Volume 20 | Number 3 | Spring 2014

Journal of the

Australian Traditional Medicine Society

CELEBRATING

30

YEARS

Australian Traditional Medicine Society

ISSN 1326-3390

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Journal of the
Australian Traditional Medicine Society

Volume 20 | Number 3

Contents

SPRING

ATMS

The Australian Traditional-Medicine Society Limited (ATMS) was incorporated in 1984 as a company limited by guarantee ABN 46 002 844 233.

ATMS HAS THREE CATEGORIES OF MEMBERSHIP
Accredited member
Associate member
Student membership is free

MEMBERSHIP AND GENERAL ENQUIRIES
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LIFE MEMBERS
Dorothy Hall* - bestowed 11/08/1989
Simon Schot* - bestowed 11/08/1989
Alan Jones* - bestowed 21/09/1990
Catherine McEwan - bestowed 09/12/1994
Garnet Skinner - bestowed 09/12/1994
Phillip Turner - bestowed 16/06/1995
Nancy Evelyn - bestowed 20/09/1997
Leonie Cains - bestowed 20/09/1997
Peter Derig* - bestowed 09/04/1999
Sandi Rogers - bestowed 09/04/1999
Maggie Sands - bestowed 09/04/1999
Freida Bielik - bestowed 09/04/1999
Marie Fawcett - bestowed 09/04/1999
Roma Turner - bestowed 18/09/1999
Raymond Khoury - bestowed 21/09/2002
Bill Pearson - bestowed 07/08/2009

** deceased*

HALL OF FAME
Dorothy Hall - inducted 17/09/2011
Marcus Blackmore - inducted 17/09/2011
Peter Derig - inducted 17/09/2011
Denis Stewart - inducted 23/09/2012
Garnet Skinner - inducted 22/09/2013

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Locations

QLD

Caloundra	Wednesday 8th October
Noosa	Friday 10th October
Hervey Bay	Saturday 11th October
Rockhampton	Monday 13th October
Toowoomba	Tuesday 14th October
Mackay	Wednesday 15th October
Townsville	Friday 17th October
Cairns	Saturday 18th October
Brisbane	Sunday 19th October
Gold Coast	Friday 31st October

NSW & ACT

Ballina	Saturday 11th October
Coffs Harbour	Sunday 12th October
Port Macquarie	Tuesday 14th October
Kingscliff	Thursday 16th October
Parramatta	Saturday 18th October
Manly	Sunday 19th October
Newcastle	Monday 20th October
Forresters Beach	Wednesday 22nd October
Leura	Thursday 23rd October
Batemans Bay	Friday 24th October
Albury	Friday 24th October
Canberra	Saturday 25th October
Wollongong	Sunday 26th October
Cronulla	Monday 27th October
Sydney	Saturday 2nd November

VIC

St Kilda	Saturday 18th October
Glen Waverley	Monday 20th October
Geelong	Tuesday 21st October
Albury	Friday 24th October
Melbourne	Sunday 26th October

TAS

Hobart	Thursday 16th October
Launceston	Friday 17th October

SA

Barossa	Friday 24th October
Adelaide	Saturday 25th October

WA

Perth	Sunday 26th October
Bunbury	Monday 27th October
Albany	Tuesday 28th October

NT

Darwin	Tuesday 28th October

YOUR INVESTMENT

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ALL SEMINAR TIMES

Registration	2:30 to 3:00 pm
Session 1	3:00 to 4:30 pm
Break	4:30 to 5:00 pm
Session 2	5:00 to 6:30 pm
Dinner	6:30 to 7:30 pm

SPEAKERS

- Paul Mannion
- Angela Carroll
- Laurence Katsaras
- Erica Smith
- Andrew Thurgood
- Nicola Reid

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"Over the 30 years that ATMS has been formed much has been learnt, not only about our own society, but also in the development of our modalities with more scientific research being conducted."

President's *Message*

Maggie Sands | ATMS President *Life member number 28*

Dear Colleagues and Friends,

It is with some excitement that I scribe this report to you. By the time of reading this journal the Australian Traditional Medicine Society, your natural medicine professional association, will have passed its 30th Anniversary date of 7 September 1984. I have been privileged in so many ways having been a director spanning four decades and having two exemplary mentors who have guided me through the years. The official 30th anniversary celebration for ATMS will be held at the Westin Hotel in Sydney on 29 November this year. Guest speakers will include Hall of Fame recipient Denis Stewart and John Hewson, former leader of the Liberal party, who has a great interest regarding our environment. Please accept my invitation to attend this unique and special event. There are limited places available and I sincerely look forward to welcoming you personally to the event, with the AGM on the following day.

In recent times our CEO, Trevor Le Breton, and myself have been visiting numerous places and meeting with members. This has been an inspiring experience and it is particularly notable that we have profound natural medicine practitioners in every corner of our great land. To date we have held presentations and met members in Perth, Parramatta, Central Coast, Hobart, Adelaide and in Melbourne and will be giving presentations in Brisbane and the Sunshine Coast later in the year. I take this opportunity to sincerely thank the members who have attended these presentations. It has been simply a delight to meet members personally and to hear their clinical experiences. In Adelaide recently a new member attending had a number in the 28000's. This is simply remarkable. Currently we have approximately 12000 ATMS members across 27 different modalities. You may be aware when a practitioner joins ATMS and is given a membership number, the number is reserved for them even if they leave the industry and rejoin at a later date. In 1984 membership numbers 1 to 100 were reserved for Life Members and membership numbers then commenced from 101. In 30 years we have had over 28,000 practitioners join our society, many of whom are still members today and have very early membership numbers. This is outstanding and I humbly thank our long-standing members who have supported our society, some for as long as 30 years, while also welcoming our new practitioners into the fold. Over the 30 years that ATMS has been formed much has been learnt, not only about our own society, but also in the development of our modalities with more scientific research being conducted.

ATMS Hall of Fame recipients Denis Stewart and Dorothy Hall, Pioneers of Australian Herbal Medicine

Denis (ATMS No.012) and Dorothy (ATMS No.001) have both impacted deeply on my own development as a director and as a practitioner within the natural medicine industry. I initially met Denis in 1980 when I joined his college, Southern Cross Herbal School in Gosford, as a massage and herbal medicine student. I studied with Denis for 6 years during the 1980s and was the bodywork course coordinator for his college immediately prior to starting my own massage school in 1985 which has now been established some 29 years. I sincerely say without Denis's and his wife Ruth's support that my own college would not have been created. In 1988 at my inaugural ATMS board meeting held in Sydney's NatureCare College vegetarian café, seated on wooden benches around a wooden table, I sat next to Dorothy and naturally felt intimidated by her presence. At that time

I was inexperienced in matters relating to the Board so I sat quietly prepared to listen and to learn. At the end of the meeting Dorothy, in her normal direct fashion, turned to me and said, "And who are you anyway?" From those early days Dorothy and I worked on numerous ATMS projects that she would refer to as battles. In hindsight both Denis and Dorothy (Dorothy now sadly deceased), would be a little surprised to see that I had stepped into the role as President of ATMS, some 30 years on. I have learnt so much from these two magnificent herbalists, not only about herbs but also about life in general.

Many pioneer ATMS members will have been influenced by Denis and Dorothy. Denis was known as the godfather of herbal medicine and the initiator of the herbal renaissance in the 1970's, while Dorothy practised and taught on both a clinical and philosophical level. During the 80's and 90's the Dorothy Hall College of Herbal Medicine and the Southern Cross Herbal School offered two distinct styles of herbal medicine education. Dorothy taught her craft with the use of herbal medicine tinctures while Denis preferred herbal fluid extracts. Both colleges attracted students from far and wide across Australia but also students from other countries who would fly in for seminars. Denis is famous for his herb identification field trips to the Hunter Valley while Dorothy, the author of numerous books, was seen as the matriarch of Australian herbal medicine. Dorothy taught iridology and also used astrological information to assist in her determination of a patient's condition, while Denis was involved with research into the active ingredients of herbs and in 2002 was appointed Conjoint Associate Professor at the University of Newcastle. Many will remember the lively discussions in regard to whose herbal medicine system was the most beneficial. At every opportunity I share this story from 1983 when I organised a public seminar presented by Denis titled "The Relationship of Diet and Disease". The seminar was presented on the Central Coast of NSW and was booked out. The interesting end to the seminar was that numerous attendees were considerably upset that it would be stated that there was a relationship between diet and disease. The seminar was followed by an article in the newspaper condemning the subject matter presented. Today the link between diet and chronic disease conditions cannot be denied. Dorothy in the later years of her life lived in Robertson in the NSW Southern Highlands where I visited her on several occasions, once taking her a gift of a wizard statue for her astrological herb garden which she became very excited about as she placed it between her flowering lavender plants, while Denis continues to practise in Gosford on the Central Coast and New Lambton in Newcastle. Just a reminder, Denis will be a guest speaker for the ATMS 30th Anniversary on 29 November in Sydney. His presence is one of numerous reasons to attend this event. Dorothy was the author of numerous books which I am sure many members still have on their bookshelves. In Adelaide recently a long-standing member and Dorothy graduate explained to me that he was still prescribing herbs as he was taught by Dorothy in earlier days and that his remedies were still assisting patients as they had been since he graduated many years before. These words from Dorothy were repeated to me on numerous occasions whether at a meeting or in private over a cup of chamomile tea: "Listen well, focus on action". I never quite understood whether she meant the herb's action or my own, nevertheless those few words have remained with me. In 2001 Dorothy opened my wellness centre on the Central Coast and around that time taught one of her last courses in Bach Flower Remedies.

Without a doubt Dorothy and Denis have left their mark on western herbal medicine throughout the world. They have taught so many practitioners and their teachings continue in books and by other electronic means. I humbly offer these words of Hoppocrates as a tribute to Dorothy and Denis for all they have given to so many. Until next time, "The natural healing force within each of us is the greatest force in getting well".

Clockwise from top left: Denis Stewart 1985 Southern Cross Herbal School classroom.
Herb identification field trip at Scone, Hunter Valley, NSW.
Maggie Sands and Denis Stewart in 1993 at Denis's Gosford clinic.

Dorothy receiving her Hall of Fame award 2012.

Maggie Sands/ATMS President/
Life member

"The number of new members now totals 576 for the calendar year. It is also pleasing to welcome back past members, 124 of whom have returned to ATMS this year."

CEO's *Report*

Trevor Le Breton | Chief Executive Officer

Welcome to the spring 2014 edition of JATMS.

As we leave winter behind us and head into a new spring it is also cause to celebrate, for September 7 marks the 30th anniversary of the commencement of the Australian Traditional-Medicine Society. This is a fantastic achievement for any association.

We have a very special weekend of celebration planned, culminating with a dinner at the Westin Hotel Sydney on Saturday November 29, of which you will all receive shortly. This is also the night before our 30th AGM so we have combined both events and hope that you are able to come and celebrate with old friends. We have confirmed Hall of Fame recipient and esteemed member Denis Stewart and former federal opposition leader Dr John Hewson as speakers on the evening.

We are also entering a new time for ATMS as the election for a new Board will commence on 1 October. Nominations have now closed and we have 16 members seeking election for the seven vacant positions, and I wish all candidates the very best in their quest to become a Director of our Society. Further details can be found on Page 175. The new Board will be announced at the AGM on November 30.

I would also like to take this opportunity to welcome the 131 new members who have joined ATMS since our last Journal. The number of new members now totals 576 for the calendar year. It is also pleasing to welcome back past members, 124 of whom have returned to ATMS this year. We also have had 32 new student members join in July alone and 128 students convert from student membership to accredited membership on graduation – congratulations to you all for joining ATMS - the leader of the natural medicine industry.

Since our last edition much has been going on at Meadowbank. My Executive Assistant Cass Zogbee has been hospitalised for some four months now as she awaits a heart transplant and, although on the mend physically, Cass has a long road ahead of her. Let us pray and hope for a successful outcome for this extraordinary individual. Consequently I have had to make some changes and am delighted to announce the arrival of Karen Seaton as replacement for Cass. Karen takes on the role of Office Manager and Executive Assistant. We have also improved our customer service levels with the introduction of Esther Chan to assist our Mandarin and Cantonese speaking members with membership and health fund enquiries. The office has also celebrated the arrival of baby Emma Crawley, the first daughter for staff members Nicole (Registrar) and Andrew (Logistics). Both mum and baby are doing fine.

It has also been a busy period on the regulatory front with ATMS providing a response to the Homoeopathic Response to Public Consultation with the NHMRC, a submission on the new proposed National Code of Conduct, attending a workshop hosted by the Complementary Healthcare Council on the TGA, and attending the launch of CHC name change to Complementary Medicines Australia to better reflect who and what they do. I have also been briefing two lobbyists to assist ATMS with our stakeholder engagement with Canberra.

I have also held face-to-face meetings with BUPA and Medibank, in additon to undertaking audits with AHRG and Australian Unity health funds. On the registrations front I have

attended three Natural Medicine Register meetings as a Director of that organisation. On the education front, I have, as your representative, attended the Training Package Advisory Committee meeting.

For members and the Board we have developed and circulated our revised Privacy Policies for ATMS and the way they apply to members. Most importantly (and the part of my role which is undoubtedly the most rewarding) was having the recent privilege of meeting and speaking with our members in Sydney, Central Coast, Hobart, Melbourne, Adelaide and Perth.

Every week I receive a mixture of correspondence, some positive, some negative, but I welcome both as we listen to what our members want. I was particularly excited recently when I received the following note from member 4238 Chistie Godsweet. it read, *"Recently I had the pleasure of liaising with Charlotte Kennedy with regards to my membership renewal. I would like to take this opportunity to advise that Charlotte provided the best member service experience I have ever received in all the years I have been a member.*

"THE TVC CAMPAIGN WILL CONSIST OF FIFTY 15-SECOND COMMERCIALS PER WEEK OVER THREE WEEKS OF EACH MONTH ACROSS NINE, GEM, AND GO COMMENCING IN SYDNEY ON SEPTEMBER 7, 2014."

"Not only was Charlotte proactive in providing additional information in relation to my membership, but she was also extremely prompt with her email responses and follow-ups; polite and respectful and has a lovely sense of humour. All of these attributes are vital in member services and I do appreciate Charlotte's effort and support very much. Please commend Charlotte for her exceptional assistance and I do hope that other staff are also encouraged to follow Charlotte's professional example."

While I wasn't surprised to hear high praise for Charlotte I thought it fitting to place it here so all members can see the dedication and effort that our small but efficient administration put in, day in and day out, to support you our members. Charlotte received a $25 gift voucher and a very blushing red face when I read this out at a recent staff meeting - simply thank you Charlotte and thank you Christie.

NTRAC Review

The Natural Therapies Review into the efficacy, cost-effectiveness and safety of the 17 modalities currently recognised by health funds to attract rebates is coming to a close, with the final report due to be handed to the minister during September. Since the previous journal I have attended three meetings of the committee, and at this present point it is difficult to determine the outcome and therefore the impact that this report may have on the future capacity of some modalities to attract rebates. What is certain is that, as natural medicine continues into the future, the method and extent to which the research is undertaken is going to substantially increase the acceptance of natural medicine. There are a number of concerns as to methods adopted to undertake the review and these have been addressed to the committee, on which ATMS is represented. ATMS continues to play an active part in the review and we will continue to update members by newsletter when the report is finally published.

Education Update

Much has been written about the recent announcement by the Community Services and Health Industry Skills Council on the proposed removal of advanced diplomas as an entry pathway into the industry for homoeopathy, naturopathy, Western herbal medicine and nutritional medicine. ATMS reaffirms our commitment to work with industry to retain both the advanced diploma and degree level qualifications, as we strongly believe that there are two very separate occupational outcomes for practitioners working in these areas.

On 1 August the President, Vice President and I attended a meeting to work with other associations on this important education issue for our industry.

Since then we have provided further information to the CS7H and will be working to keep the former two tiered structure. A copy of our submission can be found on the ATMS website.

TV Commercial

I am delighted to advise that following the successful trial conducted in SE Queensland during the latter part of 2013, we will be expanding the commercial to other states in the coming months. Designed to drive members of the public to find a practitioner in their local area, this is yet another example of ATMS working to improve the livelihoods of our members. We look forward to your feedback and trust that this increases the number of new clients in your practice. The TVC campaign will consist of fifty 15-second commercials per week over three weeks of each month across NINE, GEM and GO commencing in Sydney on September 7, 2014.

Membership renewals

By now you will have received your annual membership renewal and thank you for the way in which members have embraced the

CEO'S REPORT

"Remember, if you let your membership lapse and you do not hold a current Health Training Package qualification you will lose recognition as a practitioner with the health funds."

electronic renewal process, with the finance team receiving as many renewals in two weeks as we had in the two previous months. If you have not yet renewed for 2014/15 you have until September 30, and a final reminder will be sent to members mid-month to provide you this opportunity. Remember, if you let your membership lapse and you do not hold a current Health Training Package qualification you will lose recognition as a practitioner with the health funds.

Health Funds

Speaking of Health Funds, since the last journal we have been audited by ARHG and Australian Unity, and await the outcomes of these audits. Also in late August Medibank advised that from September 29 the annual limits on their Basic Extras 70 and Basic Extras 55 cover will change. Currently these products have combined limits for physiotherapy, chiropractic, osteopathy ($450) and natural therapies services of $300. Rather than bundling all these services together, Medibank is separating natural therapies from this group and giving it its own annual limit of $100.

We have also taken the suggestion to Medibank that students who have not undertaken sufficient clinical training during the course of their studies be permitted to return to college to increase their clinical hours. Presently Medibank will not consider this change, despite some colleges stating the opposite.

I can assure members that ATMS continues to work with senior executives at Medibank for the interests of our members and that the changes being implemented are Medibank's business decisions, not administrative changes implemented by your association.

Complaints Committee

I am pleased to advise that the number of complaints received for health fund fraud have reduced substantially since the implementation of a series of events conducted to re-educate members about their responsibilities. However, it is disappointing to advise that since the last journal ATMS has removed a further 24 members from the membership for clear breaches of the Code of Conduct.

CE Audit

On another pleasing note, there has been an outstanding result of members who were randomly selected for an audit of their Continuing Education (CE) activity. As we have worked with members to ensure their compliance in this area, not one member has failed to achieve the necessary 20 points to retain their accredited member status. This is an enormous improvement from the 60% of members who failed to comply in the previous year. The audit was also the largest ever undertaken as we doubled the sample size to 10% and included 1000 members who had non-Health Training Package qualifications. The Board of ATMS also recently adopted a new table of points for CE and these were emailed and mailed to members. A copy is also available on the website.

As all members know, compliance with CE is a mandatory requirement for accredited membership. It is also a condition which enables the Society to forward practitioners' details to a health fund. On renewal of their membership each year members are asked to tick a box stating that they will comply with this requirement.

The failure to achieve this requirement may lead to your membership privileges being revoked.

As always for further information on any issue call me on 1800 456 855 or send an email to **trevor@atms.com.au**

On behalf of all the team at Meadowbank, we thank you for your ongoing support and we value your membership.

Take Care …

Trevor Le Breton | CEO
MBA, BBus (Marketing), GAICD, Dip OHS

ATMS expresses thoughts and wishes to member Dr Jerzy Dyczynski and his wife Angela on the loss of their daughter Fatima on MH17

Bill Pearson | Life Member ATMS

Dr Jerzy Dyczynski, a member of ATMS in the TCM category and a respected doctor of cardiovascular medicine, and his wife, Angela, in July this year experienced unimaginable grief with the loss of their beloved daughter, Fatima, who was travelling on MH17 from Europe to Perth to join her parents.
On behalf of the ATMS Board, staff and members I pay tribute to Dr Dyczynski, his dear wife, Angela, and their remarkable daughter, Fatima. We send our admiration to them both for the courage they have shown during this extremely difficult period.
May peace hold you in its arms. Forever.

SAVE THE DATE

JOIN US FOR THE ATMS 30TH ANNIVERSARY CELEBRATION DINNER

Saturday 29th November

THE WESTIN SYDNEY, 1 MARTIN PLACE, SYDNEY

Join the ATMS Board of Directors, fellow practitioners and some special guests, to celebrate and remember 30 years of supporting and strengthening the Australian natural medicine industry.

This very special evening includes pre dinner cocktails, a delicious buffet dinner and entertainment to dance the night away. Find out what's in store for ATMS in the future and hear from special guest speakers:

Dr John Hewson, Australian economist, company director and the former federal leader of the Liberal Party of Australia.

Denis Stewart (BA ND DBM DipAc) ATMS Life Member and Hall of Fame inductee 2012. Denis Stewart has been referred to as the *"Godfather of Australian Herbalism"* and credited as spearheading the *"Herbal Renaissance"* in Australia during the early 1970s.

Plus much more...

Save the date, and stay tuned for more information about booking a table.

Visit **www.atms.com.au** or email us at **info@atms.com.au**

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Trevor Le Breton CEO and Maggie Sands President at the "Natural Medicine A Natural Choice" event, Melbourne, May 2014.

Leading *Achievements*

Maggie Sands | ATMS President

We are very excited to share with you numerous innovations that have taken place within ATMS and we hope you as a member are noticing that ATMS is in a process of change and reinvention. We like to get member feedback, positive and negative, so don't hesitate to make contact via the office if you feel inclined. I first would like to sincerely thank the ATMS Board of Directors for the support they have given both myself and Trevor Le Breton, and the office staff, for without their support many new initiatives and changes would not have manifested or be in progress. This article is to provide a general outline of achievements, keeping in mind essential governance requirements and that there is a process of Board ratification for the majority of changes and/or innovations prior to their being implemented. There are many more changes that have been initiated, too many to write about in this article. The combined Board focus has been that of forward thinking and strengthening ATMS' position as leader of the natural medicine industry in Australia while increasing benefits for you as a member.

