage therapy for neuropathic pain following spinal cord injury: An exploratory study. Acupuncture in Medicine 2011; 29(2): 108-15

Objective: The study sought to explore the possibility of using acupuncture and massage therapy for relieving neuropathic pain following spinal cord injury (SCI).

Design: 30 individuals with SCI and neuropathic pain were assigned to treatment of either massage or acupuncture, with 15 individuals in each group. Both groups received treatment twice weekly for 6 weeks. Treatments were evaluated at the end of treatment and 2 months later (follow-up).

Results: Data were analysed on an intention-to-treat basis. Within the groups, ratings of present pain, general pain, pain unpleasantness and coping improved significantly at the end of treatment after acupuncture compared to baseline values, and following massage therapy ratings of pain interference on the Multidimensional Pain Inventory improved. At follow-up no significant improvements were seen. Between-group differences were seen regarding ratings of worst pain intensity at the end of treatment, and regarding pain unpleasantness and coping with pain at follow-up, both in favour of acupuncture. At the end of treatment, eight of the 15 individuals receiving acupuncture and nine receiving massage reported an improvement on the Patient Global Impression of Change Scale, and at follow-up six patients in the acupuncture group and one patient in the massage group still reported a favourable effect from the treatment. Few side effects were reported and neither dropout from the study did this due to adverse events.

Conclusion: Neuropathic pain following SCI is, often only partially responsive to most interventions. Results from this study indicate, however, that both acupuncture and massage therapy may relieve SCI neuropathic pain. For this reason, larger randomised controlled trials are warranted for assessing the long-term effects of these treatments.

Smith JM, Sullivan SJ, Baxter GD. A descriptive study of the practice patterns of New Zealand massage therapists. International Journal Of Therapeutic Massage & Bodywork 2011; 4(1): 18-27.

Background: Massage therapy has grown in popularity, yet little is known globally or in New Zealand about massage therapists and their practices.

Purpose and Setting: The aims of this study were to describe the practice patterns of trained Massage New Zealand massage therapists in New Zealand private practice, with regard to therapist characteristics; practice modes and settings, and therapy characteristics; referral patterns; and massage therapy as an occupation.

Research Design and Participation: A survey questionnaire was mailed to 66 trained massage therapist members of Massage New Zealand who were recruiting massage clients for a concurrent study of massage therapy culture. *Results:* Most massage therapists were women (83%), NZ European (76%), and holders of a massage diploma qualification (89%). Massage therapy was both a full- (58%) and part-time (42%) occupation, with the practice of massage therapy being the only source of employment for 70% of therapists. Nearly all therapists (94%) practiced massage for more than 40 weeks in the year, providing a median of 16 - 20 hours of direct client care per week. Most massage therapists worked in a "solo practice" (58%) and used a wide and active referral network. Almost all therapists treated musculoskeletal symptoms: the most common client issues or conditions treated were back pain/problem (99%), neck/shoulder pain/problem (99%), headache or migraine (99%), relaxation and stress reduction (96%), and regular recovery or maintenance massage (89%). The most frequent client fee per treatment was NZ$60 per hour in a clinic and NZ$1 per minute at a sports event or in the workplace. Therapeutic massage, relaxation massage, sports massage, and trigger-point therapy were the most common styles of massage therapy offered. Nearly all massage therapists (99%) undertook client assessment; 95% typically provided self-care recommendations; and 32% combined other complementary and alternative medicine therapies with their massage consultations.

Conclusion: This study provides new information about the practice of massage therapy by trained massage therapists. It will help to inform the massage industry and other health care providers, potential funders, and policymakers about the provision of massage therapy in the NZ health care system.

WESTERN HERBAL MEDICINE

Kinghorn AD, Pan L, Fletcher JN, Chai H. The relevance of higher plants in lead compound discovery programs. Journal of Natural Products 2011; 74(6): 1539-55

Along with compounds from terrestrial microorganisms, the constituents of higher plants have provided a substantial number of the natural product-derived drugs used currently in Western medicine. Interest in the elucidation of new structures of the secondary metabolite constituents of plants has remained high among the natural products community over the first decade of the 21st century, particularly of species that are used in systems of traditional medicine or are utilized as botanical dietary supplements. In this review, progress made in the senior author's laboratory in research work on naturally occurring sweeteners and other taste-modifying substances and on potential anticancer agents from tropical plants will be described.

Romero-Cerecero O; Zamilpa-Alvarez A; Ramos-Mora A; Alonso-Cortés D; Jimenez-Ferrer JE; Huerta-Reyes ME; Tortoriello J. Effect on the wound healing process and in vitro cell proliferation by the medicinal Mexican plant Ageratina pichinchensis. Planta Medica 2o11; 77(10): 979-83

The species Ageratina pichinchensis (Asteraceae) has been used for a long time in Mexican traditional medicine for the treatment of different skin conditions and injuries. In this study, the healing capacity of the plant extracts obtained was evaluated and, in order to understand the mechanism of healing, we also analyzed its effect on cell proliferation in vitro, cytotoxicity, and skin irritation. Different extracts obtained from the aerial parts of A. pichinchensis, topically administrated, were evaluated in a healing model by scalpel-blade incision on the rat. The extracts, at 10% concentrations, were administrated daily during an eight-day period. A control group, to which the vehicle was administered, was used: while fibrinolysin (Fibrase SA(R)) was administered for positive control purposes. Reduction in wound size and the histological characteristics of the skin at the end of the treatment were evaluated. Cytotoxicity was evaluated in cell lines KB (nasopharyngeal carcinoma), UISO (squamous cell carcinoma of the cervix), OVCAR (ovarian carcinoma), and HCT-15 (colon carcinoma). In addition, the effect on cell proliferation of cell line MRC-5 (normal cells from human fetal lung) was measured, and skin irritation was evaluated. The results showed an important healing capacity of A. pichinchensis extract in noninfected wounds: the aqueous extract was found to be the most efficient. The extracts exhibited no cytotoxic effect: however, there was an effect that promoted cell proliferation in cell line MRC-5. The products tested demonstrated no skin irritant effects.

NUTRITION

Hausswirth C, Le Meur Y. Physiological and nutritional aspects of post-exercise recovery: Specific recommendations for female athletes. Sports Medicine (Auckland) 2011;41(10):861-82

Gender-based differences in the physiological response to exercise have, been studied extensively for the last four decades, and yet the study of post-exercise, gender-specific recovery has only been developing in more recent years. This review of the literature aims to present the current state of knowledge in this field, focusing on some of the most pertinent aspects of physiological recovery in female athletes and how metabolic, thermo- regulatory, or inflammation and repair processes may differ from those observed in male athletes. Scientific investigations on the effect of gender on substrate utilization during exercise have yielded conflicting results. Factors contributing to the lack of agreement between studies include differences in subject dietary or training status, exercise intensity or duration, as well as the variations in ovarian hormone concentrations between different menstrual cycle phases in female subjects, as all are known to affect substrate metabolism during submaximal exercise. If greater fatty acid mobilization occurs in females during prolonged exercise compared with males, the inverse is observed during the recovery phase. This could explain why, despite mobilizing lipids to a greater extent than males during exercise, females lose less fat mass than their male counterparts over the course of a physical training programme. Where nutritional strategies are concerned, no difference appears between males and females in their capacity to replenish glycogen stores; optimal timing for carbohydrate intake does not differ between genders, and athletes must consume carbohydrates as soon as possible after exercise in order to maximize glycogen store repletion. While lipid intake should be limited in the immediate post-exercise period in order to favour carbohydrate and protein intake, in the scope of the athlete's general diet, lipid intake should be maintained at an adequate level (30%). This is particularly important for, females specializing in long-duration events. With protein balance, it has been shown that a negative nitrogen balance is more often observed in female athletes than in male athletes. It is therefore especially important to ensure that this remains the case during periods of caloric restriction, especially when working with female athletes showing a tendency to limit their caloric intake on a daily basis. In the post-exercise period, females display lower thermolytic capacities than males. Therefore, the use of cooling recovery methods following exercise, such as cold water immersion or the use of a cooling vest, appear particularly beneficial for female athletes. In addition, a greater decrease in arterial blood pressure is observed after exercise in females than in males. Given that the return to homeostasis after a brief intense exercise appears linked to maintaining good venous return, it is conceivable that female athletes would find a greater advantage to active recovery modes than males. This article reviews some of the major gender differences in the metabolic, inflammatory and thermoregulatory response to exercise and its subsequent recovery. Particular attention is given to the identification of which recovery strategies may be the most pertinent to the design of training programmes for athletic females, in order to optimize the physiological adaptations sought for improving performance and maintaining health.

Simoes-Wust AP, Rist L, Mueller A, Steinhart H, Huser M, Thijs C. Dairy products of biodynamic origin lead to a more favourable fat composition of human milk. Merkurstab 2011 Jul-Aug;64(4):298-301

Our previous work showed that the incorporation of organic dairy products in the maternal diet leads to increased contents of conjugated linoleic acid isomers in human breast milk, which might positively affect infant's health. Now, the effect of biodynamic a special form of organic dairy products in diet on the level of conjugated linoleic acid isomers in human breast milk has been analysed. The content of rumenic acid (the most common isomer of conjugated linoleic acids) in breast milk was higher in the women consuming biodynamic products (n = 64, 0.323% of total fat) than in the women consuming a conventional diet (n = 175, 0.254%). The group of women consuming other dairy products including organic (but not biodynamic) showed an intermediate value (n = 44, 0.279 %).The levels of transvaccenic acid, a rumenic acid-precursor, paralleled those

of rumenic acid, whereas the opposite happened with those of elaidic acid, whose levels are often high in partially hydrogenated fats. A likely contribution of biodynamic milk products to improve human health is briefly discussed.

ACUPUNCTURE AND TCM

Hambrecht K. General safety aspects of Chinese herbal medicine. Chinesische Medizin 2011; 26(2): 86-99

The use of Chinese herbs in Europe and Germany shows increasing popularity. Dealing with safety aspects of this kind of therapy becomes a very important issue especially in regard of negative reports about contamination and health threatening effects of Chinese herbs. This article systematically describes the most important aspects that guarantee a safe use of Chinese herbal medicine. These include not only a profound education of the practitioners but also the necessary know how of the pharmacies that deliver the herbs. An especially important issue is to guarantee the identity and quality of Chinese herbs. The necessary steps and procedures are described in detail. Toxicological aspects are also discussed and the ingredients of the plants playing a substantial role in toxicology are listed. Knowledge of the possible side effects of Chinese herbal therapy and the usage under special conditions (pregnancy, nursery, children, and small children) is important and is therefore mentioned in the article. Finally the very important aspect of interactions is being discussed and shown by examples. The article concludes with general safety advices of the CTCA (Centrum fur Therapiesicherheit in der chinesischen Arzneitherapie - Center for Safety of Chinese Herbal Therapy).

Guo H, Liu JX, Xu L, Madebo T, Baak JP. Traditional Chinese medicine herbal treatment may have a relevant impact on the prognosis of patients with stage IV adenocarcinoma of the lung treated with platinum-based chemotherapy or combined targeted therapy and chemotherapy. Integrated Cancer Therapy 2011; 10(2): 127-37

Background: Targeted therapy (TT), chemotherapy, and traditional Chinese medicine herbal treatment (TCM) can improve the prognosis of advanced pulmonary adenocarcinoma patients. Their independent prognostic value is unknown.