Combined Initiatives

New Constitution ratified 26 March 2014

In March this year, after many months of deliberation, the ATMS Constitution reached its final draft stage. The inaugural Constitution was incorporated on 7 September 1984 and since then there have been only minor changes to this very important document. However I have personally been involved with several previous attempts to complete this daunting task. Revising this document has assisted the Board to move our society forward, a lengthy process involving numerous meetings and liaison with our legal advisors. I wish to again offer gratitude to those members who attended the Constitution meeting on 26 March in Sydney.

Change of Preferred Insurance Provider, GSA

Enormous thanks to our CEO for initiating a tender process to which six insurance providers offered submissions. After numerous meetings and several months the Finance Audit Compliance Committee, made up of Antoinette Balnave, Treasurer, myself, and the CEO, narrowed the applicants down to three and then made a final recommendation to the Board of ATMS. This, like the Constitution, is an historic event, ATMS not having changed their preferred insurance provider for some 22 years. I take this opportunity to highly recommend GSA as the ATMS preferred insurance provider. We have reviewed the policy documents closely, in particular how members are covered, inclusive of the benefits back to ATMS, and without any doubt believe the recommendation is sound and the best way forward. For further information regarding your personal insurance requirements contact GSA on 02 8274 8141

Stakeholder Liaison

The CEO and I have been exceptionally busy endeavouring to form constructive relationships with many other associations and stakeholders within our industry, as we believe a unified approach when achievable will deliver preferred outcomes. The attitude of myself and the Board is that our actions should be for the good of all in our own industry.

"Natural Medicine A Natural Choice" Free member presentations

The CEO and myself have been moving around the country meeting and presenting an overview of ATMS to our valued members. To date we have been to Perth, Parramatta, the NSW Central Coast, Hobart, Adelaide, Melbourne and Newcastle, and future events are planned for Brisbane, Maroochydore, Sydney CBD and Coffs Harbour. Personally this has been a highlight of my presidency and I am extremely grateful for this opportunity, and to have met so many wonderful natural medicine practitioners far and wide. If you haven't attended this event please accept my personal invitation to do so when we visit your area.

Health Fund Information Presentations

We have had many challenges over the last 18 months and the consistency of health fund fraud across our industry

has without a doubt been one of these challenges. Our first in a series of health fund seminars was held in Sydney CBD with our special guest, Peter Dunn, Ancillary Manager for Medibank. On several occasions we have had both a Mandarin and a Korean speaking translator to assist those members who do not have English as their first language. Since that first seminar a number of similar seminars have been presented in a variety of locations, highlighting the current issues involving multiple use of one provider number and inadequate or insufficient collection of client data on a pre-consultation client clinical record form.

Marketing

The Marketing Committee, comprising our external consultant Alanna Hinds from Hindsight Marketing, the CEO and myself are constantly working on our marketing strategy. I hope you can see the changes to numerous marketing tools being used by ATMS. The second television commercial, which ultimately drives interest to the ATMS' "Find a Practitioner" link on the ATMS website home page, is about to be rolled out.

President's Initiatives

My extensive vision for our organisation has empowered me in the role of president to establish, with Board support, numerous exciting innovations with the intention of giving members more benefits and to show support for their loyalty and their dedication to the natural medicine industry. There are numerous other innovations in process, including an I-phone app, two-year membership payment option, bilingual case history sheets and the creation of a capabilities document for distribution to stakeholders to assist them understand what natural medicine is and what we do as practitioners and as an association.

TGA Stakeholder Forum Sydney 25 October 2012

ATMS hosted a meeting of stakeholders to develop a unified response to the TGA. The purpose of the forum was to present a model to the TGA that would recognise herbalists, naturopaths, homoeopaths and nutritionists and that would be an option to the current Schedule 1 of the regulations. The guest speaker, TGA National Manager Professor John Skerritt, gave a presentation about the current situation. Numerous stakeholders and members were in attendance. This was truly an historical event and an

opportunity for ATMS and the industry to have direct dialogue with a most senior TGA representative.

Modality Experts

Not long after my presidency commenced I identified a need for experts in our numerous modalities. The majority of these expert positions have been filled by knowledgeable modality practitioners within ATMS on whom ATMS can now call for expert opinions regarding matters related to their modalities.

New Committees

New committees were established: the Regulatory, Marketing, Media Watch and Nominations Committees, making a total of ten committees that guide and make recommendations to the Board.

"Become a Friend of ATMS"

If you haven't noticed already, on the home page of the ATMS website is a click through to "Become a friend of ATMS". I believe it is essential that ATMS gather like-minded people, many of whom may be your clients, as their support may be needed in the future. Our Friends of ATMS who are registered on this site receive a regular topical newsletter about our various modalities.

Continuing Education Program (CE)

The CE model is in the process of being revised, and it is intended to roll out a national CE program that includes not only webinars but also face-to-face seminars. With approximately 12,000 members, this is a substantial project. It is intended to draw on participating recognised ATMS colleges and preferred natural medicine CE providers whose programs have been assessed and approved by the Continuing Education Committee. Consistent feedback from members requests more CE events. It is essential that we strike a balance between ingestive and bodywork seminars and workshops and that numerous locations are offered to make it easier for members to complete their mandatory 20 CE points per annum. The full rollout of this program is expected to take 2-3 years and there is a trial in progress at this present time. A special thank you to members who have attended the trial workshops and given positive feedback regarding the model.

Member Loyalty Program

ATMS is fortunate to have many loyal members who have retained their membership, many for over 20 years. After lengthy deliberation a proposal for a member loyalty program was adopted by the Board. The program depends on the new continuing education model and is expected to be gradually rolled out. The loyalty program will basically give back to members in CE credits to align with their years of membership. As a not-for-profit organisation it is essential that ATMS provide value to members at every opportunity, and this program will directly provide just that.

Public Meeting in Sydney regarding Abolition of Advanced Diplomas for Naturopathy, Herbal Medicine, Homoeopathy and Nutrition

In more recent times a public meeting inviting ingestive therapies' members from numerous associations and stakeholders was held to highlight the concerns about the abolition of the advanced diplomas in these four modalities, and the potential negative effects this could have on our practitioners. It is interesting to note that within our ingestive practitioner membership we have some 9,800 qualifications crossing these four modalities. As always my focus is on serving our members and doing our utmost to protect their future in the industry.

CEO's Initiatives

So many constructive changes have occurred in the office, however there are several outstanding changes that I would like to mention and in doing so thank and congratulate our CEO Trevor Le Breton for his patience and efforts in this evolutionary process.

Financial stability

I am pleased to advise that ATMS is growing financially and with sound business practices being applied the future looks promising. During the CEO's and my presentation, "Natural Medicine A Natural Choice", we present the past and the present fiscal situation of the society and the expected development. Having been a director for some time it is exciting to now be able to say the operations of ATMS are in good hands.

Revamp of JATMS

The ATMS journal has been evolving thanks to our CEO and has a fresh, attractive appeal. The feedback from members is that the fresh look is inviting and has resulted in the readership of our quarterly periodical increasing significantly.

Electronic Vote for Constitution

In March this year an electronic voting system was trialled and proved to be hugely successful, highly efficient and transparent, saving the organisation a considerable amount of its funds. The success experienced here will now be duplicated for the Board election commencing on 1 October. This system enables access to far more members to place a vote and be an important part of the process.

Electronic Member Renewals

This is enormous and the benefits of this new electronic system may not have yet been fully realised. Once again congratulations to Trevor for this innovative modernisation of member renewals. For 29 years members have submitted their documents in hard copy. This has been a costly and exhaustive process for the office. The electronic renewal process is now up and running and has proven to save your association a considerable amount of funds as well as saving members precious time.

Upgrade of Database

It wasn't long after Trevor arrived that we identified the antiquated database in operation. This has been another huge achievement and in a way the database

has evolved out of the dark ages, so to speak, into a system designed specifically for associations, once again saving considerable funds while providing a system that is modern, efficient, reliable and easier to use for all those concerned.

Facebook and Twitter

Are you part of the Facebook community? I have to say I wasn't but I now actually check the ATMS Facebook page daily as the posts are so informative. ATMS now has approximately 6,500 followers, having started from just over 1,000. If you have not remained in contact with us via these social networks we encourage you to do so as it certainly is one way that the board and office staff can keep in contact with you as a member, as well as with supporters of natural medicine.

New Administration Office Fit Out

The ATMS office has been structurally redesigned and has had a total refurbishment. It is fresh and has a sense of energy. It is a pleasant environment for our hard-working administration staff. The furniture is modern and reflects a natural medicine wellness environment.

Personalised Membership Card and Buyer Discounts

As part of what we offer members we have established a relationship with Members Plus to enable members to obtain discounts on just about anything they are considering purchasing. Combined with a personalized membership card, this service was made available to ATMS at no cost due to the size of our membership. So next time you are thinking of taking a holiday or updating a TV or fridge do your shopping and give them a call - the savings are better in your pocket than in the retailers'. This is just another initiative demonstrating why you should remain an ATMS member.

In signing off, our industry has challenges presented to it on a regular basis. Beside focusing on these challenges as they present, the Board, our CEO and I also have, with our vision, a focus on moving into the electronic media, improving member benefits and moving the natural medicine industry forward. A lot has been achieved but there is still so much more to do. We sincerely thank you for your support and your loyalty to ATMS.

ATMS BOARD NOMINATIONS
CANDIDATES ANNOUNCED

Computershare Investor Services Pty Limited has been appointed to conduct the 2014 Election of Directors. In accordance with the Constitution of Australian Traditional Medicine Society Ltd seven Director positions will become vacant when the terms of office of the President Maggie Sands, Vice President David Stelfox and Director Bill Pearson expire at the first Directors, meeting after the 2014 Annual General Meeting (AGM).

The Returning Officer has determined that a Director Election is required. At the close of nominations on 21 August 2014, nominations from 16 candidates received and deemed to be eligible to nominate. Accordingly, eligible candidates were randomly selected by the Returning Officer to determine the order in which their names appear on the ballot paper (and candidate election material). All financial members of ATMS (including Life Members but excluding Associate Members and Student Members) are eligible to vote.

On 1 October 2014, election material will be emailed to those members who have provided ATMS with an email address. Where no email address has been provided an election pack will be sent to members prior to the voting commencing on 1 October 2014.

Voting will close at 9.00am (AEST) on the 20th of November 2014.

The system of election is the 'first past the post' method of voting where the candidates with the highest number of votes will be elected. The election results will be announced at the Annual General Meeting (AGM) to be held on Sunday 30th November 2014 at the NSW Teachers Federation Auditorium Surry Hills Sydney commencing at 9.00am.

NAME OF CANDIDATE	MEMBER NUMBER
Tana Edye	2869
Greg Morling	2660
Robert Gotts	5532
Betty Tannous	13202
John Warouw	6324
Ying Li	23708
Sandra Grace	1972
Bradley McEwen	9439
Robyn Camilleri	12470
Robert Medhurst	2861
Shamarie Flavel	22381
Christine Pope	18791
Maggie Sands*	28
Deborah Watts	15104
QingYang Li	21857
Jesse Sleeman	5767

*Denotes current Director nominating

Viral myocarditis treatment *by Traditional Chinese Medicine syndrome differentiation*

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Abstract

Viral myocarditis (VMC) is a common inflammatory cardiomyopathy. The central treatment approach for VMC in Traditional Chinese medicine (TCM) is based on syndrome differentiation. TCM treatment combined with a conventional Western medicine approach may promote both anti-viral and immunomodulatory effects. The standard TCM treatment method is determined according to the main differentiated pattern and can be adjusted throughout the different stages of the disease: during the acute stage, the TCM principle of treatment is to remove toxicity and protect the heart, contributing to viral replication inhibition and promoting cardiac cytoprotection; during the recovery stage, the TCM principle of boosting Qi and nourishing Yin helps to support immune regulatory function and to impede the progression of the disease; during the chronic stage, the TCM principle of treatment to 'invigorate blood circulation and remove meridian obstruction' might restrain fibrosis, prevent relapse and allay anxiety.

Introduction

Viral myocarditis (VMC) consists of localized or diffuse lesions caused by a viral infection and is a common heart disease. A study conducted by Kytö and colleagues reviewed myocarditis incidence in the Finnish population through the analysis of death certificates during the period 1970-1998.[1] Statistics identified myocarditis as responsible for 0.47 cases out of 1000 deaths. The death certificate-based incidence of fatal myocarditis was found to be similar during the 1970s and 1980s, but the incidence increased during the 1990s. In Shanghai, China, the incidence of VMC has been increasing since the 1950's.[2] At that time VMC was the tenth most common reason for patient hospitalization and it has now risen to fourth place.

According to TCM theory, VMC clinical symptoms can be defined as palpitations, fearful throbbing, chest impediment or warm disease. The disease itself was also identified as Xin-dan (heart fever) by the *Clinic Terminology of Traditional Chinese Medical Diagnosis and Treatment-Diseases,*[3] which is the national standard adopted in China. From a TCM point of view, VMC can be caused by externally contracted warm-heat toxic evil or by trauma, which in turn, whenever the right Qi is insufficient, can damage the myocardium and the endocardium. The main symptoms of VMC comprise fever, palpitations, chest pain or respiratory distress. With the exceptions of symptomatic treatment and supportive therapy (including bed rest), there is no specific therapy for VMC in modern Western medicine. As for the TCM approach, its central feature for treating VMC is based on syndrome differentiation.

Acute stage TCM principle of treatment: remove toxicity and protect the heart, enbable inhibition of viral replication and promote cardiac cytoprotection

From a Western medicine perspective, viral infection is the most common cause of myocarditis. In TCM diseases caused by external factors could lead to heart disease. From the ancient Chinese medical classic *The Yellow Emperor's Inner Canon,*[4] 'further contraction of external evil lodges in the heart' and also 'heart pain occurs when evil exists in the heart'. Another example, recorded in the classic *On Cold Damage*,[5] states that 'disease from cold reflects a pulse with knots and heart beating with palpitations, and can be treated with honey-fried licorice decoction'. Many studies show that the most frequent myocarditis viral infection is caused by an enterovirus, mainly coxsackie

virus. However, in 1995, pathologic examination of myocardial specimens obtained from the autopsy of 58 VMC patients, showed that most were infected with adenovirus (18 cases), followed by enterovirus (12 cases), cytomegalovirus (2 cases) and herpes simplex virus (2 cases).[6] Also, in 2005, it was reported that, with the gene amplification, two or more than two of the viral genome can be found in about 25% of cases.[7] Bratincsák et al.[8] also reported four acute VMC cases of children with Influenza A virus subtype H1N1, pointing out its association with serious myocarditis. The virus spectrum of VMC has greatly changed from the 1970s and 80s and since then virus diversity has continued to increase. The incidence of VMC with multiple virus infection has also increased.

During the acute stage of VMC, the virus will replicate and proliferate in the heart tissue, directly inducing myocardial injury and necrosis. In addition, if viral infection continues to spread in the myocardium, it may directly damage the cardiac macro structure itself, as well as its function, or indirectly induce myocardial injury via a continued activation of the immune response.[9] From a TCM point of view, 'pathogenic toxic invasion in the heart' is the pathogenesis of viral myocarditis.[10] Pathogenic heat and toxins will consume heart Yin and injure heart Qi which can lead to an upper respiratory tract infection and symptoms like palpitations, chest tightness and dyspnea, just as Ye Tian-shi said: 'when evil heat lodges in the superior region, it first affects the lungs and then spreads to the heart wrap'.[11] Also, a 'pathogenic toxin invasion in the heart' is always related to an 'insufficiency of vital Qi'; 'in a place with excess of evil, there will inevitably exist deficiency of Qi'.[4] In order to expel the pathogenic factor, the TCM principle of treatment is to remove toxicity and protect the heart.[12] Currently, most Western medicine antiviral treatments have shown no significant effect, being unable to keep up with the virus' rapid mutation rate. However, in several studies, Chinese medicine has exhibited a broad-spectrum antiviral activity, with no significant side-effects and no drug resistance.[13] Besides, Chinese medicine herbs have traditional functions other than to clear heat and remove toxicity.[14] Furthermore, VMC treatment using TCM not only focuses on the viruses themselves, but also involves a personalized treatment based on syndrome differentiation according to the fight between the vital Qi and the pathogenic Qi of the patient.

Recovery stage TCM principle of treatment: boosting Qi and nourishing Yin, supporting immune regulatory function and avoiding the progression of the disease

The acute stage of VMC is characterized by a direct virus attack and its replication in the myocardium, which involves myocardial injury and loss of function. This may progress to an autoimmune phase (recovery stage). *Streptococcus* M protein and *coxsackie* B virus have epitopes that are immunologically similar to cardiac myosin and so, during and after the viral infection, the immune system may attack cardiac myosin.[15] The perpetuation of an autoimmune response can further develop myocardial fibrosis, leading to a progressive cardiac dilatation.[16] In a review by Zhang Jun-qing and Zhang Jun-ping (2011),[17] a search of China Academic Journals Database (CNKI) in Mandarin Chinese searched for literature from January 1978 to January 2010. A total of 1439 cases met the criteria for viral myocarditis, 659 of which (45.80%) were concerned with deficiency of Qi and 652 (45.31%) considered deficiency of Yin as the main associated syndrome. Dr Ding Shu-wen noted a close relationship between 'deficiency of Qi and Yin' TCM syndrome and Western medicine 'immunity disorders' for VMC pathological mechanism, based on clinical experience.[18] Also, pharmacological research has validated that Chinese herbs in the category of benefiting Qi and nourishing Yin might improve myocardial contractility and cardiac function and may at the same time provide myocardial tissue protection and increase tolerance to immune response. Moreover, the treatment of coxsackie B virus myocarditis by TCM has shown to effectively improve clinical symptoms and ECG results, as well as significantly increase natural killer cells' activity.[19]

According to TCM, deficiency of Qi and Yin will run through the whole course of VMC. This will not only cause the onset of VMC, but also will unavoidably result in other pathological changes. The TCM pattern heart Qi and Yin deficiency can lead to 'blood flow without strength' and presenting symptoms like fatigue, paleness, chest tightness, dyspnea, hyperhidrosis and palpitations, which are frequently seen in clinic. The TCM principle of treatment is 'boosting Qi and nourishing Yin' at this stage.[12] According to *The Yellow Emperor's Inner Canon,*[20] 'when right Qi resides inside, evil cannot interfere' and 'in a place with excess of evil, it will inevitably exist deficiency of Qi'. Chinese medicine can show both antiviral and immunomodulatory effects when treating VMC. This is also supported by the TCM function of strengthening vital Qi. Myocarditis from viral infection can trigger an excessive immune response, not only against the antigens, but also against its own tissues (autoimmune reaction). According to TCM theory, Chinese medicine is able to mobilize 'vital Qi' to resist 'pathogenic Qi', at the same time, display an immunosuppressive effect, counteracting the overactive immune activity.[21] In essence, in the VMC recovery stage, the TCM principle of treatment of boosting Qi and nourishing Yin might be able to improve blood flow, enhance myocardial contractility, improve patients' physical condition and prevent relapse.

Chronic stage TCM principle of treatment: invigorate blood circulation and remove meridian obstruction, restraining myocardial fibrosis

Myocardial fibrosis is generally considered irreversible. Nevertheless, several cases of fibrosis prevention were reported.[22] Also, tissue remodeling, especially fibrosis, may be protected and treated, and even reversed. Studies have found that early TCM intervention for myocardial fibrosis may have a preventive effect, which is the main focus of TCM treatment on cardiovascular disease. Recent studies suggest that histopathological features in acute VMC include myocardial interstitium oedema, ischemia and hypoxia of the myocardial tissue, leading to myocardial cell necrosis.[23] The accumulation of oxygen-free radicals on the microcirculation of the myocardial tissue seems to have an important role in VMC pathogenesis. Pathological changes in chronic VMC are structural, comprising hyperplasia of the myocardial interstitium and formation of myocardial fibrosis. According to TCM syndrome differentiation theory, these symptoms can be regarded as 'blood stasis'.[24] According to *The Yellow Emperor's Inner Canon,*[25] 'heart stores spirit', sugggesting that cardiovascular disease is closely related to emotion. With the change from the reductionist biomedical model to the biopsychosocial model, more attention has been paid to the relationship between cardiovascular disease and emotion. VMC patients often suffer from anxiety and depression, which is frequently ignored by clinicians. Traditionally, clinicians have been concerned with the anatomical and physiological mechanisms of VMC, and paid less attention to the relevance of depression in disease progression. Impairment of autonomic nerve function and abnormal electrical activity of the endocardium have been reported in VMC patients who show signs of anxiety and depression.[26] The pathogenesis can be related to a depolarization-repolarization asynchrony of the regional myocardium, excitation disorder and conduction defect, caused by necrosis, fibrosis and scar formation in the myocardium.[27] Studies concerning the TCM principle of treatment 'invigorate blood circulation and remove blood-stasis' reveal multiple effects on inflammatory lesions, such as blood flow improving, exudation decreasing and inflammation reducing.[28]

THE CENTRAL APPROACH FOR TREATING VMC IN TCM IS BASED ON SYNDROME DIFFERENTIATION, WHICH AFFECTS BOTH DIAGNOSIS AND PRESCRIPTION.

According to TCM theory, when the pathogenic factor warm-heat invades the heart, it consumes Qi and Yin. Qi deficiency leads to blood flow without strength and Yin deficiency make blood flow unsmooth, hence resulting in stasis blocking the heart vessels. On the other hand, blood stasis can also block arteries and veins and its perpetuation can cause Qi and blood not to move freely, worsening patients' condition. In TCM terms, deficiency can lead to stasis and stasis can also lead to deficiency and so, by the same principle, blood stasis is not only a consequence of VMC' pathological mechanisms, but is also a pathogenic factor. Although VMC does not present obvious external signs of blood stasis, it might be present during the whole course of the disease. Stasis blocking the heart vessels can be an important aspect of VMC especially during the chronic phase, characterized by an inadequate myocardial blood supply, dilated cardiomyopathy and refractory arrhythmia. Although obvious blood stasis signs and symptoms can often be absent, the TCM principle of treatment invigorating blood circulation and removing meridian obstruction can be used. The foundation for this principle is based on the traditional citations 'a chronic disease can cause blood stasis' and 'a chronic disease can penetrate collaterals'.[12]

Final remarks

The central approach for treating VMC in TCM is based on syndrome differentiation, which affects both diagnosis and prescription. The first key strategy for intervention could be the integration of a Western medicine evaluation of the disease stage and a correct syndrome differentiation. This would be followed by appropriate prescription based on syndrome differentiation. A diagnosis (and corresponding prescription) based on an overall analysis of the patients' conditions can possibly contribute to a better approach in syndrome differentiation.[29] Combining Western medicine analysis of the different VMC stages and corresponding pathological features with TCM different syndromes and related signs and symptoms could ameliorate current VMC prevention and treatment.