Objective: To study whether TCM improves survival in stage IV pulmonary adenocarcinoma patients with platinum-based chemotherapy (PBT), or combined PBT and second-line TT. Methods: Retrospective analysis of 133 fully ambulant clinical outpatients treated with PBT alone or PBT with/without second-line TT, with/without TCM. Univariate (Kaplan-Meier) and multivariable (Cox model) survival analysis were performed, using disease-specific mortality as an endpoint. *Results:* Gender (P = .002), TI (P < .0001), and TCM (P < .0001) had univariate prognostic value but not age, radiotherapy, or TCM syndrome differentiation (P> .10). TCM herbal treatment (P < .0001) and TT (P = .03) had multivariable independent prognostic value. TCM-treated patients (n = 103, PBT+TT+TCM+ = 62; PBT+TT-TCM+ =41) had 88% 1-year overall survival rate with median survival time (MST) of 27 months, contrasting 27% 1-year overall survival and MST of 5.0 months for non-TCM-treated (n = 30) patients. Patients with chemotherapy/TT/TCM (PBT+TT+TCM+, n = 62), TCM without TT (PBT+TT-TCM+, n = 41), or chemotherapy only (PBT+TT-TCM-, n = 30), had 1-year survival rates of 94%, 78%, and 27% respectively; for these 3 groups, respectively, MST was not reached (MST of 30.9 months), 22.6, and 5.0 months (P < .0001). Conclusions: TCM herbal treatment may improve survival of stage IV pulmonary adenocarcinoma patients treated with chemotherapy without or with second-line TI. This warrants formal phase 1 and 2 trials and ultimately properly designed prospective clinical validation trials with adequate methodology developed for data collection.

Lu DP, Lu WI, Lu GP. Phenytoin (dilantin) and acupuncture therapy in the treatment of intractable oral and facial pain. Acupuncture and Electrotherapeutics Research 2011;36(1-2):65-84

Phenytoin is an anti-convulsant and anti-arrhythmic medication. Manufactured by various pharmaceutical companies with various brand names, phenytoin (PHT) is also known as Dilantain, Hydantoin or Phenytek in the United States; Dilantain or Remytoine in Canada; Epamin, Hidantoina in Mexico; and Fenidatoin or Fenitron or other names elsewhere in the world. Phenytoin (PHT) is especially useful for patients suffering from intractable oral and facial pain especially those who exhibit anger, stress, depression and irrational emotions commonly seen in the patients with oral and facial pain. When used properly, Phenytoin is also an effective anxiolysis drug in addition to its theraputic effects on pain and can be used alone or, even better, if combined with other compatible sedatives. Phenytoin is particularly valuable when combined with acupuncture for patients with trigeminal neuralgia, glossopharyneal neuralgia, Bell's palsy, and some other facial paralysis and pain. It also has an advantage of keeping the patient relatively lucid after treatment. Either PHT or acupuncture alone can benefit patients but the success of treatment outcome may be limited. We found by combining both acupuncture and PHT with Selective Drug Uptake Enhancement by stimulating middle finger at the first segment of ventral (palmar) and lateral surfaces, as well as prescribing PHT with the dosage predetermined for each patient by Bi-Digital O-Ring Test (BDORT), the treatment outcome had much better results with less recurrence and intensity of pain during episodes of attack. Patients with Bell's palsy were most benefited by acupuncture therapy that could completely get rid of the illness.

HOMOEOPATHY

Rajalakshmi MA. A case of autism: A case for homeopathy. Homoeopathic Links 2011; 24(1): 39-43

Autism is an intriguing and challenging childhood developmental disorder. It has a varied and complex presentation. Every child is uniquely different. This renders the homeopathic study and treatment of these children fascinating and rewarding. Autism is a neurodevelopment disorder of childhood onset that presents with the core triad of qualitative impairment in reciprocal social interaction, qualitative impairment in communication and stereotyped behaviour patterns. I present here a case study of a child to demonstrate the unique approach of homeopathy for autism and its effectiveness. I have also tried through this case study to draw attention to certain unexplored aspects of this disorder.

Bidani N. Histrionic personality disorder and homoeopathy. National Journal of Homoeopathy 2011; 13(8): 24-6

While taking a case, we are asked to simultaneously take on two seemingly conflicting roles: to listen and observe carefully, free from bias, to the spontaneous presentation of the patient; while on the other hand, being carefully attentive to and cognizant of what is unusual or characterizing in this presentation. Here is a presentation of a case of a lady whose gestures and enthusiasm helped in understanding her nature and constitution and who got a favourable response after receiving a similimum.

2012 WORKFORCE SURVEY

This year the ATMS Research Committee will conduct a natural medicine workforce survey. All ATMS members are invited to participate.

This is the first suvey of its kind in that it will attempt to reach the entire natural medicine workforce in Australia. Previous surveys conducted in 2002 reported on the massage, herbal medicine, naturaopthy and acupuncture workforce. The 2012 survey will expand our knowledge of our occupations to include all natural medicine modalities and invite collaboration with all Australian natural medicine professional associations.

Your participation in this survey is vitally important to a complete picture of the natural medicine workforce and their work practices. All ATMS members will receive survey forms in coming months. Findings of the study will inform ATMS policy decisions and lobbying to federal and state governments.

News From New South Wales

Antoinette Balnave

Welcome to another wonderful year as a member of ATMS. I was honoured for the second year to attend the graduation of students of the Academy of Complementary Health at WEA Hunter under Course Co-ordinator Carolyn Ward. The night was held in their very special new purpose-built BER-funded building, funding from which the Academy has made maximum benefit.

Carolyn and her staff are very passionate about having well qualified practitioners leave the Academy after their years of study. One thing that especially impressed me was their hands-on training in herbal medicine manufacturing, something I feared was becoming lost at some other schools. Well done.

Graduates receiving their membership of ATMS were;

- Leesa Picton: the ATMS Award for Academic Excellence in Herbal Medicine
- Samantha Reid: the ATMS Award for Academic Excellence in Massage Therapy

An article in a medical journal caught my eye, in which I read that the latest research stated that the Mediterranean diet is very effective in the treatment of Parkinson's Disease. Wow! We knew about diet having an effect on disease years ago.

NSW Seminars:

- West Ryde
  Mental Wellness: Clinical Applications & Case Histories
  18th March 2012
- Coffs Harbour
  Clinical Massage Dysfunction of the Shoulder & Thoracic Regions
  24th & 25th March 2012

News From Victoria

Patricia Oakley

Hope all our A.T.M.S. members enjoyed a safe and happy holiday period with relaxation and good company in abundance. Our hot weather makes summer a great time for picnics, beach and the old favorite barbecue but I guess it is now time for back to reality with a bump as the holidays come to an end.

In Victoria we have started the year with a two-day seminar "How to have a Healthy and Profitable Business in the World of Natural Medicine" held in Sunshine on February 4th and 5th 2012. Dr Sandi Rogers, the ATMS National President, had given us a taste for this subject while speaking at the Society's AGM last September in Melbourne and was able to continue with a well constructed plan for practitioners to follow in their own business. Sandi is always a very popular lecturer and the seminar was held at the National College of Traditional Medicine, 134 Durham Road, Sunshine.

An interesting evening was held at the Alfred Centre featuring Professor George Lewith, an integrative medicine doctor who established the Centre for Complementary and Integrative Medicine in Southampton, UK. Light refreshments were provided by Blackmores. These meetings are held by the IMER Group /AIMA approximately ten times a year and are always well attended and free to interested parties.

The Faculty of Life and Social Sciences, Centre for Human Psychopharmacology at Swinburne Hawthorn Campus, held a two-day conference on Brain Health and Natural Medicine. This event launched the new Centre for Human Psychopharmacology (CHP) and brought together distinguished experts to present research on effects of natural medicines and nutritional supplements on general health, brain function and clinical mental health. Many of the speakers had lectured at the monthly Integrative Medicine Education and Research (IMER) Group at the Alfred.

No doubt this year will continue to flash by us, as January already has, but it is looking to be another exciting one for ATMS with the changes set in motion in 2011.

News From the ACT

John Warouw

Since the last Journal was published, the first Canberra Practitioner Skill Share ran in early December. This initiative commenced with an expression of interest (EOI) for participation and attendance around September 2011 with a stated aim to:

- Strengthen the bond among ATMS members and facilitate networking among ATMS professional members
- Lift the professional experience of ATMS practitioners by exchanging professional experiences and sharing thoughts on challenging clinical cases
- Lift business skills by exchanging business and marketing experiences where appropriate
- Create a broader awareness of professional training that is on offer by sharing knowledge about available professional courses and events
- Explore and implement opportunities to pool resources (for example, one idea may be to have a cooperative central herbal dispensary that can be used by members; or buy supplies in bulk), and
- Discuss ways to lift the ATMS practitioner profile in the community.

The EOI drew twenty-four ATMS Practitioner responses. Far fewer could attend on the day of the first session; nevertheless a number of good outcomes were achieved.

The morning session saw interactive discussions and contributions to the following topics in alphabetical order:

- Absorption rate interaction of supplements (1)
- Colloidal vs chelated
- Fish oil quality etc

- IBS (3)
- Live blood analysis machines and other machines (2)
- Macu Vision
- Multi-vitamin formulae
- Public education (2)
- Spirulina (1)
- Vitamin C and sensitive teeth (1), and
- Zinc

Items annotated with a (1) were nominated for further research and for sharing of findings with attendees via e-mail. Those annotated with a (2), for discussion at a next session, and those with a (3), were allocated for further research in preparation for discussion at a subsequent session.

In contrast to the morning session, which was primarily dedicated to non-body work modalities, the afternoon session was dedicated to bodywork modalities. This session also saw some interactive discussion and contribution to the following topics in alphabetical order:

- 'Last resort' client (2)
- AIMA
- Base oils
- Format for the session on bodywork practice (2)
- Heat packs and other methods of softening muscles
- Massage equipment
- MISA
- Oncology massage training
- Other non-traditional massage modalities (2)
- Sourcing essential oils, and
- Treating sciatica

Those items annotated with parentheses have the same legend as mentioned above.

To fulfil our aim of continuing these sessions on a quarterly basis in 2012 we will need volunteers to organise/administer them. So please feel free to contact me if you are passionate about maintaining the momentum for this method of networking.

News Fom Tasmania

Bill Pearson

Already the year is well and truly under way. Certainly it will be by the time you are reading this despite the fact that I am writing the report but 3 weeks into the New Year.

I have just returned from Sydney for the launch of the Australian Union of Registered Chinese Medicine Practitioners (AURCMP). A timely reminder that yet another association is now vying for the position of peak authority to work with Government regarding the introduction of registration for TCM. A timely reminder also that our profession is under scrutiny and change is inevitable. Not many years ago it was inconceivable. We had even had replies from state and federal health ministers to this effect. But as Dylan rightly wrote: "The times they are a changing!"

In a perfect world one could hope that we (the profession of natural medicine) could speak with one voice or at least sing from the same songbook but, as I have been saying for years, the great thing about democratic freedom is there is more than one political party, more than one religion, language, culture, type of music etc and the variety of such means greater choice and the opportunity to learn from each other and respect other values.

However there is also an argument that includes that the more divided we are the greater potential for outside control. Somewhere in between lies the answer. Sadly in many ways that still appears to be no man's land.

As the years rolls on I hope to make contact with you in other parts of the state to arrange a time to meet for our usual get together. Until then I ask that you make contact with me if there are any questions you have or if there is anything I can do on your behalf.