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ARTICLE

How does vitamin D *improve the management of cancer? A literature review*

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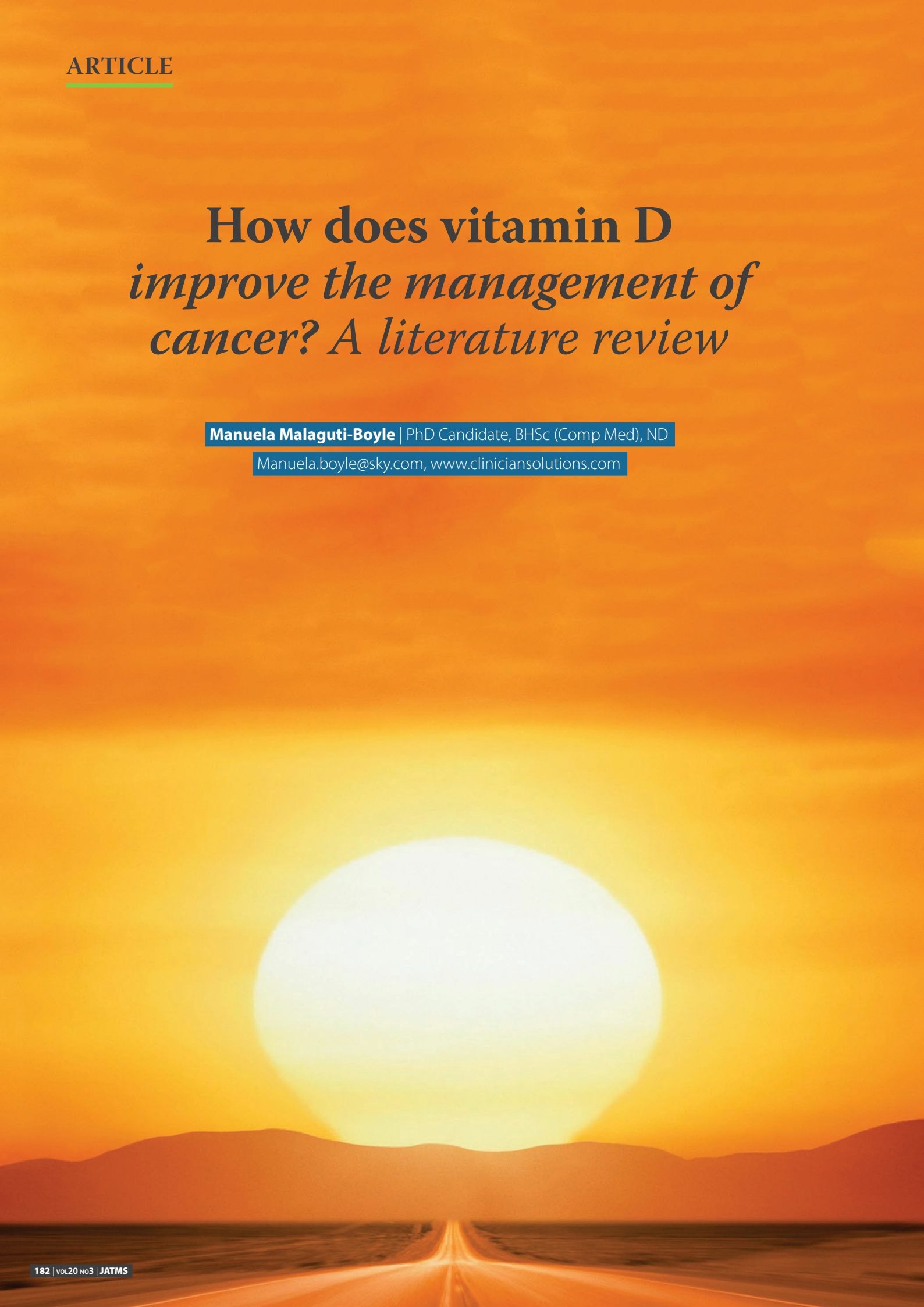

Vitamin D is conditionally an essential micronutrient and an endocrine messenger that regulates cellular growth and differentiation. There are two primary forms of vitamin D: vitamin D3 and vitamin D2. Vitamin D3, or cholecalciferol, is formed in the skin upon UV exposure. The other, vitamin D2, or ergocalciferol, derives from foods or supplements. The cholecalciferol form of vitamin D derives from the conversion of 7-dehydroxycholesterol to vitamin D3 via UV radiation from the sun.[1] Recent research has focused on the effects of 1,25 (OH) D3, the active metabolite of vitamin D, which has been shown to hold antiapototic, antiproliferative and antiangiogenic potential.[2] Conversely, low levels of 1,25 (OH) D3 have been associated with increased incidence of breast, colon and prostate cancer.[3] In this study, I examine the mechanism of action of this micronutrient and present a review of some of the current literature on vitamin D based on animal, human and epidemiological studies.

Vitamin D is both a fat-soluble vitamin and a hormone. Its synthesis and catabolism is a highly regulated multi-step process. On entering the circulation from either the diet or the skin vitamin D is bound to vitamin D-binding protein and transported to the liver. The molecule produced by this photochemical reaction is converted in the liver to 25, hydroxycholecalciferol (25 – (OH) D3). The kidneys then convert 25-(OH) D3 to 1,25 dihydroxycholecalciferol, the active form of vitamin D.

Figure 1 illustrates the pathway for making and activating vitamin D in the body. Ultraviolet rays from the sun hit the precursor in the skin and convert it to previtamin D3. This compound is converted to the active form over a period of 36 hours. This process is facilitated by the body's heat. It is important to note that the biological activity of 1,25(OH)-D3 is 500-1000 times greater than that of its precursor, 25(OH) D3.

Regardless of whether the body manufactures vitamin D3 or obtains it directly from the sun, two reactions must occur before the vitamin becomes fully active. First the liver adds an OH group, and then the kidneys add another OH group to produce the active vitamin.[4] The antiproliferative effects of 1,25(OH)D3 are mediated mainly via the vitamin D receptor (VDR), which forms heterodimers with the retinoid X receptor and binds to the VDR response element. This process results in the activation of downstream target genes. The end result is that vitamin D causes the inhibition of cell proliferation, stimulation of apoptosis, suppression of inflammation and inhibition of tumour angiogenesis, invasion and metastasis. The antiproliferative function of vitamin D is mediated mainly via the vitamin D3 receptor

"VDR, a steroid hormone receptor superfamily, has been shown to exhibit intrinsic chromatin-modifying enzymatic properties."

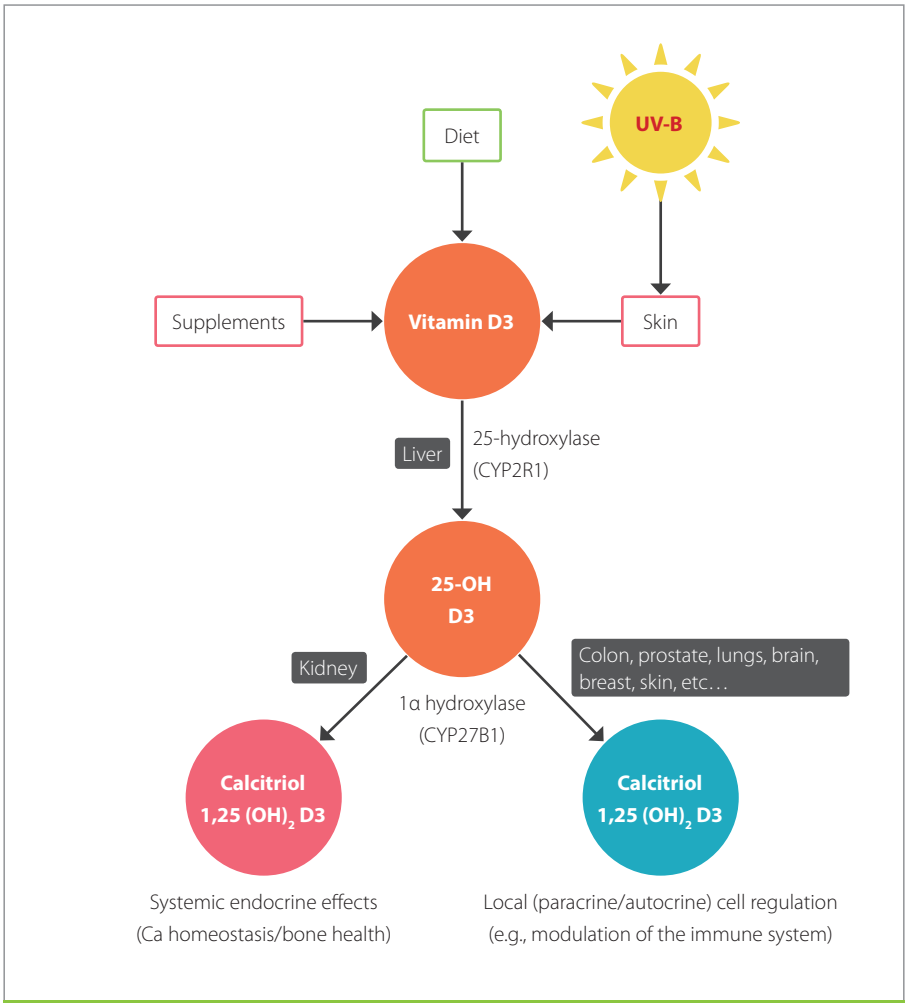

Figure 1. Courtesy of Department of Tumour Pathology and Pathomorphology, The Ludwik Rydygier Collegium Medicum, Nicolaus Copernicus University, Poland.

(VDR), which forms heterodimers with the retinoid X receptor (RXR), resulting in the activation of downstream target genes. VDR, a steroid hormone receptor superfamily, has been shown to exhibit intrinsic chromatin-modifying enzymatic properties. When the binding takes place, 1,25(OH) D3 induces phosphorylation and conformation of VDR, which in turn causes the release of co-repressors and silencing mediators. Furthermore, conformational changes allow VDR to bind to stimulatory coactivators. At this point, the AF2 domain of VDR forms a bond with RNA polymerase II and starts transcription.[5] Recent studies have shown that epigenetic regulation of VDR represses VDR-mediated signalling in prostate and breast cancer cell-lines. It is interesting to note that many prostate cancer cells have lost the ability to synthesise 1,25(OH)D3 but still possess 1,25(OH)D3 receptors, suggesting the hypothesis that existing prostate tumours might require treatment with 1,25 (OH) D3.

A number of animal studies have reported that high doses of 1,25 (OH) D3 can inhibit tumour progression and act synergistically with other compounds. The average dose based on the following animal studies is about 10 micrograms per day of 1.25 (OH)D3:

- The combination of 1,25 (OH)D3 with vitamin A inhibited tumour-induced angiogenesis *in vitro* and in mice. Treatment with 1,25-D3 alone also decreased angiogenesis *in vitro* and in mice. The equivalent human oral doses are about 7.2 micrograms of vitamin 1,25-D3 and 36 milligrams of vitamin A.[6,7]

- Intraperitoneal administration every other day of 1,25-D3 (at 2 micrograms/kg) inhibited growth of human breast cancer cells injected into mice.[9] These doses were the highest that could be used without causing side effects.

- Administration of 0.02 to 0.5 micrograms/kg of 1,25-D3 daily (intraperitoneal and oral, alternating every day) inhibited growth of liver cancer cells transplanted in mice. The equivalent human oral dose is about 5.5 micrograms of 1,25-D3 per day.[9]

A few human studies have been conducted on the anticancer effects of high doses of 1,25 (OH)D3. Because of the potential risk of hypocalcaemia, the doses were generally limited to 1 to 2.5 micrograms, which is lower than those used in most animal studies. The results of the human studies are mixed, with 1,25 (OH)D3 being ineffective in some cases. The studies are as follows:

- In seven patients with prostate cancer, oral administration of 1.5 to 2.5 micrograms of 1,25 (OH)D3 reduced the rise in prostate-specific antigen (PSA, a plasma tumour marker) in all patients, significantly in six of them. The dose was limited by hypercalcemia.[10]

- In 90 males the risk of prostate cancer decreased with higher levels of 1,25 (OH)D3, especially in men with low levels of 25-D.[11]

- In 22 patients with ovarian cancer, a combination of retinoid (about 70 milligrams per day) and 1,25 (OH)D3 (1-4 micrograms orally per day) did not affect tumour progression as measured by CA 125, a plasma tumour marker.[12]

- A total of 51,529 men enrolled in the Health Professionals Follow-up Study (HPFS) and were followed for twenty years. Their diet, exercise, lifestyle and health outcomes, including cancer, were analysed. The researchers created a model to predict 1,25(OH)D3 levels and the incidence of cancer-related mortality. The study found that individuals with >33 mcg/ml of 1,25 (OH)D3 levels had a 50% lower incidence of colorectal cancer. Additionally, patients with early stage non-small-cell lung cancer with high levels of 1,25 (OH)D3 levels at the time of diagnosis had an overall improvement and increased survival.[13]

The maximum tolerated dose of 1,25 (OH)D3 is about 1 to 2.5 micrograms per day. As illustrated, in most human anticancer studies doses were started low (about 0.5 micrograms per day), then raised by 0.5 micrograms each week until hypercalcemia was reached.

Low plasma concentration of 1,25 (OH) D3 has been associated with increased cancer risk and increased disease progression. For example, one study associated low plasma concentrations of 1,25(OH)D3 with increased disease progression in breast cancer patients. In another, the risk of palpable prostate cancer in men aged 57 or above was greater in those with low 1,25 (OH)D3 plasma concentrations.[10]

In a study of 620 healthy volunteers the risk of developing colon cancer decreased threefold in subjects with moderate 1,25(OH)D3 plasma concentrations as opposed to those with low concentrations.[14] Furthermore, low vitamin D3 concentrations have been implicated as a risk factor in cancers of the breast, colon and prostate.[15-16]

Taken together, these studies indicate that high normal plasma level of 1,25 (OH)D3 may reduce cancer risk and inhibit cancer progression. Therefore, it would seem prudent to maintain at least normal to high-normal plasma concentration of 1,25 (OH)D3, which

"IN A STUDY OF 620 HEALTHY VOLUNTEERS THE RISK OF DEVELOPING COLON CANCER DECREASED THREEFOLD IN SUBJECTS WITH MODERATE 1,25(OH)D3 PLASMA CONCENTRATIONS AS OPPOSED TO THOSE WITH LOW CONCENTRATIONS."

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A TRIAL DEMONSTRATING THE POTENCY OF BOTH VITAMIN D3 AND D2 HAS PROVED THAT D3 IS APPROXIMATELY 87% MORE EFFECTIVE AT RAISING AND MAINTAINING SERUM 25(OH) D CONCENTRATIONS AND PRODUCES TWO- TO THREE-FOLD GREATER STORAGE OF VITAMIN D THAN DOES D2

could be accomplished through adequate sun exposure or taking vitamin D3.

Vitamin D3 also exhibits multiple immune-stimulant and anti-inflammatory effects. As reported by Matthew et al.[17] vitamin D3 has been shown to modulate antigen-specific immune response (a). As a natural anti-inflammatory, vitamin D3 inhibits the synthesis of proinflammatory prostaglandins (PGs) by suppressing the expression of cyclooxygenase-2; by upregulating the expression of 15-hydroxyprastaglandins dehydrogenase; and by down-regulating the expression of PG receptors that are essential for PG signalling.

It is well known that in tumour tissues cancer cells are embedded in a microenvironment resembling chronic inflammation. In addition to tumour cells, this microenvironment contains leukocytes, lymphocytes and macrophages, with cytokines and chemokines acting as mediators, reflecting a persistent inflammatory state. This microenvironment may contribute to carcinogenesis through the creation of genomic instability and epigenetic alterations, which give rise to incorrect gene expression and subsequent malignant proliferation. Research studies have pointed to the ability of vitamin D3 to reduce nuclear factor kappa b (NF-kB), a protein that controls the transcription of DNA and the inflammatory response.[18,19]

Furthermore, research has shown that Vitamin D3 decreases the expression of epidermal growth factor receptor and increases the expression of E-cadherin, a transmembrane protein that plays a major role in the maintenance of the adhesive phenotype of epithelial cells. It has also been shown that Vitamin D3 increases the differentiation of breast and prostatic cell lines as well as inhibiting proliferation of colorectal cancer cell lines. In fact, vitamin D3 has been shown to specifically decrease the expression of aromatase, the enzyme that catalyzes oestrogen synthesis selectively in breast cancer by exerting a direct and an indirect effect. It directly represses the aromatase transcription via promoter II and indirectly reduces the biological activity of prostaglandin (PGE2).[20] Supplementary doses of vitamin D to achieve recommended 25-hydroxyvitamin D levels vary between individuals. Intakes of 700 to 1,000 IU/day have been shown to achieve serum 25-hydroxyvitamin D level of 90 to 100 nmol/L in 50% of the adult population.[21] It is well known that the different metabolic forms of a particular nutrient can vary the pharmacokinetics, and therefore clinical effectiveness, of that nutrient. Research suggests that Vitamin D3 and D2 exhibit this difference. A trial demonstrating the potency of both Vitamin D3 and D2 has proved that D3 is approximately 87% more effective at raising and maintaining serum 25(OH)D concentrations and produces two- to three-fold greater storage of Vitamin D than does D2. Furthermore, vitamin D3 supplementation has shown a more sustained peak that was still visible on day 14 when compared to vitamin D2 administered for the same length of time.[22]

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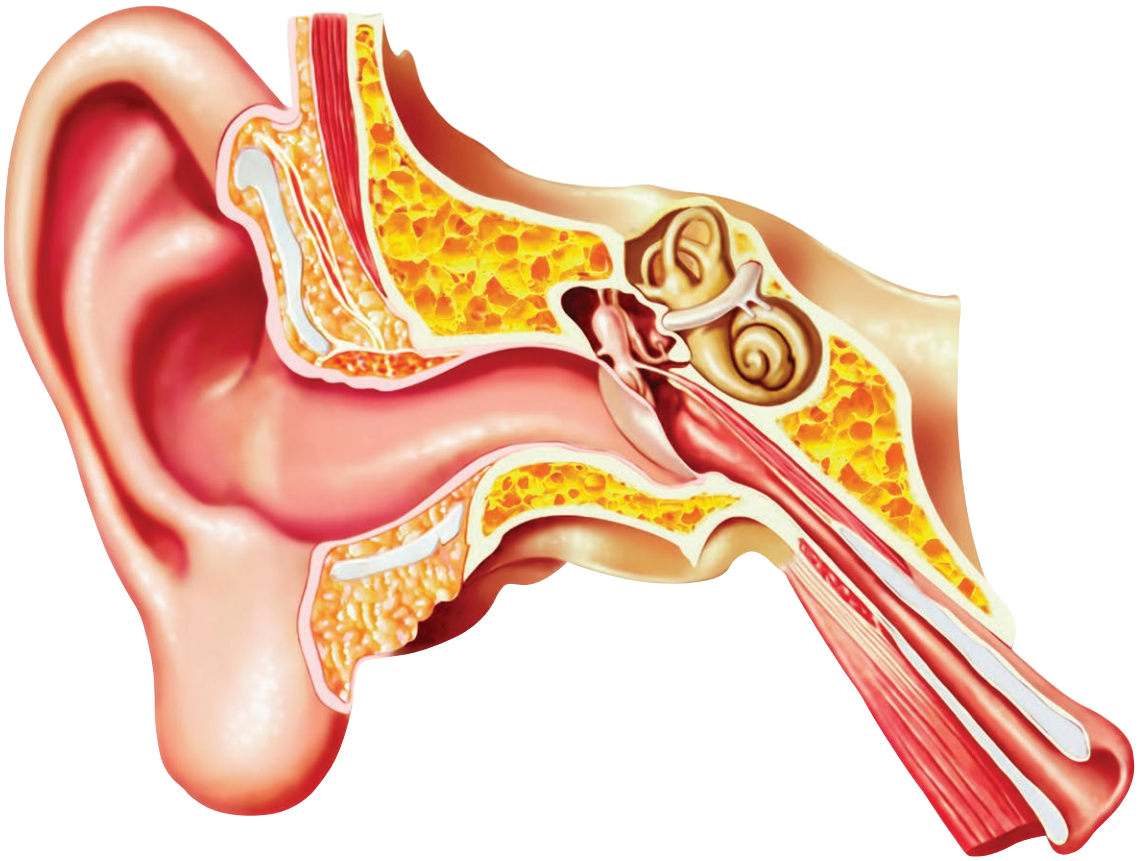

Analysis of a Modern Approach to the Homoeopathic Treatment of Chronic *and* Acute Ear Problems *in Children*

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Abstract

One of the most common reasons children visit the doctor is middle ear problems, whether they be acute otitis media or the more chronic manifestations of otitis media with effusion (*glue ear*). This paper offers an approach to treating children suffering from a whole spectrum of middle ear problems using *Earmix* plus a constitutional remedy and dietary changes. A retrospective case series analysis was carried out on clients who were treated in this way and the results of the study showed a high success rate in many of the cases.

Introduction

Otitis media and its chronic manifestations are the most common reason for visits to medical professionals in childhood. The financial burden for this group of conditions and their complications is considerable and can result in significant parental stress.[1] There is also growing evidence that a causal link exists between conductive hearing loss resulting from recurrent acute otitis media (AOM) in the first three to five years of life and later problems in language and academic development.[2] In Australia, one study estimated the average incidence of recurrent AOM and its complications in Aboriginal children to be as high as forty-two percent.[3] It is often difficult to discriminate between the manifestations of otitis media with effusion (OME) and recurrent AOM and they frequently overlap. A child with the one condition will commonly be likely to also develop the other.[4] Many parents are concerned about the considerable discomfort a child undergoes during otitis media, with pain, fever and irritability being the primary symptoms.[5]

OME is commonly referred to as *glue ear*. This condition is the most common cause of paediatric hearing loss and requires extensive resources to manage it, such as ongoing doctor's appointments, the cost of medications, loss of sleep and productivity, and the stresses of undergoing surgery.[6] A number of causative factors contribute to its occurrence, including repeat episodes of AOM, upper respiratory tract infections and lifestyle circumstances such as passive smoking, poor diet, overcrowding and long day care attendance. Many parents would attest to the limitations offered by conventional treatments such as antibiotics and grommets, and look for alternatives that avoid invasive interventions for their child.[7] Many complementary and alternative medicine (CAM) modalities offer various treatments for OME and recurrent AOM, including homoeopathy. It appears there is a significant move towards reconsidering the validity of CAM treatments, given the complications of antibiotic therapy and increasing resistance of microbes.[v8]

A pilot, randomised control study was carried out by Harrison, Fixsen and Vickers in 1999 comparing homoeopathic prescribing and conventional treatment of OME

and recurrent AOM. It was found that 31% of children receiving grommets and antibiotic treatment had experienced a return to normal tympanogram results after twelve months of treatment. In the group receiving constitutional homoeopathic treatment 75% of children returned to normal hearing range after the same period of treatment.[9]

The Harbord Homoeopathic Children's clinic specializes in the treatment of children's illnesses, chronic and acute ear complaints making up a large portion of their cases. Treatment at the clinic of OME and recurrent AOM consists of constitutional homoeopathic treatment, as well as a standard tissue salt preparation of *Ferrum phosphoricum* 3x and *Kali muriaticum* 3x (known as *Earmix*). This preparation and potency has been found by the practitioners at the clinic to be most effective at clearing the heavy mucous and chronic inflammation of the eustachian tubes, allowing the constitutional remedies to effectively work towards a resolution of the totality of symptoms. This suggests that the chronic mucous build up and inflammation in the middle ear canal typical of glue ear may in themselves act as obstacles to cure. It is the experience of the practitioners at the clinic that the daily use of *Earmix* significantly improves outcomes and reduces the duration of treatment of AOM and OME. Use of the 3x potency originates from Dr Parimal Banerji, who has made many references in his writings to this potency when using tissue salts in certain conditions.[10]

Boericke also recommends the use of these tissue salts in his treatment regime of chronic and acute ear complaints. He describes *Ferrum phosphoricum* as effective in treating inflammatory earache after becoming cold and wet, with pain that is of a burning, throbbing, sharp or stitching nature. There may be a sensitivity to noise with a noticeable sensation of the pulse in the ear. The patient may be suffering from general debility and anaemia. *Kali muriaticum* is described by Boericke as treating chronic catarrhal inflammation of the middle ear occurring with a white or grey furred tongue and swelling of the glands and throat and where eustachian tubes are swollen and there is deafness with cracking noises on blowing the nose.[11]

This study is an exploration of the effects of *Earmix* along with an individualized constitutional homoeopathic remedy in relieving the symptoms of OME and recurrent ear infections in children who visited the Harbord Homoeopathic Children's Clinic. Causation factors were also studied since they are sometimes useful in guiding the choice of constitutional remedy. It includes data from case notes and feedback from parents.

Method

The clinic uses a Winchip homoeopathic database to record details of clients' presenting symptoms, remedies used and responses to those remedies. A database search for *Earmix* produced a list of clients who were prescribed *Earmix* over the period from 2007 - 2011. Telephone follow-up with parents was used to further clarify treatment outcomes. All results were used anonymously and permission was sought via a questionnaire on the client record sheet filled out before the initial consultation.

Inclusion criteria:

- Children under 12 years of age who attended the clinic for treatment of chronic ear conditions, between 2007 – 2011
- Those suffering from OME or recurrent AOM diagnosed by a medical doctor
- Those whose response to the prescribed remedies could be ascertained through feedback from parents or recorded in the clinic notes

"In a clinical trial conducted by Harrison et al. it was reported that 75% of children returned to normal hearing after 12 months of homoeopathic treatment, measured by tympanogram."

Results

It was found that 27% of children experienced a complete resolution in their symptoms with no recurrence of the problem within a time frame of three weeks to six months. A further 30% improved significantly to the point where subsequent recurrences were effectively and speedily resolved. Twenty-seven percent experienced a moderate improvement, often enough to warrant persevering with the treatment. Some in this group were still consuming dairy products, which have been implicated in chronic catarrhal complaints such as OME.[12]

A further 9% reported a slight change in concomitant symptoms such as sleep and behaviour. Of the three children experiencing only a slight improvement, one child had Down syndrome and had been treated for leukaemia as a baby. The second child's mother reported that after the first dose her toddler had slept through for the first time ever, although the use of brandy as a preservative deterred the mother from giving the subsequent doses, which would have been required long-term for complete resolution. The third child in this category was still consuming dairy

foods. Of the two children who did not improve at all on homoeopathic treatment, one child was severely immuno-compromised and had since undergone surgery for a congenital heart defect.

Constitutional and acute remedies commonly used in these cases included *Belladonna, Chamomilla, Carcinosinum, Pulsatilla, Silicea, Calcarea carbonicum, Mercurius* and *Phosphorus.*

Causation factors

There were two significant possible causation factors identified in the results, which were dairy consumption, and reported stress around birth and pregnancy. Of all the cases in this study, there were a number of children who required concurrent remedies chosen according to possible causation factors acting as an obstacle to cure.[13]

There has been much discussion and a growing acceptance of the role of allergy as a contributing factor in the causation of recurrent otitis media in children.[14] For this reason, the dairy consumption of the children in the study was noted during the initial and following consultations. Of the 33 children in the study, the dairy consumption of 15 was known, either from the case notes or reported by parents. Parents of 11 of the 15 cases had reduced or removed dairy completely from the diet of their child. The results were mixed, with one child experiencing a complete resolution of symptoms despite unrestricted dairy consumption, and others resulting in only a moderate improvement even after complete eradication of dairy. Given the significant reduction of dairy within the cases studied compared to the outcomes after homoeopathic treatment, the results suggest that dairy restriction or deletion has limited success as a treatment in its own right, although it may be useful as an adjunct to support other therapies. The results of this study suggest that the homoeopathic treatment was the main contributing factor in the majority of improvements.

Of the 22 cases where birth and pregnancy issues were known, 18 mothers reported experiencing various forms of stressful occurrences during the pregnancy or birth. Examples of these include emergency caesarians

after induction, forceps delivery and premature births. More than half of the mothers of the children in the study reported some kind of distressing incident in the birth or pregnancy, making it a strong possibility that this factor may contribute to OME and recurrent AOM: Fulford describes trauma at the child's birth as a causative factor in OME[15] and Bentdal et al.[16] reported a modest increased risk of AOM in children born preterm. Causative factors such as these would be seen to be within the scope of the relevant constitutional remedy.

Discussion

It was found that 94% of children experienced some measure of improvement after treatment. This figure included children who improved only slightly in their concomitant symptoms such as sleep or behaviour.

Other CAM treatments such as chiropractic, osteopathy, acupuncture, herbal medicine and other nutritional interventions were occasionally mentioned in the notes or by parents. These presented a considerable range of modalities that were likely to make a difference to the outcome, although these factors lay beyond the scope of this study. Further research where these outside factors are controlled would be a useful future study to consider.

In a clinical trial conducted by Harrison et al. it was reported that 75% of children returned to normal hearing after 12 months of homoeopathic treatment, measured by tympanogram. The present study measured the time until first improvement was noted, either by the parent or the homoeopathic practitioner. Cases where tympanogram results were available showed significant improvements in hearing. Otherwise, results were measured by reporting noticeable changes in language comprehension and use, as well as other factors such as behaviour, sleep and expression of pain.

Research limitations and considerations for the future

A retrospective case series analysis depends on clearly written notes and the inclusion of all factors recorded in the case taking. The cases analysed for this study were occasionally missing vital information such as birth circumstances, dietary factors and responses to the remedies. When considering future research of this type, it may be useful to ask clients to fill out a simple questionnaire to obtain basic information pertinent to the research. Clients' answers to these basic questions may also open more lines of discussion in the case taking. In future prospective study designs it would be valuable to note other treatment modalities being undertaken, or to exclude concomitant treatments entirely, in order to minimise external influencing factors.

Often, parental feedback was sought if information was missing from the case notes. This feedback gave an extra dimension to the cases, where more accurate descriptions of treatment results and longer term effects could be gained. On two occasions a parent's memory of their child's treatment differed from the written case notes. Both were in regard to the amount of improvement seen, where the homoeopath had recorded a slight amelioration of symptoms that the parent judged was not significant enough to be acknowledged. It may be of note to mention that both of these clients' cases originated from almost five years ago and the parents' feedback was taken into balanced consideration alongside the notes and other records of the homoeopath. Other parents were found to be highly grateful that there was even a small improvement in their child's symptoms, even if those symptoms were not completely resolved.

For future research of a prospective nature, it would be useful to consider measuring results more quantitatively using tympanograms and other ways to gain workable data. A pilot study is being considered to further explore Earmix as an effective adjunct to constitutional homoeopathic treatment alone.

Conclusion

The results suggest that there is extensive scope for further research into the use of Earmix plus constitutional remedies in homoeopathic prescribing for OME and recurrent AOM, especially if undertaken in a larger test group where external factors are rigorously controlled. The overall outcome of 94% improvement in a short period of time suggest that homoeopathic treatment for OME and recurrent AOM has significant potential, especially with the addition of Earmix to the treatment schedule. These figures also suggest the possibility that homoeopathic treatment of ear problems offers an important alternative to conventional medical treatment, especially because homoeopathic medicines are also relatively inexpensive and safe to use.[17] Most importantly, the results highlight the concept that concurrent treatment, as opposed to constitutional treatment alone, may be the treatment of choice for conditions with multiple aetiologies like OME and recurrent AOM.

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Treatment for Acne:
An Historical Nutritional Perspective

Stephen Eddey | Vice President of ATMS

Medical nutrition therapy as a potential treatment for acne is not new, although the literature examining diet and acne during the past 100 years is mixed. During the late 1800s and early 1900s, diet was commonly used as an adjunct treatment for acne. An 1878 article in The British Medical Journal recommends a 'tincture of iodine' and a 'sulphur-vapour douche or vapour-bath', and that if 'the sebaceous glands and follicles become overloaded, they should be relieved by pressure between the finger and thumbnail, and by frequent washings with warm water and oatmeal; after which a good rubbing with a flesh-brush will remove the contents of a number of the pimples', followed by 'a cooling zinc or calamine lotion, to be painted upon the face with a camel-hair brush two or three times a day'.[1]

The influence of diet on the induction and aggravation of acne has been a matter of intense debate over the last few years. The pioneering observation by Cordain et al,[2] who demonstrated that acne is a disease of Western civilization and is absent in populations consuming palaeolithic diets without refined sugars, grains, milk and dairy products, resulted in a paradigm change.[3] In other words, compare the palaeolithic diet consumers with the Western diet consumers and there is a stark contrast in the rates of acne. Based on this early research, we now know that a diet that is devoid of grains and dairy dramatically improves acne.[4] Alarmingly, the Australian diet is polluted with dairy and grain foods. For example, the teenager who has terrible acne on his or her face or body can easily exist on a bowl of cereal and cow's milk for breakfast, a cheese sandwich for lunch and rice, pasta or noodles for dinner. This does not even take into account the copious amounts of sugar-laden drinks and junk food that this teenager may eat on a daily basis.

"ALARMINGLY, THE AUSTRALIAN DIET IS POLLUTED WITH DAIRY AND GRAIN FOODS."

The Biochemistry of Nutritional Medicine and Acne

Milk consumption and hyperglycemic (grain- and sugar-rich) diets can induce insulin and IGF-1 (insulin like growth factor one)-mediated PI3K /Akt-activation inducing sebaceous lipogenesis, sebocyte, and keratinocyte proliferation, which can aggravate acne. Occurrence of acne as part of various syndromes also provides evidence in favour of correlation between IGF-1 and acne.[5] Until recently only a weak association has been accepted for the role of milk and dairy products in acne pathogenesis. There is, however, substantial epidemiological and biochemical evidence supporting the effects of milk and dairy products as enhancers of insulin-/IGF-1 signalling and acne aggravation. In fact, milk signalling potentiates the signalling effects of hyperglycaemic carbohydrates.[3]

It can be clearly seen in Figure 1 that a diet high in glycaemic load and cow's milk drives a chemical called mammalian target of rapamycin complex one (mTORC1), which is a factor in not only acne, but also cancer,

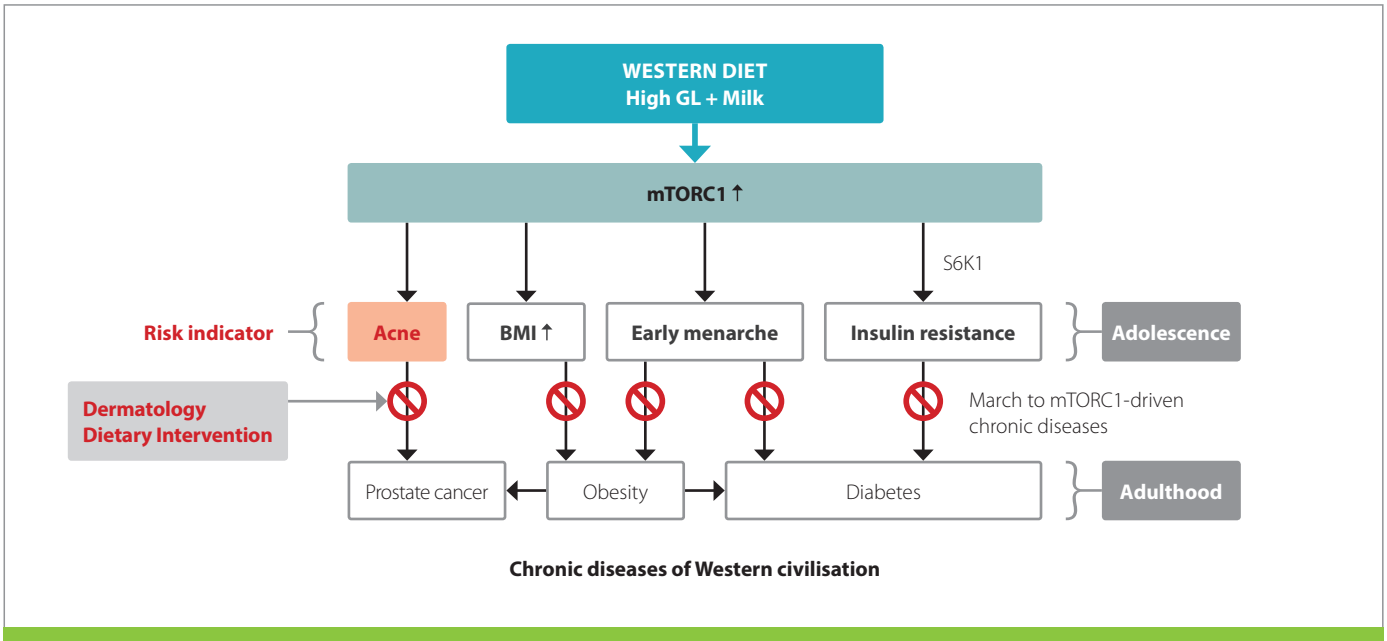

Figure 1. How a Western diet, high in milk and grains, drive the process of acne and other chronic diseases.
(mTORC1= mammalian target of rapamycin complex one GL=Glycaemic Load)

THE PALAEOLITHIC DIET	NOT IN THE PALAEOLITHIC DIET
Vegetables	Refined, Processed Foods
Tart Fruits	Sugars, Candy Bars
Nuts	Sweet Fruits and Juices
Wild Meats	Grains, Bread, Beans, GMO Foods
Eggs	Extracted Seed Oils
Coconut and Olive Oil	Dairy

Figure 2. The Palaeolithic Diet

obesity and diabetes. We have to be reminded that people drink cow's milk and eat grains on a daily basis, and in very large amounts in some cases.

A suitable diet attenuating increased mTORC1 activity is a Palaeolithic-like diet with reduced intake of sugar, hyperglycaemic grains, milk and milk products but enriched consumption of vegetables and fish[6] (see Figure 2).

It is ironic that today, as we move through the 21st century, we know more about chronic diseases such as acne and cancer than we have ever done at any other point in our life. We have pinpointed a lot of biochemical pathways and have determined what foods cause what diseases. It saddens me to see that the Australian population continues on a downward slope with rampant obesity, cancer and acne rates around 80%.

Changes in our diet away from foods that we have never eaten up until a few thousand years ago (such as grains and dairy) and a greater focus on vegetables, fruits, nuts, seeds, grassfed meat, fish, eggs, chicken, turkey etc., will serve us well for a healthier happier life free of not only acne, but many chronic diseases.

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An Update of *Research in Homoeopathy*

Robert Medhurst | BNat ND DHom

At the time of writing, here in Australia the Federal Government's peak advisory body on healthcare, the National Health and Medical Research Council (NHMRC), has just completed a study into the research that's been done on homoeopathy. They have determined that there is no convincing evidence to support it. The list of data sources that the NHMRC used to come to this conclusion makes interesting reading. The panel of experts who assessed the data was notable for its lack of a homoeopath. For some time now the pages of this journal have carried summaries of positive research on homoeopathy, much of which was not taken into account by the NHMRC. More of these follow.

Human Research

1. Baduluci S et al. Zinc: Immunoglobin Relationship in Patients with Cirrhosis of the Liver Before and After treatment with Zincum metallicum 5C. International Research Group on Very Low Dose and High Dilution Effects, 1993 Giri Meeting, *British Homoeopathic Journal.* 1994; 83:84-100. Ten people suffering from zinc deficiency as determined by atomic absorption spectrophotemetry were treated with homoeopathically prepared Zincum metallicum 5C. Analysis following this treatment showed a substantial improvement in zinc levels.

2. Belon P, et al. Can administration of potentized homoeopathic remedy, Arsenicum album, alter antinuclear antibody (ANA) titre in people living in high-risk arsenic contaminated areas? I. A correlation with certain hematological parameters. *Evid Based Complement Alternat Med.* 2006; 3(1):99-107. To investigate whether or not potentised Arsenicum album has an effect on arsenic-induced elevations of antinuclear antibody (ANA), selected inhabitants of arsenic-affected villages in West Bengal were randomly assigned to receive either Arsenicum album or placebo. After 2 months of administration it was found that not only did the remedy provide superior results in reducing the ANA titre, but it also caused a correction of arsenic-induced haematological changes such as total count of red blood cells and white blood cells, packed cell volume, haemoglobin content, erythrocyte sedimentation rate and blood sugar level.

3. Belon P et al. Homoeopathic remedy for arsenic toxicity? Evidence-based findings from a randomized placebo-controlled double blind human trial. *Sci Total Environ.* 2007 Oct 1;384(1-3):141-50. Epub 2007 Jul 12. This was a pilot study carried out on 25 people from an Indian village where arsenic contamination was endemic and 18 people from another Indian village without arsenic contamination. The subjects were randomly assigned to receive either Arsenicum album 30C or a succussed placebo control. After 2 months on either active medicine or placebo, they had their blood and urine assessed for arsenic as well as several widely accepted toxicity biomarkers and pathological parameters related to arsenic toxicity. The use of Arsenicum album 30C had a beneficial effect on these biomarkers. It was also found to improve the appetite and general health of those people who previously exhibited signs and symptoms of arsenic toxicity.

4. Bornhoft G et al. Effectiveness, safety and cost-effectiveness of homoeopathy in general practice - summarized health technology assessment. *Forsch Komplementarmed.* 2006; 13(Suppl 2):19-29. This was an effectiveness and safety study on homoeopathy carried out for the Swiss Federal Office for Public Health. Using internet-based resources, manual search and contact with experts, and assessed according to internal and external validity criteria, investigators found that the trend was in favour of a therapeutic benefit from homoeopathic intervention. In addition, it was stated by the authors of the study that, "… effectiveness of homoeopathy can be supported by clinical evidence and professional and adequate application be regarded as safe."

Animal Research

1. Aboiutboul R. Snake remedies and eosinophilic granuloma complex in cats. *Homeopathy.* 2006; 95(1):15-19. An Israeli veterinary clinic compiled case records involving Eosinophilic granuloma complex (EGC) in cats taken over an 8 year period. Twenty cases of the condition were seen during this period and details of 15 of these cases were recorded. EGC is a syndrome characterised by lesions affecting the skin and the oral cavity. Conventional treatment is mainly symptomatic and may have undesirable side effects. The cases recorded involved the use of homoeopathic snake remedies (the most frequently used being Lachesis) and in all 15 cases reactions were mostly quick, leading to significant improvements, including complete recoveries.

2. Berchieri A,Turco WC, Paiva JB et al. Evaluation of isopathic treatment of Salmonella enteritidis in poultry. *Homeopathy.* 2006; 95(2):94-97. One hundred and eighty chickens were divided into 4 groups. Two of these groups were given pre-treatment with placebo and two were given different pre-treatment with preparations of a homoeopathic nosode made from an antibiotic-resistant strain of Salmonella enterica (Enteritidis) at a 30X potency, over a 10 day period. On day 17 the chickens were challenged with a culture of the same species of Salmonella from which the nosode was made. Cloacal swabs taken twice daily from the chickens at this point revealed that the birds that received the nosode showed a reduction in the growth of the bacteria compared to those given placebo.