News From Central and North Queensland

Cathy Lee

At the time of writing this report there have been no major weather events in North Queensland this year. However history has taught us that when one of these weather events occurs it is often followed nine months later with a larger than usual number of births in our area. This, as well as the increasing number of women starting families later in life, has increased the need for health care for expectant mothers. With a growing interest in natural therapies more of these women are turning to natural therapists throughout their pregnancies.

A growing interest in the area of natural health in this region is that of mind – body connection. This is demonstrated by an increasing client base looking towards natural therapies for their health care. Some of the therapies becoming more popular are Spiritual Healing, Crystal Healing, Reiki, Aromatherapy and Hypnotherapy, just to name a few.

One of the concerns these clients have noted is the lack of acceptance of natural therapies by the mainstream health sector. People have reported that although they prefer natural therapies to allopathic medicine, it is often cheaper (due to health rebates) to access the mainstream medical system for their health care.

I invite comments from members of ATMS from northern Queensland on matters that concern or interest them. Please feel free to contact me through my home email catherine.lee5@bigpond.com, or work email evercare@bigpond.com.

News From Western Australia

Paul Alexander

On the 7th November 2011 the West Australian branch of ATMS met for our annual 'Skills Update' seminar. This year there were a few less attendees than usual, possibly due to the change of venue to Perth Zoo as well as lunch no longer being included in the cost - changes apparently necessitated by the new ATMS fiscal policy. Those that did attend were fortunate enough to enjoy a full day of information and inspiration from our guest speakers as well as networking with their colleagues.

Our first guest speaker was the renowned medical herbalist Dr.Kitty Campion whose fact- and fun-filled presentation was centred on the bowel as the determinant of either good or bad health. Kitty, who has authored ten published books and has been in professional practice over thirty-four years in both England and Australia, demonstrated her prowess by emphasising the importance of a healthy and nutrititious lifestyle with both humour as well as a firm sense of self-discipline. Uniquely, Kitty combines the traditions of herbal medicine, nutrition and iridology with the latest European technological developments in Bio-Resonance Therapy.

Our second speaker was Jacinta O'Connor a local naturpath, nutritionist and representative of Additive Alert. Jacinta regularly presents to schools and parents on the ubiquitous presence of additives in food and household products and their potentially deleterious effects on health and well-being. Although, no doubt, we were all somewhat familiar with the topic, Jacinta detailed specific chemicals; their link to certain illnesses and their oft-hidden presence in many of our foods. Demonstrating from a large benchtop laden with a vast array of typical packets, bottles and tins of food she also showed how she encourages families to select products that have fewer toxic ingredients than others and how to more safely feed children and nutritiously fill their school lunchboxes.

After our B.Y.O. lunch we continued with Jo Johnson, who is a qualified Buteyko breathing practitioner and gave, firstly, a clear introduction to the theory of Buteyko breathing; a number of case histories improved by this method, and then followed that with a series of practical breathing exercises in which we were all encouraged to participate. It came as a surprise to many that Buteyko breathing places a lot of emphasis on the carbon dioxide component of breathing as well as its balance with oxygen.

Our final speaker was the internationally-renowned Vedic Astrologer Dr.Theja who showed, with numerous examples, how a precisely constructed Vedic horoscope may reveal potential areas of physical weakness and the subsequent predisposition to various ailments. It seems likely that as ancient Ayurvedic medicine and yoga keep gaining greater acceptance in the western world so, in time, the underlying principles of Vedic astrology will become more widely understood in the preventative maintenance of physical, mental and spiritual health.

Through the day we were also fortunate enough to have a sneak preview of the new documentary "Fat, Sick and Nearly Dead", a truly inspirational movie by Australian Joe Cross, describing his travelling juice-fast across the United States in a desperate bid to overcome his debilitating auto-immune condition. The film also features best-selling author and nutritional expert Dr Joel Fuhrman. A movie most highly recommended for practitioners and patients alike.

STATE REPRESENTATIVE

State Representative positions will become available for;

Tasmania, Victoria, New South Wales, Northern Queensland, Southern Queensland, South Australia, Western Australia and Australian Capital Territory

from September 2012 for a period of three (3) years and includes responsibilities:

- Writing reports for each edition of the ATMS Journal
- Submitting written reports to the Director in charge of State Representatives
- Attending the AGM
- Keeping abreast of all events relating to natural medicine in your state
- Promoting the ATMS to all
- Maintaining contact with the Director in charge of State Representatives if there are any questions or information needed

as well as the possibility of:

- Being Support Person for Professional Education Seminars
- Visiting ATMS and non ATMS Colleges
- Attending and presenting the ATMS award at College Graduations
- Participating in telemeetings
- Addressing the full Board of the ATMS

Successful applicants will be sent various documents which they are expected to read, and sign.

Interested applicants must apply for the position relating to their state or territory with full CV, must have been a fully paid member of ATMS for at least 5 years and not be a member of any other natural medicine association.

Applicants may be interviewed by the Director in charge of State Representatives.

For further information call Bill Pearson, ATMS Vice President on 03 62 729 694.

Health Fund News

AUSTRALIAN HEALTH MANAGEMENT (AHM)

Names of eligible ATMS members will be automatically sent to AHM each month. ATMS members can check their eligibility by telephoning the ATMS on 1800 456 855.

AUSTRALIAN REGIONAL HEALTH GROUP (ARHG)

This group consists of the following health funds:

ACA Health Benefits Fund

Cessnock District Health

CUA Health (Credicare)

Defence Health Partners

GMF Health (Goldfields Medical Fund)

GMHBA (Geelong Medical)

Health Care Insurance Limited

Health Partners

HIF (Heath Insurance Fund of WA)

Latrobe Health Services

Lysaught Peoplecare

MDHF (Mildura District Health Fund)

Navy Health Fund

Onemedifund

Phoenix Welfare

Police Health Fund

Queensland Country Health

Railway and Transport

Teachers Union Health

St Lukes

Teachers Federation

Transport Health

Westfund

When you join ATMS, or when you upgrade your qualifications, details of eligible members are automatically sent to ARHG by ATMS monthly. The details sent to ARHG are your name, address, telephone and accredited discipline(s). These details will appear on the AHHG websites. If you do not wish your details to be sent to ARHG, please advise the ATMS office on 1800 456 855.