3. Fontes OL et al. The problem of dose in homoeopathy: evaluation of the effect of high dilutions of Arsenicum album 30cH on rats intoxicated with arsenic. *Int J High Dilution Res.* 2011; 10(36):218-219. Proceedings of the XXV GIRI Symposium and VIII CBFH; 2011 Sep 04-07; Foz do Iguaçu (Brazil) 218. A significant amount of work has been done to confirm the notion that homoeopathically prepared arsenic increases the rate of arsenic excretion in animals. This study sought to determine if the volume of homoeopathically prepared arsenic had any effect upon this excretion. Brazilian researchers gave rats intoxicated with arsenic undiluted homoeopathically prepared Arsenicum album 30C or a 1% solution of the same material. Blood and urine from the rats was assayed via atomic absorption spectrophotometry for arsenic before, during and after treatment, and the results compared to samples from untreated intoxicated and unintoxicated controls. The rats treated with undiluted Arsenicum 30C and 1% Arsenicum 30C eliminated significant amounts of arsenic through urine when compared to the control groups. The group treated with undiluted Arsenicum 30C eliminated significantly higher amounts of arsenic than the group treated with the same medicine in 1% solution.

4. Haine GB et al. Assessment of homoeopathic medicine Aconitum napellus in the treatment of anxiety in an animal model. *Int J High Dilution Res.* 2012; 11(38):33-42. Aconite has a long history of use in homoeopathy for people experiencing anxiety. This Brazilian research sought to test the effects of this medicine in mice. Forty-eight mice were randomly divided into six groups and given the following treatments 1) positive control (diazepam); 2) negative control (saline); 3) Aconite 6C; 4) Aconite 12C); 5) Aconite 30C or 6) 30% ethanol. Behavioural effects were blindly and randomly assessed in elevated plus maze (EPM) and open field test. The results showed that mice given Aconite 12C and 30C exhibited possible anxiolytic effects on the central nervous system since they increased the number of entries in the EPM open arms (12C and 30C) and the permanence time in the EPM open arms (30C only).

Plant Research

1. Sukul S, Mondal S, Sukul NC. Sepia 200 cH in 1:1,000 dilution counteracts the effect of salt stress in cowpea seedlings but vehicle 90% ethanol proves ineffective in the same dilution. *Int J High Dilution Res.* 2012; 11(41):237-246. Work carried out at the Department of Botany, Visva-Bharati University in West Bengal, looked at the influence of homoeopathically prepared Sepia 200C on the very common problem experienced by those growing cowpea in soil with rising salinity levels (salt stress). To do this, the team grew cowpea seedlings over moist filter paper in Petri dishes and divided them into four groups: (1) control in sterile water; (2) in 50 mM NaCl solution; (3) seeds pretreated with 90% ethanol diluted with water 1:100 and then transferred to 50 mM NaCl solution; and (4) seeds pretreated with Sep 200C diluted with water 1:100 and transferred to 50 mM NaCl solution. The data were analyzed by ANOVA followed by Student's t-test and this showed that, compared to controls, Sepia 200C significantly increased the growth, sugar, chlorophyll, protein and water content of the seedlings, thereby confirming that it counteracted the effects of salt stress.

In-Vitro Research

1. Ramachandran C et al. Investigation of cytokine expression in human leukocyte cultures with two immune-modulatory homoeopathic preparations. *J Altern Complement Med.* 13(4):403-407. The aim of the researchers from Miami Children's Hospital in Florida who carried out this study was to determine the effects of homoeopathics on cellular signalling pathways, specifically, the effects of two anti-influenza homoeopathic combination products on normal human leukocyte cultures. When the researchers compared the effects of the homoeopathic combinations to 20% ethanol solvent controls, it was found that exposure to either of the homoeopathic combinations stimulated the production of pro-and anti-inflammatory cytokines by these cells.

Positive effects of the Mediterranean diet in the *Prevention and Management of Cardiovascular Disease:*

A literature review

Diana Robson | Student, Advanced Diploma of Naturopathy, Australasian College of Natural Therapies

Introduction

In the last sixty years the westernised world has moved away from home-grown whole fresh foods and seasonal produce to a diet of mass produced, convenience and highly processed foods that are high in salt, sugar, saturated and trans fats. This modernisation and globalisation of the world's diet has resulted in a quartet of diseases that now seem linked to the modern age: cardiovascular disease, diabetes, cancer and obesity.[1]

This review will examine the Mediterranean diet in the context of prevention and management of cardiovascular disease and total mortality. It will briefly look at research into other positive health effects of the Mediterranean diet and will explore its major constituents and its physiological effects and how these findings directly relate to current clinical naturopathic advice and treatment.

Historical studies

Before 1960 the inhabitants of Crete, other parts of Greece and southern Italy had one of the lowest rates of cardiovascular disease and cancer, and the highest longevity in the world.[1] Crete had the lowest death rate in the Mediterranean basin, according the United Nations demographic yearbook of 1948.[2] Nutrition research pioneer Ancel Keys and his colleagues led one of the earliest ecological studies on this phenomenon, when they began the first phase of the longitudinal Seven Countries Study which ran from 1958 to 1983.[3] This study focussed on the lifestyle and diet patterns in sixteen different populations in seven contrasting countries, and coronary heart disease incidence after five and ten year follow-ups. It was the first study to establish credible information on cardiovascular disease incidence rates across different populations. Keys was convinced that the regional diet, labelled the Mediterranean diet, was an important reason for the good health in those populations, and he formed his lipid hypothesis: that the rate of coronary disease in populations and individuals was related particularly to fat composition of their diet and their serum cholesterol levels. However, the study failed to measure other variables such as low obesity rates, high physical activity or disease-preventing genetic variations, which may have been unseen influences on the results. Therefore researchers were unable to prove that the diet alone produced these positive health effects.

Keys' studies introduced the concept of the Mediterranean diet to the scientific population as a health-promoting diet. In the past four decades a multitude of observational studies has monitored large groups of people, measuring their patterns of diet, exercise, smoking, weight and other variables. Proof of the health benefits of the Mediterranean diet have come from studies in many countries such as France, Denmark, Greece, Spain and Australia.[4] Most recently, results of the Spanish government-sponsored Predimed study, 2003 to 2011, have been published. They are significant and have been greatly anticipated because they presented the first large randomized trial using three groups that were generally matched in all variables except diet. The design of this study meant that any health improvements seen were likely to be due to diet.[5]

Definition of the Mediterranean diet

Since the Mediterranean is a large area and consists of many countries with many different cultures, all with their own unique diets, a single definition is difficult. But for the purpose of the studies conducted, the agreed principles of the diet are based on the traditional diet of the Mediterranean region pre- 1960. This diet is rich in fruit and vegetables, nuts, unrefined grains, legumes, fish and olive oil as sources of fat. The diet recommends a low consumption of red meat, poultry and dairy products. Low to moderate intake of wine is allowed with meals.[6]

"THIS DIET IS RICH IN FRUIT AND VEGETABLES, NUTS, UNREFINED GRAINS, LEGUMES, FISH AND OLIVE OIL AS SOURCES OF FAT. THE DIET RECOMMENDS A LOW CONSUMPTION OF RED MEAT, POULTRY AND DAIRY PRODUCTS. LOW TO MODERATE INTAKE OF WINE IS ALLOWED WITH MEALS."

In a more quantitative bio-nutrient sense, Saura-Callixto & Goni[7] suggest the four characteristics of Mediterranean diets are: a phytosterol content of between 370-555mg/person/day; antioxidant capacity of 3500-5300 trolox equivalent/person/day; a monosaturated fats to saturated fatty acids ratio of 1.6 to 2.0; and a fibre intake of between 41g-62g /person/day.

Major nutritional factors

Simopoulos[8] discusses the findings of the Seven Countries Study with respect to the traditional diet of Crete and Greece at the time and gives an insight into the nutrient-rich diet there. The pattern he noticed in this pre-1960's Cretan diet was that Omega 3 fatty acids were being eaten at every meal including snacks, from sources such as fish, the meat of grass-grazing animals, dairy products and eggs that came from these animals, nuts such as walnuts, figs and wild greens such as purslane. Interestingly, the diet resembles a Palaeolithic diet in terms of antioxidants, fibre, saturated and mono-saturated fats, and the ratio of Omega 6 (n-6) to Omega 3 (n-3) fatty acids and alpha linoleic acid (LNA) content. Additionally, the people of Crete consumed large amounts of vegetables including wild plants, fruits, nuts, legumes, and olive oil and

"INTEREST IN THE MEDITERRANEAN DIET HAS PRODUCED A PRODIGIOUS NUMBER OF STUDIES AND RESEARCH. THE CONCLUSION OF THE MAJORITY OF RESEARCH IS THAT THE DIET HAS POSITIVE HEALTH EFFECTS ON THE PREVENTION AND MANAGEMENT OF MANY HEALTH CONDITIONS INCLUDING CARDIOVASCULAR CONDITIONS."

drank moderate amounts of wine. All these foods were rich sources of folate, calcium, glutathione, antioxidants, vitamins E, C, beta-carotene, resveratrol, lycopene, and minerals such as selenium. Karampola et al.[9] hypothesise that this dietary pattern is useful in the prevention and management of cardiovascular and general health issues due to the synergy of its various constituents.

Health benefits

Interest in the Mediterranean diet has produced a prodigious number of studies and research. The conclusion of the majority of research is that the diet has positive health effects on the prevention and management of many health conditions including cardiovascular conditions.[10] Research by Trichopoulou et al.[11] examined the traditional Mediterranean diet and survival of persons with diagnosed coronary heart disease in a population-based investigation of 1302 Greek men and women, who were followed for an average of 3.78 years. They concluded that observance of the traditional Mediterranean diet was related to a significant reduction in the death rate among people diagnosed with coronary heart disease.

Cardiovascular disease primary prevention

The recent Spanish PREDIMED study[5] was a randomised trial on the primary prevention of cardiovascular episodes for subjects who had either type 2 diabetes or at least three other major risk factors, but had not suffered any cardiovascular incidents at the beginning of the trial. This study followed 7447 subjects who were asked to follow either one of two Mediterranean diets or a low fat control diet. Of the two Mediterranean diets, one group was given a litre of extra virgin olive oil per week and the other 30 grams of raw nuts a day to supplement their diets. Results revealed that for cardiovascular high-risk individuals both Mediterranean diet groups reduced the incidence of major cardiovascular events by 30%. After an average follow-up period of 4.9 years, conclusions were that by supplementing a Mediterranean diet with nuts or olive oil, people with high cardiovascular risk had a reduced incidence of cardiovascular events.

Cardiovascular disease management

The first significant randomised single-blind secondary prevention trial was the Lyon Diet Heart Study in France.[12] It tested whether a Mediterranean diet could reduce the risk of recurrence after a first myocardial infarction. Six hundred and five subjects were divided into two groups: the experimental group followed a Mediterranean diet and were given margarine comparable to olive oil but higher in linoleic acid, particularly alpha linoleic acid, to replace butter and cream, and used rapeseed and olive oil for salads. The fat consumption of the experimental group averaged 30%, consisting of approximately 8% saturated fat, 13 % monosaturated and 5% polyunsaturated. In contrast the control group ate a diet of approximately 34% fat consisting of approximately 12% saturated fat, 11% monosaturated and 6% polyunsaturated fat. After 46 months of follow up major reductions of the rates of fatal and non-fatal cardiovascular complications were reported in the experimental group. The group also had a calculated 50-70% lower risk of recurrent heart disease compared to the control group. Although these results were impressive, questions have been raised about the methodology of the study, specifically, that the baseline diets of the experimental group were only assessed at the beginning of the study and the control and experimental groups were assumed to be similar. The nutrient intake of the control group was only assessed at the end of the study. Therefore any dietary changes in the control group may not have been accounted for in this study.

Overall decrease in mortality

A Greek study conducted by Trichopoulou et al.[6] of 23,349 individuals assessed the health benefits of single constituents of the Mediterranean diet over a mean period of 8.5 years. Subjects had never been diagnosed with coronary disease, diabetes or cancer. The study gave numerical scores to nine dominant Mediterranean diet food constituents. Participants with a score of five or more had a 14% lower risk of overall mortality than participants with scores of four or lower. In their conclusion the researchers stated "the dominant components of the Mediterranean diet that score as a predictor of lower mortality are moderate consumption of ethanol, low consumption of meat and meat products, and high consumption of vegetables, fruits and nuts, olive oil, and legumes. Minimal contributions were found for cereals and dairy products, possibly because they are heterogeneous categories of foods with differential health effects, and for fish and seafood, the intake of which is low in this population". Panagiotakos, Pitsavos, Polychronopolous et al.[13] also noted that lifespan increased on the Mediterranean diet.

Other health benefits

A review of available literature by Babio et al.[14] on the Mediterranean diet and metabolic syndrome concluded that the Mediterranean diet was an

anti-inflammatory dietary pattern that could prevent diseases of chronic inflammation, including metabolic syndrome. An inverse relationship between adherence to a Mediterranean dietary pattern and prevalence of obesity was established in a study of 3042 Greek men and women.[15]

In 2013 Sanchez-Villegas et al.[16] found that mental health disorders might also be improved by adherence to the Mediterranean diet. One group of individuals that this diet is not recommended for however, are HIV infected patients who are on highly active antiretroviral treatment (HAART). The side effects of this treatment are dyslipidaemia and metabolic syndrome. Tsiodras et al.[17] established that HIV patients using HAART and eating a Mediterranean dietary pattern had greater risk factors for cardiovascular disease.

Naturopathic clinical integration

Mediterranean diet research has shown that the diet has positive effects on the prevention and management of many health conditions, and is most strongly associated with a protective effect on the cardiovascular system. From a naturopathic perspective it is an excellent diet based on whole fresh foods, largely plant based, high in fibre, and high in macro and micronutrients. Minimal processing and seasonal produce are its mainstays. This dietary pattern would be particularly suitable for nearly all clients, but in particular for clients with existing cardiovascular disease or with cardiovascular risk factors such as obesity, diabetes, hyperlipidaemia, hypertension and metabolic syndrome.[18]

In recent years some of the Mediterranean diet principles have been adopted and recommended by health associations such as the National Heart Foundation of Australia[19] and the American Heart Association[20] which, although they have not adopted the diet it in its entirety, recommend some of its basic dietary principles as a way of eating for heart health. Increasing consumption of vegetables, fruit, fibre and fatty acids while decreasing saturated and trans fatty acids are some of the current recommendations.

Advising clients about the application of the Mediterranean diet to integrate with their current lifestyles has been made simple with a pictorial depiction of "the Mediterranean Diet Pyramid for today".[21] This Pyramid simplifies the dietary model with advice on types of foods to eat daily and weekly, recommendations on portion sizes and advice on exercise and rest. This chart along with counselling and lifestyle advice could be used effectively in clinical situations to introduce the diet concepts to clients.

Conclusion

There is considerable evidence from numerous studies over the last 60 years that following a Mediterranean diet has positive effects for the prevention and management of cardiovascular conditions, as well as numerous other health conditions such as diabetes, metabolic syndrome, obesity and mental health disorders. Clinically, it is a dietary pattern that is recommended for individuals with cardiovascular disease and its risk factors. The diet has been shown to have a protective effect on the cardiovascular system and reduce factors such as high blood pressure, raised lipid profile and high blood glucose levels.

It is still unclear which particular constituents are the most effective for producing positive health effects. In discussing the major components of this diet it is obvious that each component has a unique effect and that more research is needed to isolate these effects or to confirm that it is a synergy of these components that provides the positive health effects of the Mediterranean diet.

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PRACTITIONER PROFILE

ATMS Member Interview

Larisa Barnes | Naturopath, Member no. 16828

What modalities do you practice?

My main modalities are Western herbal medicine and nutrition. Originally I started the Bachelor of Naturopathy degree because at the time it also had a full homoeopathy program and homoeopathy was always a passion of mine. I still do full homoeopathic consultations at times, and also use it a lot for simple acutes in my over-the-counter practice in a Naturopathic dispensary. I also trained in Swedish massage but these days leave body work to my husband – he's an osteopath, chiropractor, Bowen practitioner and acupuncturist.

How long have you been in practice?

I qualified as a naturopath in 2000 and have been in full or part time practice since then, so for nearly 14 years.

Major influences on your career?

I did work experience with homoeopaths and acupuncturists Robert and Francis Oon in Adelaide when I was 15, after seeing them help cure my baby brother's eczema, so you could say I was set on being a naturopathic practitioner from then on. My maternal grandmother Ruth was a passionate advocate and user of natural medicine, and my paternal grandparents Ray and Norma were as well – they ran a health food shop in Texas when my father was a boy and followed Bernard Jensen's work quite closely. So my family were a major influence on my career.

Thinking back to my early career, I am very grateful to Trish Clough and Steph Willacy for taking me on to work in Traditional Medicinals in Lismore where I still work part time. Although Trish and Steph have since sold the business, they were, and are, great mentors and very inspirational practitioners. Through them I learned so much about melding together all the modalities to try and create the best possible management plan for patients. It is also unique and wonderful to work in an environment where all staff members are naturopaths and herbalists – we get to encourage, learn and teach each other all the time.

The third major influence on my career involves combining teaching and research. I was lucky to early on do some teaching and tutoring in nutrition and herbal medicine, and for the last few years have been supervising 4th year students doing their clinic hours at the SCU Health Clinic. I love my students, they inspire me every week, reinvigorate my love of natural medicine and teach me new things all the time. I also have been involved in helping with research projects for the last 12 years - it is great to combine research with teaching.

What do you most like about being a natural medicine practitioner?

We have so much to offer our patients. Traditionally our long consultations allow us to really delve into the mystery and history of health and illness with our patients. This, combined with having several modalities, gives lots of options and avenues to follow when working with a patient. I love it that we can make real and long-lasting differences in our patients' lives.

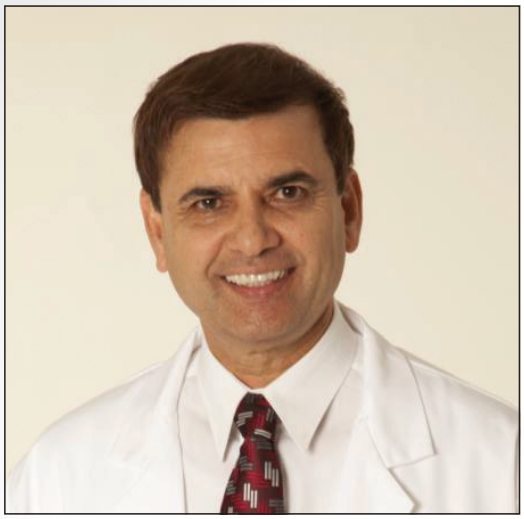
What advice would you give to a new practitioner starting out?

1. Find a mentor to bounce ideas off and to provide moral support.
2. Don't be shy about charging for your time and expertise – respect the effort you have put into learning and becoming a qualified primary health care practitioner.
3. Attend lots of CPD courses - the networking and sharing of ideas and experiences are just as valuable as the new knowledge you'll gain from the event itself.

What are your future ambitions?

I have just enrolled in a PhD at Sydney University looking at health literacy and complementary medicine use in pregnant and lactating women. I'm looking forward to being a naturopathic researcher while hopefully still being able to practise and teach part time.

Educational Seminar on
COMPLEMENTARY DERMATOLOGY



Presented by
Dr. Michael Tirant (PhD)

Date: **Sunday 5th October**

Time: **2.00pm to 5pm**

Registration: **1.30pm and Afternoon Tea provided**

Venue: **Best Western Frankston International Hotel 389 Nepean Highway Frankston 3199 (Panorama Room)**

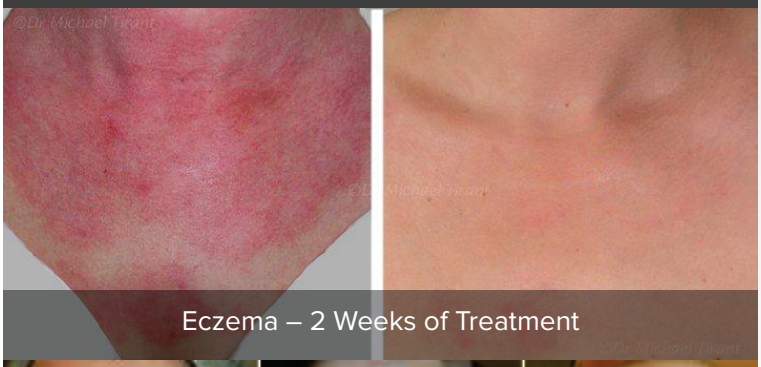
Cost: **$50.00**

Dr. Michael Tirant (PhD) is a Medical Research Scientist and the Principal Practitioner of the Psoriasis & Skin Clinic. He has spent over 30 years researching provoking factors of skin conditions and specializing in Complementary Dermatology.

Dr. Tirant has presented at many International Dermatology Conferences and Congresses. He has collaborated with many European dermatologists in his research.

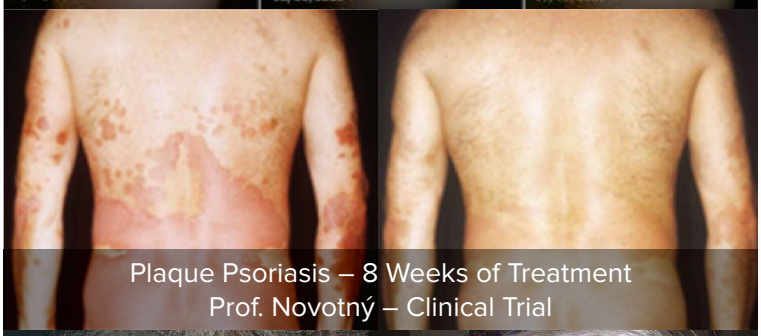
He will discuss Complementary treatment approaches and the management of skin conditions including Psoriasis and Eczema/ Dermatitis.

DR. TIRANT'S - BEFORE & AFTER PATIENT PHOTOGRAPHS

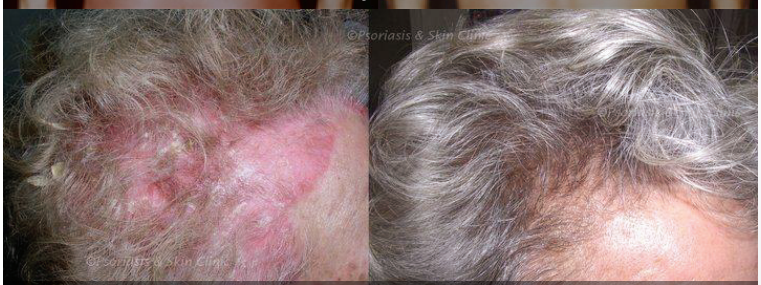


Eczema – 2 Weeks of Treatment

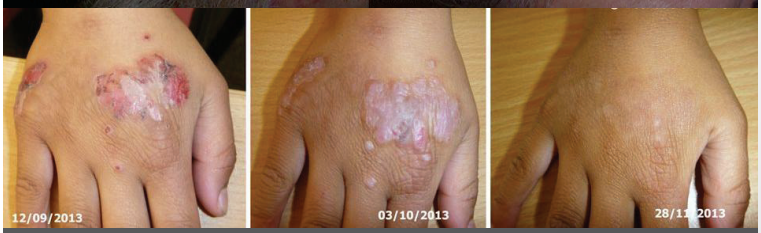
Child – Psoriasis – 7 Weeks of Treatment



Plaque Psoriasis – 8 Weeks of Treatment
Prof. Novotný – Clinical Trial



Scalp Psoriasis – 16 Weeks of Treatment



Child with Nummular Eczema presents significant improvement. No excoriations, no swelling with only minor scaring remaining that will fade with time.

To register your interest please contact Heather or Margaret
Info@goodskincare.com.au or phone (03) 9770 5337

The 2nd International Congress on Naturopathic Medicine

Maggie Sands | President/Life Member

In July this year it was a great privilege for me to attend the 2nd International Congress on Naturopathic Medicine held in Paris, France and represent not only our society but also the naturopathic community in Australia. The Congress program offered both plenary type sessions as well as parallel sessions. Forty speakers from numerous countries worldwide presented a variety of topics, the theme of the 2nd International Congress being "Finding Common Ground in the area of Education, Research & Clinical Practice". English was the preferred language however French and English translation via headphones was available.

"INTERESTINGLY ENOUGH IN THE MAJORITY OF CASES DISCUSSIONS CENTRED AROUND THOSE MATTERS CURRENTLY BEING WORKED THROUGH IN AUSTRALIA, NAMELY REGULATION, EDUCATION, HEALTH FUND INSURANCE AND RECOGNITION FOR NATURAL MEDICINE PRACTICES."

Speakers presenting were from such countries as the USA, Canada, Italy, Spain, India, France, New Zealand, Germany, Belgium, Portugal, Africa, United Kingdom and included six presenters from Australia - Manuela Malaguti-Boyle, Alastair Gray, Amie Steel, David Sibbritt, Jon Wardle and David Collison. Topics varied from "Naturopathic Medicine: Empirical or Scientific Protocols" to "The Importance of Emotional Management in Naturopathic Medicine".

A personal highlight was to meet and liaise with numerous natural medicine practitioners from around the globe and to discuss the many challenges currently being experienced by other countries in regard to the practice of natural medicine. Interestingly enough in the majority of cases discussions centred around those matters currently being worked through in Australia, namely regulation, education, health fund insurance and recognition for natural medicine practices. The exhibition centred on a variety of European natural medicine organisations including supplement manufacturers, French governing bodies, educational institutions and a variety of therapeutic devices, some of which I have not seen available in Australia at this time.

Poster Abstracts were also on display in the exhibition area with their authors available to discuss their research findings. Examples of the numerous abstracts presented included "Ayurvedic Naturoceuticals – Evidence based data and clinical implications" by Neil and Shashi Agarwal from the Arrowhead Regional Medicine Centre, USA, "Naturopathic physiotherapy and psychological markers in diabetes management and prevention" by Eric Blake, USA, and from our own ATMS member Aqua Hastings from Newcastle, "Epistemic notions of health and how they inform contemporary research, practice and education in naturopathic medicine".

In closing, having spent four decades in the natural medicine industry in Australia I am thrilled to advise that my knowledge and global view of traditional and natural medicine has expanded and I am now informed and able to discuss where Australia may be positioned in the international natural medicine profession. Australia, in my opinion, would rank in the top

20% of countries around the globe for our knowledge, our services and the desire of our public to benefit from our care. I am now of the belief that natural medicine is popular throughout numerous countries and extends from more traditional methods in such countries as Kenya, Zambia, Sri Lanka and India, to more sophisticated scientific approaches not only in Australia, but also USA, Canada, UK and several European nations. I highly recommend your attendance at future opportunities of this nature as there is a great deal to be learnt other than what is on the program. The 3rd International Congress on Naturopathic Medicine is to take place in 2015 in Europe.

Left: Barbara Boutry, AEO Organisation de la Medecine Naturelle et de l'Education Sanitaire France (OMNES), Maggie Sands ATMS President/Life Member, Dr Shilpa Desai General Secretary, International Naturopathy Organisation India

Recent changes *to the law*

Ingrid Pagura | BA, LLB

This article is a little different to others I have written, as there have been a number of recent changes to the law that will affect many small businesses from 1 July 2014. Here is a summary of some you should be aware of.

Personal Income tax

Personal income tax rates remain the same for the 2014 financial year, with the tax-free threshold remaining at $18,200. This means that no tax is paid if less than this amount is earned. What has changed, though, is the introduction of a deficit tax of 2% payable by individuals with a personal income of $180,000 and more. This new levy starts on 1 July 2014 and is due to remain in place for three years. This will apply to therapists trading as sole traders or as partners, as all income is regarded as personal income regardless of whether it comes from business or personal sources.

The Fringe Benefit Tax rate (FBT) will increase from 1 April 2015 to 49% (up from 47%). FBT is payable on personal usage/benefits of business assets, for example, a company car used for private travel.

Finally, the Medicare levy is increasing as of 1 July 2014 from 1.5% to 2% for those earning above $180,000.

Two taxes have been abolished from 1 July 2014. They are the Mature Age Worker Tax Offset and the Dependent Spouse Tax Offset. In place of the former, the Government has expanded the Senior Employment Incentive payment. This means that a payment of up to $10,000 will be available to employers who hire mature age job seekers who have been receiving income support for six months.

Company Tax

The Company Tax rate of 30% remains unchanged, despite talk of reducing it. It is anticipated that it will decrease to 28.5% from 1 July 2015.

Superannuation

Among a number of changes that have been made to cap additional contributions, the concessional (tax deductible) superannuation caps have changed from 1 July 2014.

For the 2013-14 tax year the caps were as follows:
60 yrs and over - $35,000 contribution cap
Less than 60 yrs - $25,000 contribution cap
From 1 July 2014 the caps have changed as follows:
49 yrs and over - $35,000 contribution cap
Less than 48 yrs - $30,000 contribution cap

This will affect any employees who wish to salary sacrifice to maximise additional pre-tax superannuation contributions.

The major change that will affect employers is the increase of the Superannuation Guarantee Levy from 9.25% to 9.5% from 1 July 2014. It should remain at this rate until 30 June 2018. The superannuation guarantee levy is the contribution payable by employers for eligible employees. The eligibility rules are unchanged.

Employment Law: high income threshold

There have been a few changes to the law here as well. One is the increase in the high income threshold to $133,000 (from $123,300) from 1 July 2014. This has an effect in two ways. First, if an employee earns more than this they may not be entitled to modern award entitlements under the Fair Work Act 2009 (Cth). The second is that they may not be able to claim unfair dismissal under the Fair Work Act. As a reminder, employees are eligible to sue for unfair dismissal if they have completed the qualifying period (six months for both small and large businesses), are covered by a modern award or enterprise agreement and earn less than $133,000 per year. Employees who are still in their probation period are also exempt from claiming. For further information please see **www.fwc.gov.au** and my Law Report on Unfair Dismissal in Vol 17 No 4 (December 2011).

Employment Law: anti-bullying legislation

From 1 January 2014 a worker covered by the Fair Work Act (that is, most employees who work for a corporation and not for the public or local government sector), who reasonably believes they have been bullied can

Bullying behaviour can involve:
Aggressive or intimidating comments
Belittling or humiliating comments
Spreading malicious rumours
Teasing, practical jokes, initiation ceremonies
Exclusion from work-related events
Unreasonable work expectations, including too much or too little work
Displaying offensive material
Pressure to behave in an inappropriate manner.

apply to the Fair Work Commission for an order to stop the bullying.

Bullying at work occurs when a person, or group, repeatedly behaves unreasonably towards a worker or group of workers and the behaviour creates a risk to health and safety. This is now defined by s 789FD of the Fair Work Act.

Note that bullying doesn't extend to reasonable management actions carried out in a reasonable manner, such as a performance management process. I will expand on this topic in a forthcoming article on bullying.

At the moment there are no other major changes that affect business. I will update readers should any more occur.

ATMS Research Committee Call for Members and Reviewers

Do you have research experience? Would you like to contribute to natural medicine research? ATMS Research Committee is calling for Expressions of Interest from anyone who would like to join this dynamic and innovative committee, or join our peer review panel to select papers for publication in JATMS.

Please send a one page Expression of Interest telling us why you'd like to contribute to natural medicine research along with your CV to Dr Sandra Grace, Chair, ATMS Research Committee.

sandra.grace@scu.edu.au.

Paracetamol *is not effective for treating lower back pain*

Stephen Eddey | Vice President of ATMS

Recent findings in an Australian study[1] published in the Lancet medical journal have found that paracetamol is not effective for treating lower back pain in patients. This revolutionary study cast doubt on whether paracetamol should be the drug of choice for treating a painful lower back. While other studies have cited that paracetamol may be useful in treating other sorts of pain, lower back pain is an extremely common condition and a lot of Australians are currently using paracetamol to manage their pain.

The Paracetamol for Low-Back Pain Study (PACE) randomly assigned 1652 individuals (average age 45 years) with acute low-back pain from 235 primary care centres in Sydney, Australia to receive up to 4 weeks of paracetamol in regular doses (three times a day; equivalent to 3990 mg per day), paracetamol as needed (maximum 4000 mg per day), or placebo. All participants received advice and reassurance and were followed-up for 3 months.

No differences in the number of days to recovery were found between the treatment groups: median time to recovery was 17 days in the regular paracetamol group, 17 days in the as-needed paracetamol group, and 16 days in the placebo group. Paracetamol also had no effect on short-term pain levels, disability, function, sleep quality, or quality of life. The number of participants reporting adverse events was similar between the groups.

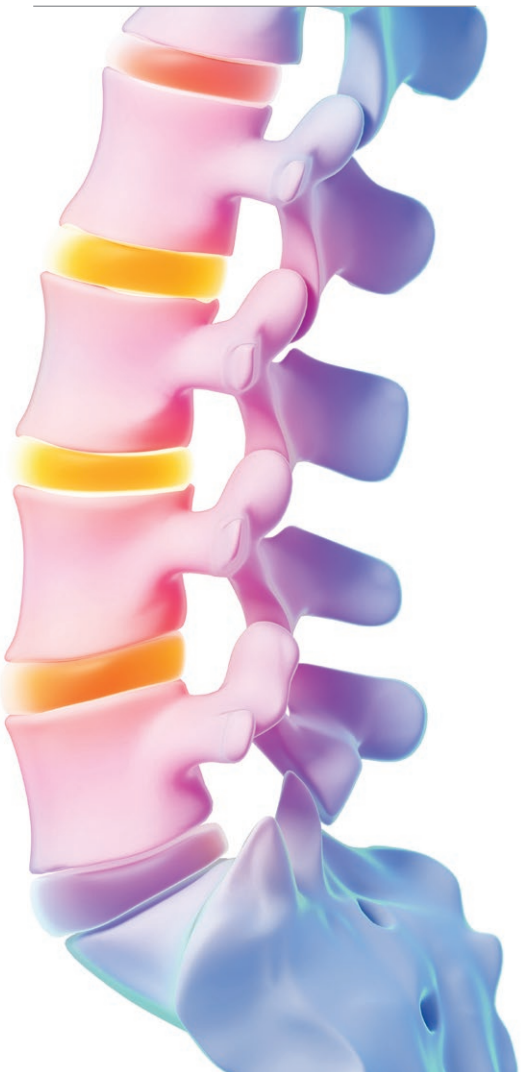
To complicate this further, paracetamol manufacturers have actually developed a slow release, high dose paracetamol which is actually targeted for musculoskeletal disorders. A high prevalence of these musculoskeletal disorders could involve lower back pain and therefore, according to this study, this product would be useless for the treatment of such disorders.

Lower back pain can be caused by a number of different conditions and situations. A lot of these conditions have an inflammatory base and the mechanism by which paracetamol works is not by reducing inflammation. Other painkillers that inhibit inflammation, such as prescription-only COX-2 inhibitors, may be more effective for treating inflammatory conditions.

The best approach to treating any condition is to seek out and treat its cause. As there is no pain that is caused by a paracetamol deficiency paracetamol treatment is never going to target the source of the pain. To find out what is causing your lower back pain, please see an ATMS accredited practitioner who could help to locate the source of the pain either by providing effective treatment or referring you for appropriate health care.

Reference

1 *Williams CM, Maher CG, Latimer J, McLachlan AJ, Hancock MJ, O'Day R & Lin C-W. Efficacy of paracetamol for acute low-back pain: a double-blind, randomised controlled trial. The Lancet, 2014; DOI: 10.1016/S0140-6736(14)60805*



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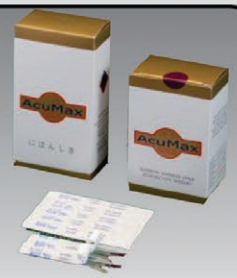

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Acupuncture and TCM

Yang N, Chung D, Liu C, Liang B & Li X-M.

Weight loss herbal intervention therapy (W-LHIT) a non-appetite suppressing natural product controls weight and lowers cholesterol and glucose levels in a murine model. BMC Complementary and Alternative Medicine 2014, 14:261 doi:10.1186/1472-6882-14-261

Background

The prevalence of obesity is increasing in industrialized countries. Obesity increases the risk of coronary artery disease, stroke, cancer, hypertension, and type-2 diabetes. Unfortunately, conventional obesity drug treatment is often associated with adverse effects. The objective of this study was to evaluate a novel natural formula, Weight loss herbal intervention therapy (W-LHIT), developed from traditional Chinese medicine, for weight control in a high-fat-diet (HFD) induced obesity murine model.

Methods

Two sets of experiments were performed. In experiment 1, 14-week-old C57BL/6 J male mice were fed with HFD for 21days and then separated into 3 weight-matched groups. One group continued on the HFD as obese-controls. Two groups were switched from HFD to normal fat level diet (NFD) and sham or W-LHIT treated. In experiment 2, 25-week-old obese mice, following 2weeks acclimatization, received either W-LHIT or sham treatment while maintained on HFD. In both sets of experiments, NFD fed, age matched normal weight mice served as normal controls. Body weight and food intake were recorded. Epididymal fat pad weight, serum glucose and cholesterol levels, as well as PPARγ and FABP4 gene expression in epididymal fat tissue were analyzed at the end of the experiment.

Results

In experiment 1, W-LHIT treated obese mice lost body weight 12.2 ± 3.8% whereas sham treated mice lost 5.5 ± 2.8% by day 10 after switching from the HFD to the NFD, without reduction of chow consumption. In experiment 2, W-LHIT treated obese mice maintained on the HFD had significantly lower body weight (8 fold less) than the sham treated mice. WLHIT treatment also reduced epididymal fat pad weight, blood cholesterol and glucose levels versus sham treated mice without reduced chow consumption. In addition, significantly increased PPARγ (peroxisome proliferator activated receptor γ) and FABP4 (fatty acid binding protein 4) gene expression were found in epdidymal fat tissues. Liver and kidney function and hematology testing results of W-LHIT treated mice were within the normal range.

Conclusions

W-LHIT significantly and safely reduced body weight, normalized glucose and cholesterol levels in obese mice, without suppression of appetite, and increased adipocyte PPARγγand FABP4 gene expression.

Note

W-LHIT formulation was developed with dried aqueous extracts of 6 Chinese herbal medicines-*Ganoderma lucidum*, rhizome of *Coptis chinensis, Radix astragali, Nelumbo nucifera Gaertn, Chaenomeles speciosa*, and *Fructus aurantii*.

Liu B, Wang Y, Wu J, Mo Q, Wang W, He L, Yan S & Liu Z.

Effect of electroacupuncture versus prucalopride for severe chronic constipation: protocol of a multi-centre, non-inferiority, randomised controlled trial. BMC Complementary and Alternative Medicine 2014, 14:260 doi:10.1186/1472-6882-14-260

Background

Acupuncture is safe and may be effective for severe chronic constipation. The World Gastroenterology Organisation recommends prucalopride for patients for whom previous laxative use failed to provide satisfactory relief.

Methods

In this prospective, multi-centre, randomised controlled trial, five hundred sixty patients with severe chronic constipation (two or less spontaneous complete bowel movements per week) from 14 centres will be randomised to receive either electroacupuncture or prucalopride. Participants in the electroacupuncture group will receive electroacupuncture for eight weeks, while participants in the control group will take prucalopride (2 mg once daily) for 32 weeks. The primary outcome measure is the proportion of patients having ≥3 spontaneous, complete bowel movements per week, averaged over week three to eight. The secondary outcome measures include eight items, including the proportion of patients having ≥3 spontaneous, complete bowel movements per week averaged over week 9–32, the proportion of patients with one or more increases in spontaneous, complete bowel movements per week from baseline, mean Bristol Stool Scale, etc. Statistical analysis will include the CMH test, nonparametric tests and t tests.

Discussion

We aimed to compare the effect of electroacupuncture versus prucalopride for severe chronic constipation. The limitation of this study is that participants and acupuncturists will not be blinded.

Western herbal Medicine

Pirotta M, Densley K, Forsdike K, Carter M & Gunn J.

St John's wort use in Australian general practice patients with depressive symptoms: their characteristics and use of other health services. Department of General Practice, University of Melbourne, 200 Berkeley Street, Carlton 3053Victoria, Australia. BMC Complementary and Alternative Medicine 2014, 14:204 doi:10.1186/1472-6882-14-204

Background

While depression is frequently managed by general practitioners, often patients self-manage these symptoms with alternative therapies, including St John's wort (SJW). We tested whether use of SJW was associated with different patterns of conventional and complementary health service use, strategies used for management of depression, or user dissatisfaction with or lack of trust in their general practitioner or clinic overall.

Methods

Secondary analysis of data collected from an Australian population screened for a longitudinal cohort study of depression. Main outcome measures were CES-D for depressive symptoms, satisfaction with their general practitioner (GPAQ), Trust in Physician scale, self-report of health services usage and strategies used to manage depression, stress or worries.

Results

Response rate was 7667/17,780 (43.1%). Of these, 4.3% (320/7,432) had used SJW in the past 12 months (recent 'SJW users'). SJW users were significantly more likely to be depressed and to have a higher CES-D score. There were no statistically significant differences between recent SJW users and non-SJW users in satisfaction with their general practice or in trust in their general practitioner (GP) when adjusted for multiple factors. SJW users were significantly more likely to use all health services, whether conventional or complementary, as well as other strategies used for mental health care. SJW users were also more likely to consider themselves the main carer for their depression.

Conclusions

Primary care attendees with symptoms of depression who use SJW appear not to be rejecting conventional medicine. Rather, they may be proactive care seekers who try both conventional and complementary strategies to manage their depressive symptoms. If GPs enquire and find that their depressed patients are using SJW, this may indicate that they might explore for unrelieved symptoms of depression and also consider the issue of potential for interactions between SJW and other medicines.

Eo HJ, Park JH, Park GH, Lee MH, Lee JR, Koo JS & Jeong JB.

5Anti-inflammatory and anti-cancer activity of mulberry (Morus alba L.) root bark. BMC Complementary and Alternative Medicine 2014, 14:200 doi:10.1186/1472-6882-14-200

Background

Root bark of mulberry (Morus alba L.) has been used in herbal medicine as anti-phlogistic, liver protective, kidney protective, hypotensive, diuretic, anti-cough and analgesic agent. However, the anti-cancer activity and the potential anti-cancer mechanisms of mulberry root bark have not been elucidated. We performed in vitro study to investigate whether mulberry root bark extract (MRBE) shows anti-inflammatory and anti-cancer activity.

Methods

In anti-inflammatory activity, NO was measured using the griess method. iNOS and proteins regulating NF-κB and ERK1/2 signaling were analyzed by Western blot. In anti-cancer activity, cell growth was measured by MTT assay. Cleaved PARP, ATF3 and cyclin D1 were analyzed by Western blot.

Results

In anti-inflammatory effect, MRBE blocked NO production via suppressing iNOS over-expression in LPS-stimulated RAW264.7 cells. In addition, MRBE inhibited NF-κB activation through p65 nuclear translocation via blocking IκB-α degradation and ERK1/2 activation via its hyper-phosphorylation. In anti-cancer activity, MRBE deos-dependently induced cell growth arrest and apoptosis in human colorectal cancer cells, SW480. MRBE treatment to SW480 cells activated ATF3 expression and down-regulated cyclin D1 level. We also observed that MRBE-induced ATF3 expression was dependent on ROS and GSK3β. Moreover, MRBE-induced cyclin D1 down-regulation was mediated from cyclin D1 proteasomal degradation, which was dependent on ROS.

Conclusions

These findings suggest that mulberry root bark exerts anti-inflammatory and anti-cancer activity.

Integrative medicine

Loudon A, Barnett T, Piller N, Immink MA & Williams AD.