Remedial massage therapists who graduated after March 2002 must hold a Certificate IV or higher from a registered training organisation. Please ensure that ATMS has a copy of your current professional indemnity insurance and first aid certificate.

The ARHG provider number is based on your ATMS number with additional lettering. To work out your ARHG provider number please follow these steps:

1. Add the letters AT to the front of your ATMS member number
2. If your ATMS number has five digits go to step 3. If it has two, three or four digits, you need to add enough zeros to the front to make it a five digit number (e.g. 123 becomes 00123).
3. Add the letter that corresponds to your accredited modality at the end of the provider number.

   A Acupuncture

   C Chinese herb al medicine

   H Homoeopathy

   M Remedial massage

   N Naturopathy

   O Aromatherapy

   R Remedial therapies

   W Western herbal medicine

   If ATMS member 123 is accredited in Western herbal medicine, the ARHG provider number will be AT00123W.

4. If you are accredited in several modalities, you will need a different provider number for each modality (e.g. if ATMS member 123 is accredited for Western herbal medicine and remedial massage, the ARHG provider numbers are AT00123W and AT00123M.

AUSTRALIAN UNITY

Names of eligible ATMS members will be automatically sent to Australian Unity each month. ATMS members can check their eligibility by telephoning ATMS on 1800 456 855. BUPA (including HBA and Mutual Community) Names of eligible ATMS members will be automatically sent to BUPA each month. ATMS members can check their eligibility by telephoning ATMS on 1800 456 855.

CBHS HEALTH FUND LIMITED

On joining ATMS, or when you upgrade your qualifications, the details of eligible members are automatically sent to CBHS each month. The details sent to CBHS are your name, address, telephone and accredited discipline(s). These details will appear on the CBHS website. If you do not want your details to be sent to CBHS, please advise the ATMS office on 1800 456 855. Please ensure that ATMS has a copy of your current professional indemnity insurance and first aid certificate.

DOCTORS HEALTH FUND

Names of eligible ATMS members will be automatically sent to Doctors Health Fund each fortnight. ATMS members can check their eligibility by telephoning ATMS on 1800 456 855.

GRAND UNITED CORPORATE

To register with Grand United Corporate, please apply directly to Grand United on 1800 249 966.

HBF

To register with HBF, please contact the fund directly on 13 34 23.

HEAD OF DEPARTMENT

Applications are invited from ATMS members for the following Heads of Department positions:

- Head of Naturopathy
- Head of Massage
- Head of Nutrition
- Head of Herbal Medicine
- Head of Homoeopathy
- Head of Traditional Chinese Medicine

Appointment to these positions is for a period of three years commencing in September 2012.

Successful applicants will:

- Have relevant training, qualifications and experience and be an expert in their practice modality
- Be able to write scholarly articles and contribute to the information flow to members via JATMS, Rapid News and the ATMS social media
- Be able to respond quickly with informed comment for media releases
- Be able to respond to professional practice enquiries from members
- Be able to participate in face-to-face meetings and teleconferences with other HODs
- Be able to deliver PES lectures if required

Except for the PES lectures, the HOD positions are honorary but reasonable out-of-pocket expenses are reimbursed.

If you are ready to contribute to your Association and the wider natural medicine community please send your application includi
ng your full CV to Matthew Boylan, ATMS CEO, matthew@atms.com.au.

Applications close on 15th April. For further information call Kevin Montgomery, ATMS Director,a on 02 66 511297.

Health Fund Update

Health Fund	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Australian Health Management	✔			✔			✔	✔	✔		✔	✔	✔	✔	✔		✔			
Australian Regional Health Group																				
ACA Health Benefits Fund	✔			✔			✔	✔				✔			✔	✔				
Cessnock District Health	✔			✔			✔	✔				✔			✔	✔				
CUA Health *(Credicare)*	✔			✔			✔	✔			✔	✔		✔	✔	✔				
Defence Health Partners	✔			✔			✔	✔				✔			✔	✔				
GMF Health *(Goldfields Medical Fund)*	✔			✔				✔				✔		✔	✔					
GMHBA *(Geelong Medical)*	✔							✔				✔			✔	✔				
Health Care Insurance Limited	✔			✔			✔	✔				✔			✔	✔				
Health Partners	✔			✔			✔	✔				✔			✔	✔				
HIF *(Health Insurance Fund of WA)*	✔			✔				✔				✔			✔	✔				
Latrobe Health Services	✔							✔				✔			✔					
MDHF (Mildura District Hospital Fund)	✔											✔			✔					
Navy Health Fund	✔			✔			✔	✔				✔			✔	✔				
Onemedifund	✔			✔			✔	✔				✔			✔	✔				
Peoplecare Health Insurance	✔			✔			✔	✔				✔			✔	✔				
Phoenix Health Fund	✔			✔			✔	✔				✔			✔	✔				
Police Health Fund	✔			✔			✔	✔				✔			✔	✔				
Queensland Country Health	✔							✔				✔			✔					
Railway and Transport	✔			✔			✔	✔				✔			✔	✔				
Reserve Bank Health Society	✔			✔			✔	✔				✔			✔	✔				
St Lukes	✔			✔			✔	✔				✔			✔	✔				
Teachers Federation	✔	✔		✔			✔	✔			✔	✔		✔	✔	✔	✔			
Teachers Union Health	✔							✔				✔	✔		✔	✔				
Transport Health	✔			✔			✔	✔				✔			✔	✔				
Westfund	✔											✔			✔	✔				
Australian Unity	✔			✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
BUPA^	✔			✔			✔	✔			✔	✔		✔	✔		✔		✔	
CBHS Health Fund	✔			✔			✔	✔	✔		✔	✔	✔	✔	✔	✔	✔	✔	✔	
Doctors Health Fund															✔					
*GU Health (Grand United)**	✔			✔			✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔			
*HBF**	✔			✔			✔	✔				✔	✔	✔	✔					
HCF	✔	✔		✔				✔				✔	✔		✔					
Manchester Unity#	✔	✔		✔			✔	✔			✔	✔	✔	✔	✔		✔			
Medibank Private	✔	✔		✔	✔		✔	✔	✔		✔	✔	✔	✔	✔		✔		✔	
NIB	✔			✔			✔	✔				✔	✔		✔		✔		✔	