Yoga management of breast cancer-related lymphoedema: a randomised controlled pilot. BMC Complementary and Alternative Medicine 2014, 14:214 doi:10.1186/1472-6882-14-214

Background

Secondary arm lymphoedema continues to affect at least 20% of women after treatment for breast cancer requiring lifelong professional treatment and self-management. The holistic practice of yoga may offer benefits as an adjunct self-management option. The aim of this small pilot trial was to gain preliminary data to determine the effect of yoga on women with stage one breast cancer-related lymphoedema (BCRL). This paper reports the results for the primary and secondary outcomes.

Methods

Participants were randomised, after baseline testing, to receive either an 8-week yoga intervention (n = 15), consisting of a weekly 90-minute teacher-led class and a 40-minute daily session delivered by DVD, or to a usual care wait-listed control group (n = 13). Primary outcome measures were: arm volume of lymphoedema measured by circumference and extra-cellular fluid measured by bioimpedance spectroscopy. Secondary outcome

measures were: tissue induration measured by tonometry; levels of sensations, pain, fatigue, and their limiting effects all measured by a visual analogue scale (VAS) and quality of life based on the Lymphoedema Quality of Life Tool (LYMQOL). Measurements were conducted at baseline, week 8 (post-intervention) and week 12 (four weeks after cessation of the intervention).

Results

At week 8, the intervention group had a greater decrease in tissue induration of the affected upper arm compared to the control group (p=0.050), as well as a greater reduction in the symptom sub-scale for QOL (p=0.038). There was no difference in arm volume of lymphoedema or extra-cellular fluid between groups at week 8; however, at week 12, arm volume increased more for the intervention group than the control group (p=0.032).

Conclusions

An 8-week yoga intervention reduced tissue induration of the affected upper arm and decreased the QOL sub-scale of symptoms. Arm volume of lymphoedema and extra-cellular fluid did not increase. These benefits did not last on cessation of the intervention when arm volume of lymphoedema increased. Further research trials with a longer duration, higher levels of lymphoedema and larger numbers are warranted before definitive conclusions can be made.

Massage

Steffens D, Maher CG, Li Q, Ferreira LM, Pereira LS, Koes BW & Latimer J.

Weather does not affect back pain: Results from a case-crossover study. Arthritis Care & Research. DOI: 10.1002/acr.22378

Objective

To investigate the influence of various weather conditions on risk of low back pain.

Methods

We conducted a case-crossover study in primary care clinics in Sydney, Australia. 993 consecutive patients with a sudden, acute episode of back pain were recruited from October 2011 to November 2012. Following the pain onset, demographic and clinical data about the back pain episode were obtained for each participant during an interview. Weather parameters (temperature, relative humidity, air pressure, wind speed, wind gust, wind direction and precipitation) were obtained from the Australian Bureau of Meteorology for the entire study period. Weather exposures in the case window (time when participants first noticed their back pain) were compared to exposures in two control time-windows (same time duration, one week and one month before the case window).

Results

Temperature, relative humidity, air pressure, wind direction and precipitation showed no association with onset of back pain. Higher wind speed (OR 1.17, 95% CI 1.04 to 1.32; p=0.01; for an increase of 11 km/h) and wind gust (OR 1.14, 95% CI 1.02 to 1.28; p=0.02; for an increase of 14 km/h) increased the odds of pain onset.

Conclusions

Weather parameters that have been linked to musculoskeletal pain such as temperature, relative humidity, air pressure, and precipitation do not increase the risk of a low back pain episode. Higher wind speed and wind gust speed provided a small increase in risk of back pain and while this reached statistical significance, the magnitude of the increase was not clinically important.

Bruno PA, Millar DP & Goertzen DA.

Inter-rater agreement, sensitivity, and specificity of the prone hip extension test and active straight leg raise test. Chiropractic & Manual Therapies 2014, 22:23 doi:10.1186/2045-709X-22-23

Background

Two clinical tests used to assess for neuromuscular control deficits in low back pain (LBP) patients are the prone hip extension (PHE) test and active straight leg raise (ASLR) test. For these tests, it has been suggested examiners classify patients as "positive" or "negative" based on the presence or absence (respectively) of specific "abnormal" lumbopelvic motion patterns. The inter-rater agreement of such a classification scheme has been reported for the PHE test, but not for the ASLR test. In addition, the sensitivity and specificity of such classification schemes have not been reported for either test. The primary objectives of the current study were to investigate: 1) the inter-rater agreement of the examiner-reported classification schemes for these two tests, and 2) the sensitivity and specificity of the classification schemes.

Methods

Thirty participants with LBP and 40 asymptomatic controls took part in this cross-sectional observational study. Participants performed 3–4 repetitions of each test whilst two examiners classified them as "positive" or "negative" based on the presence or absence (respectively) of specific "abnormal" lumbopelvic motion patterns. The inter-rater agreement (Kappa statistic), sensitivity (LBP patients), and specificity (controls) were calculated for each test.

Results

Both tests demonstrated substantial inter-rater agreement (PHE test: Kappa=0.76, 95% CI=0.57-0.95, $p<0.001$; ASLR test: Kappa=0.76, 95% CI=0.57-0.96, $p<0.001$). For the PHE test, the sensitivity was 0.18-0.27 and the specificity was 0.63-0.78; the odds ratio (OR) of "positive" classifications in the LBP group was 1.25 (95% CI=0.58-2.72; Examiner 1) and 1.27 (95% CI=0.52-3.12; Examiner 2). For the ASLR test, the sensitivity was 0.20-0.25 and the specificity was 0.84-0.86; the OR of "positive" classifications in the

LBP group was 1.72 (95% CI=0.75-3.95; Examiner 1) and 1.57 (95% CI=0.64-3.85; Examiner 2).

Conclusion

Classification schemes for the PHE test and ASLR test based on the presence or absence of specific "abnormal" lumbopelvic motion patterns demonstrated substantial inter-rater agreement. However, additional investigation is required to further comment on the clinical usefulness of the motion patterns demonstrated by LBP patients during these tests as a diagnostic tool or treatment outcome.

Nutrition

Girardi A, Piccinni C, Raschi E, Koci A, Vitamia B, Poluzzi E & De Ponti F.

Use of phytoestrogens and effects perceived by postmenopausal women: result of a questionnaire-based survey. BMC Complementary and Alternative Medicine 2014, 14:262 doi:10.1186/1472-6882-14-262.

Background

Use of food supplements-containing phytoestrogens among postmenopausal women is rapidly increasing. Although phytoestrogens are often perceived as safe, evidence for overall positive risk-benefit profile is still inconclusive. The chance to buy them by user's initiative does not facilitate surveys on their prevalence and pattern of use. The aim of this study was to describe the pattern of use and self-reported positive and negative perceptions of phytoestrogens in post-menopausal women.

Methods

A questionnaire was administered to women who were buying food supplements containing phytoestrogens in 22 pharmacies located in the Bologna area (400,000 inhabitants). Questionnaire was structured into 3 sections: (a) socio-demographic information, (b) pattern of use, (c) positive and negative perceptions.

Results

Data on 190 peri- and post-menopausal women (aged 38–77) were collected. Women stated to use phytoestrogens to reduce hot flushes (79%), insomnia (15%), mood disturbances (14%) and prevent osteoporosis (15%). The majority (59%) took phytoestrogens routinely, whereas 28% in 3-month cycles. Among positive perceptions between short- and long-term users, a not negligible difference was reported for relief of hot-flushes (68% in short-term vs. 81% in long-term users; p=0.04). Negative perceptions were reported more frequently in the long-term group, and this difference was statistically significant for edema (6% in short-term vs. 17% in long-term users; p=0.04), but not for other effects: e.g., swelling sensation (10% vs. 21%; p=0.09), somnolence (7% vs. 10% p=0.62), fatigue (4% vs.11% p=0.15).

Conclusions

In the Bologna area, the pattern of use of phytoestrogens for menopausal symptoms is heterogeneous, and women overall find these substances to be beneficial, especially for relief of hot-flushes. Other positive perceptions decreased with long-term use. Negative perceptions, especially estrogen-like effects, seem to be infrequent and increase with long-term therapy. Physicians should pay attention to effects perceived by post-menopausal women and routinely monitor the use of phytoestrogens, in order to recognize possible adverse effects and actual benefits.

Reflexology

Dalal K, Maran VB, Pandey RM & Tripathi M.

Determination of efficacy of reflexology in managing patients with diabetic neuropathy: A randomized controlled clinical trial. Evidence-Based Complementary andAlternative Medicine 2014;2014:843036.

Background

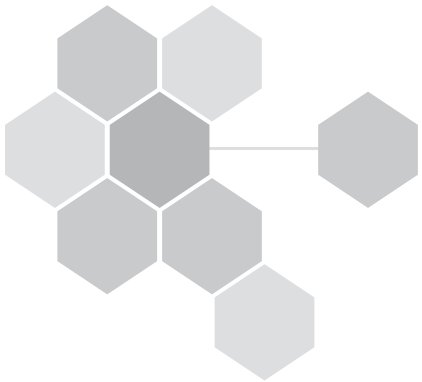
The restricted usage of existing pharmacological methods which do not seem to provide the treatment of diabetic neuropathy may lead to exploring the efficacy of a complementary therapy. In this context, this paper was devoted to evaluate the efficacy of foot reflexology. This health science works on the hypothesis that the dysfunctional states of body parts could be identified by observing certain skin features and be rectified by stimulating certain specific areas mapped on feet.

Method

Subjects (N=58) with diagnosed diabetic neuropathy were randomly distributed into reflexology and control groups in which both group patients were treated with ongoing pharmacological drugs. Reflexology group patients were additionally treated holistically with the hypothesis that this therapy would bring homeostasis among body organ functions. This was a caregiver-based study with a follow-up period of 6 months. The outcome measures were pain reduction, glycemic control, nerve conductivity, and thermal and vibration sensitivities. The skin features leading to the detection of the abnormal functional states of body parts were also recorded and analyzed.

Results

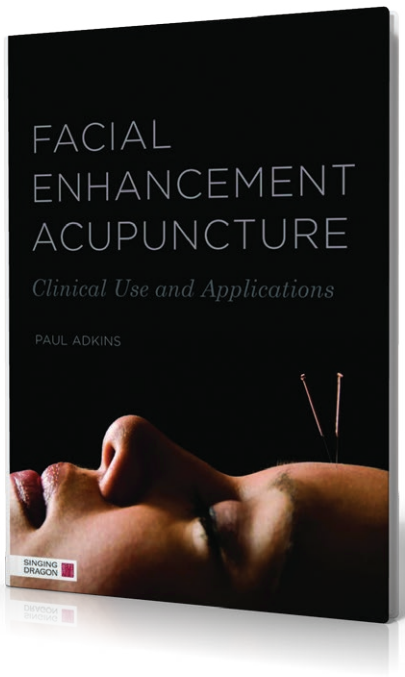
Reflexology group showed more improvements in all outcome measures than those of control subjects with statistical significance. Conclusion. This study exhibited the efficient utility of reflexology therapy integrated with conventional medicines in managing diabetic neuropathy.



Facial Enhancement Acupuncture. Clinical Use and Application

Reviewed by: **Stephen Clarke**

Paul Adkins. Singing Dragon, London 2104. ISBN 978-1-84819-129-7 (soft cover); 978-0-85701-103-9 (e-book)



The author is an English acupuncturist and a member of the British Acupuncture Council, who has trained practitioners in thirty countries to perform natural anti-ageing treatments. His approach is informed by his strong commitment to classical five element acupuncture, and the first chapter of his book briefly describes the characteristics of each element, the character of the person whose particular element is their Causative Factor, or underlying imbalance, and the Officials (i.e. the organs) specific to each element.

Having set this out, in Chapter Two he takes great care to make explicit both the scope and limitations of facial enhancement acupuncture, acknowledging that, while acupuncture is far less invasive than surgical facelifts the latter will achieve more dramatic changes to appearance. It is important, he says, to make this clear to prospective patients from the outset. The context of facial acupuncture is that of natural therapies in general and acupuncture in particular: strengthening the body's natural processes to enhance therapeutic outcomes and steer patients clear of the potential trauma and risks of more invasive therapies. Chapter Three explores all the acupuncture points used by the author in his facial enhancement protocol, grouped by regions of the body, beginning in every case with an Aggressive Energy drain (treating the Back Shu points of the Zang organs), which we are told in the following chapter is his generalised initial grounding treatment.

Chapter Four describes the needling and massage techniques used in treatment, again organised by regions of the body and beginning with clearly stated contraindications, red flags and preparation (the author's initial consultations are of two hours and subsequent ones ninety minutes, including fifteen minutes of post-treatment relaxation.) As elsewhere in the book clearly enunciated text is supported by clear and comprehensive photos.

Chapter Five presents some advanced techniques: a modified Gua Sha massage and the use of jade and rollers and micro-needling. In Chapter Six there are protocols for treating some specific facial conditions - sagging muscles, bags and dark circles under the eyes, age spots and general discolouration, acne, eczema and rosacea. The final two chapters are devoted to case studies and issues of marketing facial acupuncture. There are also a glossary, references and a list of online resources. TCM practitioners interested in this expanding area of their discipline should find this book of considerable interest. It is marked by the clarity of both its organisation and its clinical precision.

Fragrance and Wellbeing: Plant Aromatics and Their Influence on the Psyche

Reviewed by: **Stephen Clarke**

Jennifer Peace Rhind. Singing Dragon, London 2014. I448 pp. SBN 978-1-84819-090-0; eISBN 978-0-85701-073-5. Available at **www.footprint.com.au/product-listing.asp?scope=books&keywords=Rhind&x=15&y=11**. AUD 68.00

This exhaustively researched and superbly written book should be essential reading for aromatherapists, yet it is so much more than a handbook of aromatherapy. Although the work demands to be read in its entirety by anyone interested in the fundamental role of olfactory experience in human life, perhaps the part that would most practically interest a therapist is Chapter 2, 'Smell and the Psyche', in which the author discusses the nature of psyche and the mechanisms by which she discerns aromas to work on it: quasi-pharmalogical, semantic, hedonic valence and placebo. As Rhind observes, aromatherapy is the only contemporary modality that therapeutically exploits the long-observed phenomenon that odours can 'enhance, modify or stabilise cognitive and emotional states'. She cites a history of experimental findings from Cajola

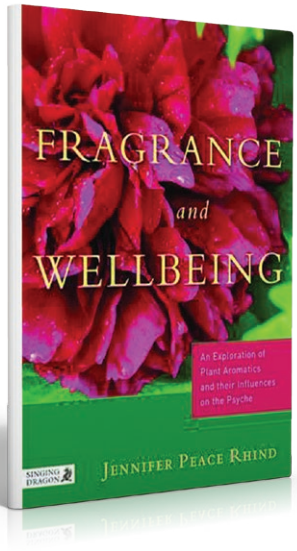
AS RHIND OBSERVES, AROMATHERAPY IS THE ONLY CONTEMPORARY MODALITY THAT THERAPEUTICALLY EXPLOITS THE LONG-OBSERVED PHENOMENON THAT ODOURS CAN 'ENHANCE, MODIFY OR STABILISE COGNITIVE AND EMOTIONAL STATES'.

and Gatti in the 1920s (that some oils work as sedatives counteracting anxiety and others as stimulants counteracting depression) to Rovesti in 1973, whose conclusion that combinations of oils are more acceptable than single ones underpins the aromatherapy practice, developed by Margaret Maury, of synergistic oil combinations to address particular needs.

In fact, this book is lavishly larded with information that professional therapists can enlist to enhance their practice knowledge. But coming to it as a lay person with no more than a passing interest in the olfactory world this reader was enthralled by a wonderfully crafted presentation of the history, physiology, sociology, psychology and cultural anthropology of aromas. The book is deeply researched - there are twenty pages of references. It is divided into two parts and a conclusion. Part One, 'Scent: A Pan-Dimensional Perspective', deals with the sense of smell and the processes of olfaction, smell and the psyche, scented smoke and vapours, perfumes through the ages, and the psychology and sociology of fragrance. Part Two, 'A Natural Palette of Aromatics', discusses the language of fragrance and presents a broad range of fragrance types: woody, resinous, spicy, herbaceous, agrestic, floral and citrus. The conclusion deals with the ways we can cultivate the discrimination, sensitivity and memory of our olfactory sense.

As well as its vast list of readings the book has a glossary, four appendixes and indexes of fragrances, subjects and authors.

In Jennifer Peace Rhind fragrance has found one of the most eloquent and persuasive champions it is possible to conceive of.



BOOK REVIEWS

Myofascial Release. A step-by-step guide to more than sixty techniques

Reviewed by: **Stephen Clarke**

Ruth Duncan. Human Kinetics, Lower Mitcham S.A. 5062. ISBN 978-1-4504-4457-6 (print); 978-1-4504-9602-5 (e-book) Available at **info@hkaustralia.com**.

This clear and thorough guide book is organised in four parts. Part One, on getting started, begins with an introduction to myofascial release (MFR) that explains the anatomy and function of fascia; the three conditions the author isolates as those affecting fascia and causing the patient to present to the practitioner; the concepts that underpin MFR, highlighting its working at a three-dimensional level and the importance of encouraging patients to make a mental connection with their physical condition to enhance therapeutic outcomes; the things that distinguish MFR from other massage modalities; the particular benefits MFR confers; the timing of MFR treatment sessions; and a summary of basic concepts for treatment. Following the introduction there are sections on the Initial Assessment - including a comprehensive template for a consultation form, which at five pages long practitioners could use in its entirety or edit to suit their own consultation styles; and Preparation and Communication.

Part Two, MFR Applications, deals in further detail with palpation and physical assessment. The author emphasises what all manual therapists know: that good palpation is both science and art: knowing what's there *and* being alive to "the character of the tissue and its rhythms and fluid movements." The key practical applications of palpatory assessment are set out precisely and thoroughly. Part Three describes the application of MFR techniques - releasing, unwinding and rebounding, with a chapter on combining rebounding with the other two techniques. Part Four delves further into combining MFR techniques.

The text is interspersed with panels called Client Talk which offer numerous insights into the patient's physical and emotional reactions to treatment as it takes places - and in some cases to those of the practitioner as well. Understanding these will add clarity and sensitivity to the consultation. They are valuable elements of the book. Each chapter ends with a set of Quick Questions by which readers can progressively test their understanding of the text. There are clear photos for all assessment and treatment procedures and a list of references. This book should prove of great worth to practitioners, students and teachers of this extremely valuable therapy.

Luke's Rescue by the Bach Flowers

Reviewed by: **Stephen Clarke**

Rhonda Campbell. Balboa Press, Bloomington IN. 2013. Fifty-one pages. ISBN 978-1-4525-8373-0 (sc); 978-1-4525-8374-7 (e). Available at **http://bookstore.balboapress.com/Products/SKU-000595280/Lukes-Rescue-by-the-Bach-Flowers.aspx**.
AUD 3.99 (e-book); AUD 23.95 (soft cover)

This book has been written with the express purpose of introducing children to the world of alternative medicine through an informal case study of a boy being treated by Bach flower rescue remedy for a knock on his head from a cricket ball, by creating interesting characters whose personalities express the plants from which the remedies are made. Although therefore not designed specifically for use by professional practitioners it is easy to envisage its use as an adjunct to a course of rescue remedy. Using her own illustrations - paintings in a charming Modern Primitive style - Rhonda Campbell sets out the respective actions of the five flowers in the traditional rescue remedy. The flowers have become characters in an imaginative narrative that takes the form of verse triplets of seventeen syllables: the Japanese *haiku* form.

As readers who practise ingestive therapies (and no doubt practitioners of other therapies) will know, rescue remedy is designed to help patients deal with immediate problems. It comprises impatiens, star of Bethlehem, rock rose, cherry plum and clematis. In Rhonda's treatment, these essences help the injured child deal in turn with stress and any frustration he may feel with the rate of recovery from his injury, panic, shock, fear and mental confusion. Readers who, like this reviewer, have been hit in the head with a cricket ball, might well be familiar with any or all of these consequences. And of course they apply to a myriad other physical traumas. As a means of guiding young patients and readers into an understanding of Bach flower remedies, as well as a broad understanding of some of the principles of natural therapies, Rhonda Campbell's attractive presentation should serve very well.

Health Funds

ATMS is a 'professional organisation' within the meaning of section 10 of the Private Health Insurance Accreditation Rules 2008. This potentially allows ATMS accredited members to be recognised as approved providers by the various private health funds. Approved health fund provider status is, however, subject to each individual health fund's requirements.

Consequently, membership of ATMS does not automatically guarantee provider status with all health funds. Please also note that several health funds do not recognise courses done substantially by distance education, or qualifications obtained overseas.

Additional requirements for recognition as a provider by health funds include:

- *Clinic Address (Full Street Address must be provided – Please note that some health funds may list your clinic address on their public websites)*
- *Current Senior First Aid*
- *Current Professional Indemnity Insurance (some health funds require specific minimum cover amounts)*
- *Compliance with the ATMS Continuing Education Policy*
- *Compliance with the Terms and Conditions of Provider Status with the individual health funds.*

ATMS must have current evidence of your first aid and insurance on file at all times.

When you join or rejoin ATMS, or when you upgrade your qualifications, you will need to fill out the ATMS Health Fund Application and Declaration Form available on the ATMS website. Once this is received, along with any other required information for health fund eligibility assessment, details of eligible members are sent to the applicable health funds on their next available listing. The ATMS office will also forward your change of details, including clinic address details to your approved health funds on their next available list. Please note that the health funds can take up to one month to process new providers and change of details as we are only one of many health professions that they deal with.

Lapsed membership, insurance or first aid will result in a member being removed from the health funds list. As health funds change their provider eligibility requirements from time to time, upgrading qualifications may be necessary to be re-instated with some health funds.

Terms and Conditions of Provider Status

Many of the Terms and Conditions of Provider Status for the individual health funds are located on the ATMS website. For the Terms and Conditions for the other health funds, it will be necessary to contact the health fund directly.

Please note that whilst there is no law or regulation requiring patient clinical notes to be taken in English, many of the major health funds do require patient clinical notes to be taken in English. Failure to do this will be a breach of the Health Funds Terms and Conditions and may result in the practitioner being removed as a provider for that health fund.