LEGEND	
1	Acupuncture
2	Alexander Technique
3	Aromatherapy
4	Chinese Herbal Medicine
5	Counselling
6	Deep Tissue Massage
7	Herbal Medicine
8	Homeopathy
9	Hypnotherapy
10	Iridology
11	Kinesiology
12	Naturopathy
13	Nutrition
14	Reflexology
15	Remedial Massage
16	Remedial Therapies
17	Shiatsu
18	Sports Massage
19	Traditional Chinese Massage
20	Traditional Thai Massage

Please note that this table is only a guide to show what funds cover ATMS accredited modalities. If the modality that you are accredited for is not listed, this means that no health fund covers the modality. The only exceptions are Chiropractic and Osteopathy.

ATMS accreditation in a modality does not guarantee provider status as all funds have their individual set of strict eligibility requirements. Please see our website www.atms.com.au or contact our office for current requirements.

Rebates do not usually cover medicines, only consultations. For further rebate terms and conditions, patients should contact their health fund. Policies may change without prior notice.

HICAPS do not cover all Health Funds nor all modalities. Please go to www.hicaps.com.au for further information.

✔ *Therapy covered by Fund*
* *Need to Apply directly to Fund*

^ *BUPA includes MBF, NRMA Health Insurance, HBA, Mutual Community, SGIC Health Insurance, and SGIO Health Insurance*
\# *Manchester Unity no longer accepting new providers after merge with HCF*

Continuing Professional Education

Continuing professional education (CPE) is a structured program of further education for practitioners in the professional occupations.

The ATMS CPE policy is designed to ensure its practitioners regularly update their clinical skills and professional knowledge. One of the main aims of CPE is keep members abreast of current research and new developments which inform contemporary clinical practice.

The ATMS CPE Policy is based on the following principles:

- Easily accessible to all members, regardless of geographic location
- Members should not be given broad latitude in the selection and design of their individual learning programs
- Applicable to not only the disciplines in which a member has ATMS accreditation, but also to other practices that are relevant to clinical practice which ATMS does not accredit (e.g. Ayurveda, yoga)
- Applicable to not only clinical practice, but also to all activities associated with managing a small business (e.g.bookkeeping, advertising)
- Seminars, workshops and conferences that qualify for CPE points must be of a high standard and encompass both broad based topics as well as discipline-specific topics
- Financially viable, so that costs will not inhibit participation by members, especially those in remote areas
- Relevant to the learning needs of practitioners, taking into account different learning styles and needs
- Collaborative prSetocess between professional complementary medicine associations, teaching institutions, suppliers of therapeutic goods and devices and government agencies to offer members the widest possible choice in CPE activities
- Emphasis on consultation and co-operation with ATMS members in the development and implementation of the CPE program

ATMS members can gain CPE points through a wide range of professional activities in accordance with the ATMS CPE policy. CPE activities are described in the CPE policy document as well as the CPE Record. These documents can be obtained from the ATMS office (telephone 1800 456 855, fax (02) 9809 7570, or email info@atms.com.au) or downloaded from the ATMS website at www.atms.com.au.

It is a mandatory requirement of ATMS membership that members accumulate 20 CPE points per financial year. Five 5 CPE points can be gained from each issue of this journal. To gain five CPE points from this issue, select any three of the following articles, read them carefully and critically reflect how the information in the article may influence your own practice and/or understanding of complementary medicine practice:

- Oyston E and McGee M. Oncology Massage Research and Training Update
- Alparslan G, Eskin N, Akay M, Acikgoz A and Orsal O. Effect of Ginger on Chemotherapy-Induced Nausea and/or Vomiting in Cancer Patients
- Miller T. Ocular Signs of the Renal System
- Lim C, Wong W and Cheng N. Xiao Shan Zhu Lin Si's Secret Gynaecological Chinese Medicinal Formulae
- Eddey S. Against the Grain – How Grains Cause and Feed Cancers
- de Permentier P. An Anatomical Perspective on Growing Pains in Children
- Ehrlich R. Sleeping Well, Breathing Well and Eating Well - an Oral Health Perspective
- Lockhart S. Why Just Working on a Part of the Body Won't Fix Pain
- Al-Dulaimy S, Hassali M and Awaisu A. An Evaluation of Senior Pharmacy Students' Perceptions and Knowledge of Complementary and Alternative Medicine at a Malaysian University
- Pagura I. Discrimination in the Workplace

As part of your critical reflection and analysis, answer in approximately 100 words the following questions for each of the three articles:

1. What new information did I learn from this article?
2. In what ways will this information affect my clinical prescribing/techniques and/or my understanding of complementary medicine practice?
3. In what ways has my attitude to this topic changed?

Record your answers clearly on paper for each article. Date and sign the sheets and attach to your ATMS CPE Record. As a condition of membership, the CPE Record must be kept in a safe place, and be produced on request from ATMS.

Code of Conduct

PREAMBLE

Complementary medicine is a holistic approach to the prevention, diagnosis and therapeutic management of a wide range of disorders in the community. Complementary medicine practice is founded on the development of a therapeutic relationship and the implementation of therapeutic strategies based on holistic principles. Complementary medicine encompasses a diversity of practices to improve the health status of the individual and community for the common good.

The aim of the Code of Conduct is to make it easier for members to understand the conduct which is acceptable to ATMS, the complementary medicine profession and to the wider community, and to identify unacceptable behaviour. The Ethical Principles underpin the standards of professional conduct as set out in the Code of Conduct.

The intention of the Code of Conduct is to identify ethical dilemmas and assist ATMS members in resolving them. ATMS members are accountable for their clinical decision making and have moral and legal obligations for the provision of safe and competent practice.

Where an ATMS member encounters an ethial quandary, it is advisable to seek appropriate advice. If this action does not solve the matter, the advice of ATMS should be sought. The purpose of the Code of Conduct is to:

- Identify the minimum requirements for practice in the complementary medicine profession
- Identify the fundamental professional commitments of ATMS members
- Act as a guide for ethical practice
- Clarify what constitutes unprofessional behaviour
- Indicate to the community the values which are expected of ATMS members

The Code of Conduct was established as the basis for ethical and professional conduct in order to meet community expectations and justify community trust in the judgement and integrity of ATMS members.

While the Code of Conduct is not underpinned in statute, adoption and adherence to it by ATMS members is a condition of ATMS membership. A breach of the Code of Conduct may render an ATMS member liable for removal from the Register of Members.

ETHICAL PRINCIPLES

Practitioners conduct themselves ethically and professionally at all times.

- Practitioners render their professional services in accordance with holistic principles for the benefit and wellbeing of patients.
- Practitioners do no harm to patients.
- Practitioners have a commitment to continuing professional education to maintain and improve their professional knowledge, skills and attitudes.
- Practitioners respect an individual's autonomy, needs, values, culture and vulnerability in the provision of complementary medicine treatment.
- Practitioners accept the rights of individuals and encourage them to make informed choices in relation to their healthcare, and support patients in their search for solutions to their health problems.
- Practitioner treat all patients with respect, and do not engage in any form of exploitation for personal advantage whether financial, physical, sexual, emotional, religious or for any other reason.

DUTY OF CARE

- The highest level of professional and ethical care shall be given to patients.
- The practitioner will exercise utmost care to avoid unconscionable behaviour.
- The patient has the right to receive treatment that is provided with skill, competence, diligence and care.
- In the exercise of care of the patient, the practitioner shall not misrepresent or misuse their skill, ability or qualifications.

PROFESSIONAL CONDUCT

- Practitioner members must adhere to all of the requirements of this Code of Conduct and State, Territory and Federal law within the scope of their practice.
- The title of Doctor or Dr will not be used, unless registered with an Australian medical registration board.
- Under no circumstances may a student, staff member or another practitioner use someone else's membership number or tax invoice book for the purposes of issuing a health fund rebate tax invoice. The member is responsible for the issue of their own tax invoices.
- The practitioner shall not provide false, misleading or incorrect information regarding health fund rebates, WorkCover, ATMS or any other documents.
- The practitioner shall not advertise under the ATMS logo any discipline(s) for which they are not accredited with ATMS.
- The practitioner shall not denigrate other members of the healthcare profession.
- The practitioner shall be responsible for the actions of all persons under their employ, whether under contract or not.

- Telephone or Internet consultations, without a prior face-to-face consultation, must not be conducted
- The fee for service and medicines charged by the practitioner must be reasonable, avoiding any excess or exploitation

RELATIONSHIP BETWEEN PRACTITIONER AND PATIENT

- The practitioner shall not discriminate on the basis of race, age, religion, gender, ethnicity, sexual preference, political views, medical condition, socioeconomic status, culture, marital status, physical or mental disability.
- The practitioner must behave with courtesy, respect, dignity and discretion towards the
- Patient, at all times respecting the diversity of individuals and honouring the trust in the therapeutic relationship.
- The practitioner should assist the patient find another healthcare professional if required.
- Should a conflict of interest or bias arise, the practitioner shall declare it to the patient, whether the conflict or bias is actual or potential, financial or personal.

PROFESSIONAL BOUNDARY

- The practitioner will not enter into an intimate or sexual relationship with a patient.
- The practitioner will not engage in contact or gestures of a sexual nature to a patient.
- Mammary glands and genitalia of a patient will not be touched or massaged and only professional techniques applied to surrounding tissue.
- Any internal examination of a patient, even with the consent of the patient, is regarded as indecent assault which is a criminal offence.
- Any approaches of a sexual nature by a patient must be declined and a note made in the patient's record.

PERSONAL INFORMATION AND CONFIDENTIALITY

- The practitioner will abide by the requirements of State, Territory and Federal privacy and patient record law.
- The practitioner shall honour the information given by a person in the therapeutic relationship.
- The practitioner shall ensure that there will be no wrongful disclosure, either directly or indirectly, of a patient's personal information.
- Patient records must be securely stored, archived, passed on or disposed of in accordance with State, Territory and Federal patient record law.
- Appropriate measures shall be in place to ensure that patient information provided by facsimile, email, mobile telephone or other media shall be secure.
- Patient records must be properly maintained with adequate information of a professional standard
- The practitioner must act with due care and obtain consent when conveying a patient's information to another health-care professional.
- The patient has a right to be adequately informed as to their treatment plan and medicines, and access to their information as far as the law permits.

ADVERTISING

- Advertisements, in any form of printed or electronic media must not:
- Be false, misleading or deceptive
- Abuse the trust or exploit the lack of knowledge of consumers
- Make claims of treatment that cannot be substantiated
- Make claims of cure
- Use the title of Doctor, unless registered with an Australian medical registration board
- Encourage excessive or inappropriate use of medicines or services
- List therapies for which the practitioner foes not have ATMS accreditation if the ATMS logo or name is used.


ATMS