For health funds to rebate on the services of Accredited members, it is important that a proper invoice be issued to patients. The information which must be included on an invoice is also listed on the ATMS website. It is ATMS policy that only Accredited members issue their own invoice. An Accredited member must never allow another practitioner, student or staff member to use their provider details, as this constitutes health fund fraud. Misrepresenting the service(s) provided on the invoice also constitutes health fund fraud. Health fund fraud is a criminal offence which may involve a police investigation and expulsion from the ATMS Register of Members.

It is of note that the health funds require practitioners to be in private practice. Some health funds will not recognise claims where accommodation, facilities or services are provided or subsidised by another party such as a public hospital or publicly funded facility. Rebates are only claimable for the consultation (not the medicines or remedies); however this does not extend to mobile work including markets, corporate or hotels. Home visits are eligible for rebates.

Please be aware that whilst a health fund may indicate that they provide a rebate for specific modalities, this rebate may only be claimable if the client has the appropriate level of health cover with that fund and has not exceeded any limits on how much they are eligible to claim back over a certain period of time.

Australian Health Management (AHM)

Names of eligible ATMS members will be sent to AHM each month. AHM's eligibility requirements are listed on the ATMS website **www.atms.com.au.** ATMS members can check their eligibility by checking the ATMS website or by contacting the ATMS Office on 1800 456 855. Your ATMS Number will be your provider number, unless you wish to have online claiming. You will then need to contact AHM directly for the new provider number.

Australian Regional Health Group (ARHG)

This group consists of the following health funds:

- ACA Health Benefits Fund Ltd
- Cessnock District Health Benefits Fund
- CUA Health Limited
- Defence Health
- GMHBA *(Including Frank Health Fund)*
- GMF Health
- Health.com.au

- Health Care Insurance Limited
- HIF WA
- Latrobe Health Services (Federation Health)
- Mildura District Hospital Fund
- Navy Health Fund
- Onemedifund
- Peoplecare Health Insurance
- Phoenix Health Fund
- Police Health Fund
- Queensland Country Health Fund Ltd
- Railway and Transport Fund Ltd
- Reserve Bank Health Society Limited
- St Luke's Health
- Teachers Federation Health
- Teachers Union Health
- Transport Health
- Westfund

Details of eligible members, including member updates are 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 ARHG websites. If you do not wish your details to be sent to ARHG, please advise the ATMS office on 1800 456 855.

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 Herbal Medicine,
H Homoeopathy,
N Naturopathy,
O Aromatherapy,
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 Aromatherapy, the ARHG provider numbers are AT00123W and AT00123O.

ARHG - Remedial Massage and Chinese Massage

Remedial Massage and Chinese Massage therapists who graduated after March 2002 must hold a Certificate IV or higher from a registered training organisation.

Members who are accredited for Remedial Massage or Chinese Massage, will need to use the following letters.

M Massage Therapy
R Remedial Therapy

The letter at the end of your provider number will depend on your qualification, not the modality in which you hold accreditation*. All members who meet the ARHG eligibility requirements, who hold a Diploma of Remedial HLT50302 or HLT50307 or a Diploma of Chinese Remedial Massage HLT50102, HLT50107 or HLT50112 will be able to use both the 'M' and 'R' letters. It is recommended to use the 'R' as often as possible, but as not all health funds under ARHG cover 'Remedial Therapy', it will be necessary to use the 'M' at the end of the provider number for those funds only. All other eligible Remedial Massage Therapists who do not hold the Diploma of Remedial HLT50302 or HLT50307 or a Diploma of Chinese Remedial Massage HLT50102, HLT50107 or HLT50112 are required to use the 'M' at the end of their provider number.

* *Members accredited for Remedial Therapies and approved for ARHG for this modality under their previous criteria will continue to be recognised under Remedial Therapy and will be fine to use the 'R' in their provider number. Should members in this situation lapse membership, first aid or insurance etc they will then be required to meet the current ARHG criteria.*

Australian Unity

Names and details of eligible ATMS members will be sent to Australian Unity each month. ATMS members will need to contact Australian Unity on 1800 035 360 to register as a provider, after filling out the Australian Unity Application Form located on the ATMS website to activate their provider status. This only needs to happen the first time. The provider eligibility requirements for Australian Unity are located on the ATMS website **www.atms.com.au.** Your ATMS number can be used as your Provider Number, or you can contact Australian Unity for your Australian Unity generated Provider Number. Please note that Australian Unity requires Professional Indemnity Insurance (to at least $2 million) and Public Liability Insurance (to at least $10 million).

BUPA

(including MBF, HBA, Health Cover Direct, AXA, NRMA, SGIO, SGIC, St Georges Health, ANZ Health and Mutual Community)

Names and details of eligible ATMS members will be sent to BUPA on a weekly basis. The provider eligibility requirements for BUPA are located on the ATMS website **www.atms.com.au.** The Provider eligibility requirements include an IELTS test result of an overall Band 6 or higher for TCM qualifications completed in a language other than English. BUPA will generate a Provider Number after receiving the list of eligible practitioners. BUPA advises ATMS of your Provider Number and ATMS will then advise those members directly.

CBHS Health Fund Limited

Names and details of eligible ATMS members will be 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. The provider eligibility requirements for CBHS are located on the ATMS website **www.atms.com.au.** Your ATMS number will be your Provider Number.

Doctors Health Fund

Names and details of eligible ATMS members will be sent to Doctors Health Fund each month. Please note that Doctors Health Fund only covers Remedial Massage. The provider eligibility requirements for Doctors Health Fund are located on the ATMS website **www.atms.com.au.** Your ATMS number will be your Provider Number.

Grand United Corporate

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

HBF

Names and details of eligible ATMS members will be sent to HBF each month. The provider eligibility requirements for HBF are located on the ATMS website **www.atms.com.au.** HBF generates provider numbers after they receive the first claim from first HBF client.

HCF

Names and details of eligible ATMS members will be sent to HCF on a weekly basis. The provider eligibility requirements for HCF are located on the ATMS website **www.atms.com.au.** Your ATMS number will be your Provider Number.

Health Partners

Names and details of eligible ATMS members will be sent to Health Partners each month. The provider eligibility requirements for Health Partners are located on the ATMS website **www.atms.com.au.** Health Partners uses the same Provider number system as ARHG for certain modalities and the ATMS number or other modalities.

The provider number is based on your ATMS number with additional lettering. To work out your Health Partners 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 Herbal Medicine,
   H Homoeopathy,
   M Remedial Massage
   N Naturopathy,
   W Western Herbal Medicine.

If ATMS member 123 is accredited in Western Herbal Medicine, the 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 Aromatherapy, the provider numbers are AT00123W and AT00123O.

For all other modalities that Health Partners cover that are not listed above including Alexander Technique, Bowen Therapy, Kinesiology and Reflexology, eligible providers will need to use their ATMS number.

Medibank Private

Names and details of eligible ATMS members will be sent to Medibank Private on a weekly basis. The provider eligibility requirements for Medibank Private are located on the ATMS website **www.atms.com.au.** Medibank Private requires Clinical Records to be taken in English. Medibank Private generates Provider Numbers after receiving the list of eligible practitioners from ATMS. Medibank Private sends these provider numbers directly to your clinic address/es. Please note that Medibank has placed a restriction of up to a maximum 3 clinic addresses that will be recognised for Remedial Massage. There are no restrictions on the number of recognised clinics for other modalities.

NIB

Names and details of eligible ATMS members will be sent to NIB on a weekly basis. The provider eligibility requirements for NIB are located on the ATMS website **www.atms.com.au.** NIB does accept overseas Acupuncture and Chinese Herbal Medicine qualifications which have been assessed as equivalent to the required Australian qualification by Vetassess. Your ATMS Number will be your provider number, unless your client wishes to claim online. Your client will need to contact NIB directly or search by your surname and postcode on the NIB website **www.nib.com.au** for your provider number for online claiming purposes.

HICAPS

ATMS members who wish to activate these facilities need to register directly with HICAPS. Please note that you must have a Medibank Private Provider number to be able to use these facilities. *HICAPS do not cover all health funds and modalities. Please go to* ***www.bicaps.com.au*** *or call 1800 805 780 for further information.*

HEALTH FUND UPDATE

Health Fund	Acupuncture	Alexander Technique	Aromatherapy	Bowen Therapy	Chinese Herbal Medicine	Counselling	Deep Tissue Massage	Herbal Medicine	Homoeopathy	Hypnotherapy	Iridology	Kinesiology	Lymphatic Drainage	Naturopathy	Nutrition	Reflexology	Remedial Massage (Certificate IV)	Remedial Massage (HLT Diploma or higher level qualification)	Remedial Therapies (No longer ATMS Accredited)	Rolfing	Shiatsu	Sports Massage	Trad Chinese RM (An Mo Tui Na) (HLT Diploma or higher level qualification)	Trad Chinese RM (An Mo Tui Na) (Certificate IV)
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)*	✓								✓					✓			✓	✓	◆				•	•
Frank Health Fund	✓								✓					✓			✓						•	
Health Care Insurance Limited	✓		✓		✓			✓	✓					✓			✓	✓	◆				•	•
Health.com.au	✓				✓			✓	✓					✓			✓	✓	◆				•	•
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)**	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓		✓	✓	✓		✓			✓		✓	✓
Health Partners	✓	✓		✓	✓			✓	✓			✓		✓		✓	✓	✓						
HBF	✓	✓	✓		✓			✓	✓	✓		✓		✓	✓	✓		✓			✓			
HCF	✓		✓		✓			✓	✓			✓		✓	✓	✓		✓			✓	✓		
Medibank Private	✓		✓	✓	✓	✓		✓	✓	✓		✓		✓	✓	✓		✓			✓		✓	
NIB	✓			✓	✓			✓	✓					✓	✓			✓			✓		✓	

✓ *Therapy covered by Fund*

* *Need to Apply directly to Fund*

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.

◆ ARHG are only recognising Remedial Therapists who are accredited for this modality and were approved for ARHG Provider status under their old criteria.

• ARHG are recognising Chinese Massage, however the eligibility requirements and provider number is exactly the same as Remedial Massage. See ARHG Health Fund Information for further information regarding the creation and use of the provider number.

Functional Fascial Taping: A Case Study on Exposed Leg Fractures

By Ron Alexander

Julio Cesar is a Physiotherapist who had suffered 5 exposed fractures as a result of being hit by a truck whilst riding a motorbike 21 years prior to attending the Functional Fascial Taping (FFT) Workshop in Rio de Janerio. After the accident he was placed in a leg device to lengthen the leg, he then had a surgical fascial release to the Tendo Achilles and the Plantar Fascia. At the time of the FFT treatment he had a Visual Analogue Scale (VAS) score of 8/10 pain whilst standing and whilst sitting putting weight on the leg and foot. After FFT his VAS score was 2/10. The following day he had no pain standing and walking. He still had limited Dorsiflexion which we don't think will come back due to the amount of damage and surgical procedures. Over subsequent weeks and months Julio self administered FFT less frequently and then only sporadically. He no longer requires FFT.

Julio's quality of life has improved dramatically as a result of the tape. At the 12 month follow up he reported that he had returned to doing Martial Arts including competitive fighting, this is after 21 yrs of being unable to participate in any sport due to pain. His surgeon was impressed by the change but was unable to explain how taping could bring about this change. There are numerous reasons why we experienced pain. In Julio's case, for the first couple of years it involved massive trauma, mechanical repair, ongoing mechanical disruption by the process of the lengthening and healing bones and soft tissues, followed by ongoing disrupted biological repair. He followed the standard rehabilitation procedures, but in the end he continued to experience pain and it is the residual pain that I viewed from a neuro-fascial perspective.

The application of FFT involves stretching the skin and underlying tissues in a pain-specific direction. One plausible explanation is that the application of tape on the skin could stimulate large-diameter afferent fibres and then modulate nociceptor input (gate control mechanism). In addition to this, stretching the skin in a pain-specific direction with FFT may affect pain perception or it may alter local tissue internal architecture (Ingber, 2008) as well as stimulate cutaneous mechanoreceptors (Grigg and Del Pretze, 2002). If we view the body from a Biotensegrity principle where living tissue and cells are constructed by discontinuous compression columns (e.g. Bones) supported and balanced by tension elements (e.g. fasciae and connective tissues) resulting in continuous tension then FFT may be offering a strong sustained load by tightening components of the mechanical scaffolding of the body. The external force from the tape on the skin may transfer to the underlying tissue and cause multi-laminal sliding movements under the skin, and that could convert into an internal force to evoke different levels and types of mechanoreceptor firing.

My theory is that tape once applied to the body potentially creates altered load, the patient is then assisting the treatment by actively moving the affected area and thereby increasing the load provided from the tape. This is custom made for each patient/athlete for an extended and pre-determined period of time. By removing the pain via FFT and having the patient go about normal activity, we assist properceptively by encouraging muscle firing and restoring normal patterning (Chen et al., 2012).

References

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- *Chen SM, Alexander R, Sing KL,Cook J. 2012. Efficacy of Functional Fascial Taping on Pain and Function in Patients with Non-Specific Low Back Pain: A Randomised Controlled Trial. Pub Clin Re-hab Oct 2012 Vol 26, No. 10. 924-933.*

Ron Alexander. Functional Fascial Taping Practitioner [FFTP]. Director/Founder of the Functional Fascial Taping Institute Melbourne, Australia. Co-Investigator Randomised Double Blind Placebo Controlled Trial of FFT for Non-Specific Low Back Pain [PhD] Deakin University Melbourne, Australia. Awarded the Lady Southey Scholarship for Excellence from the Australian Ballet Foundation. Presented FFT to the International Olympic Committee World Congress, the Royal College of Surgeons UK. Fifth, Sixth and Eighth Interdisciplinary World Congress on Low Back & Pelvic Pain and the Fascia Research Congress 2007 including an FFT workshop at the FRC in 2012. He will present FFT in October 2014, for more information see ***www.terrarosa.com.au***

Chronic Fatigue Syndrome Part 2: Nutritional Deficiency

Jon Gamble | BA ND ADHom
ATMS 1190

In my last article I discussed the toxic element mercury as a primary cause of long-standing chronic fatigue syndrome (CFS). I discussed how to detect it and how to treat it. Mercury is one single factor. In future articles I will discuss the effect of cadmium and lead and how to differentiate symptom pictures in patients with CFS.

In this article we will focus on the common nutritional deficiencies that occur in CFS. Specifically, there are three key nutrients that are in deficiency in long-term CFS patients, all of which evade detection in conventional pathology investigations.

Case Study 2

This 36-year old woman has fatigue lasting since her early 30s. She gets head fog. She wakes tired after a good sleep. She has temperature intolerance, either to cold or hot weather. She is overweight and finds it quite impossible to lose weight even with the most circumspect diet. She has strong sugar cravings. She has not menstruated for 12 months.

With the aid of the Oligoscan[1], which uses spectrophotometry to analyse mineral accumulation in tissue, we are able to make this diagnosis.

Mineral Test Report

		Result	Normal		Low-	Low	Normal	OK	Normal+	High	High+
Calcium	(Ca)	464.0	279.0	598.0							
Magnesium	(Mg)	37.6	30.5	75.7							
Phosphorus	(P)	173.1	144.0	199.0							
Silicon	(Si)	11.1	15.0	31.0							
Sodium	(Na)	67.0	21.0	89.0							
Potassium	(K)	16.4	9.0	39.0							
Copper	(Cu)	29.3	11.0	28.0							
Zinc	(Zn)	178.3	125.0	155.0							
Iron	(Fe)	9.1	5.0	15.0							
Manganese	(Mn)	0.53	0.31	0.75							
Chromium	(Cr)	0.44	0.82	1.25							
Vanadium	(V)	0.010	0.009	0.083							
Boron	(B)	2.86	0.84	2.87							
Cobalt	(Co)	0.028	0.025	0.045							
Molybdenum	(Mo)	0.034	0.035	0.085							
Iodine	(I)	0.18	0.32	0.59							
Lithium	(Li)	0.071	0.052	0.120							
Germanium	(Ge)	0.022	0.003	0.028							
Selenium	(Se)	1.92	0.95	1.77							
Sulphur	(S)	51.2	48.1	52.0							

This patient's CFS arises from:

- heavy metal accumulation *(not shown here)*
- hypothyroidism
- hypoglycaemia
- zinc blockage.

I will discuss each of these briefly.

Extremely low iodine has interfered with her endocrine system, resulting in hypothyroid-type symptoms. An iodine supplement takes away her temperature intolerance.

Extremely low chromium has pushed her into hypoglycaemia (there is no family history of diabetes). A chromium supplement takes away her sugar cravings and her brain fog on waking.

The excess zinc cannot be taken at face value. It is a zinc blockade. It is being blocked by her heavy metal accumulation, in this case both mercury and aluminium. A strong zinc supplement twice daily, in combination with the above nutrients, brings back her periods.

This, in combination with heavy metal chelation[2], improves all of her symptoms. Generally one sees clear progress in CFS patients in this age group, provided the diagnosis is accurate.

1 *www.oligoscan.net.au*

2 *I have discussed elsewhere the effect of heavy metals and their symptom pictures and my methods of chelation: see Gamble, J, Mastering Homeopathy 3: Obstacles to Cure: Toxicity, Deficiency and Infection, Karuna Publishing 2010*

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Sydney osteopath and chiropractor Dr Andrew Macfarlane DO, DC has developed a world-first measuring system to create your own made-to-measure organic latex pillow that contours to your neck, head and body, guaranteeing a perfect night's sleep.

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Case ID: MSK005

by Ke Li | BTCM, MHSc, registered Acupuncturist/Chinese Herbalist, VIC

Female, 70 years with pain in the shoulders, back and knees, weakness in the lower back and knees, joint stiffness and tightness of the calves, worse in the mornings, over the past few years. Diagnosed with osteoporosis by her GP, taking Calcium, Magnesium, and vitamin D (long term).

First consultation

First came in the Autumn and symptoms had been worsening, in the morning it takes her over half an hour to get out of bed and put her clothes on, urinary frequency with nocturia 1 – 2 times, low energy, fatigue, irritability, aversion to cold, body feels cold.

Pulse: deep-thready
Tongue: deep red, moist coat
TCM Diagnosis: Kidney Yang deficiency
Treatment Principle: Warm and tonify the Kidney Yang

Treatment

Black Pearl® Qing E Jian Gu Zhuang Yao Wan, 10 pills, 3 times daily

Was also advised to continue with the nutritional supplements. Also given acupuncture treatment.

Second consultation

After 2 weeks, her condition had improved. Dry mouth, deep-thready pulse, deep red tongue with a thin white coat.

Treatment

Acupuncture plus ***ChinaMed® Osteo Support Formula,*** 2 capsules, 3 times daily

Third consultation

After 2 weeks, much relief from her symptoms, mouth no longer dry, deep-thready pulse, deep red tongue with a thin white coat.

Treatment

Acupuncture plus ***ChinaMed® Osteo Support Formula, 2 capsules,*** 3 times daily. Was advised to continue with this regimen throughout the winter.

Outcome

By the time the weather had started to become warm in Spring she had significantly improved and was in good spirits. I advised her to continue taking ChinaMed® Osteo Support Formula at 1 capsule, 3 times daily.

Comments

Both formulas that were prescribed to this patient have the actions of warming the Yang and tonifying the Kidney to strengthen the tendons and bones. It should be noted that both formulas are Chinese herbal medicines and therefore they are compatible with nutritional supplementation and good results can be obtained with this combined approach to treatment. It is important to note that when prescribing warming and tonifying formulas that their use should be temporarily discontinued if the patient catches a cold or the 'flu, has a sore throat or manifests any signs of Heat.

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Terra Rosa specialised in educational massage DVDs and books. It has the largest collection of massage DVDs in Australia and the world, covering all modalities from Anatomy, Swedish Massage, Reflexology, Sports Massage to Myofascial Release and Structural Integration. We also provide the best in continuing education with workshops by international presenters including Orthopaedic Massage, Taping, Fascial Fitness and Myofascial Therapy.

Continuing *Education*

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

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

The ATMS CE 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. book-keeping, advertising)
- Seminars, workshops and conferences that qualify for CE 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 processes between professional complementary medicine associations, teaching institutions, suppliers of therapeutic goods and devices and government agencies to offer members the widest possible choice in CE activities
- Emphasis on consultation and co-operation with ATMS members in the development and implementation of the CE program

ATMS members can gain CE points through a wide range of professional activities in accordance with the ATMS CE policy. CE activities are described in the CE policy document as well as the CE 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 CE points per financial year. Five (5) CE points can be gained from each issue of this journal. To gain five CE 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:

- Lv et al. Viral myocarditis treatment by Traditional Chinese Medicine syndrome differentiation
- Boyle M. How does vitamin D improve the management of cancer? A literature review

IT IS A MANDATORY REQUIREMENT OF ATMS MEMBERSHIP THAT MEMBERS ACCUMULATE 20 CE POINTS PER FINANCIAL YEAR. FIVE (5) CE POINTS CAN BE GAINED FROM EACH ISSUE OF THIS JOURNAL

- Barron P & Jordan L. Analysis of a modern approach to homoeopathic treatment of chronic and acute ear problems in children
- Eddey S. Treatment for acne: An historical nutritional perspective
- Medhurst R. Homoeopathic research

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 CE Record. As a condition of membership, the CE Record must be kept in a safe place, and be produced on request from ATMS.

Continuing Education
- Calendar 2014

EVENT	TOPIC	REGION
October 2014		
Webinar	The Profit Equation - How to increase your business by over 200% in 90 days	-
Webinar	People, Profits and Purposes - The power of Connectivity, How to build a loyal client base that triples your business	-
Seminar	Mind Over Matter, the Art of Positive Thinking	Central Coast
Seminar	Natural Medicine - A Natural Choice	Brisbane
Seminar	Natural Medicine - A Natural Choice	Sunshine Coast
Webinar	Breaking the Habit of being you - why reinventing yourself is imperative in today's market	-
Webinar	Six Figure Practice secrets - The Do's, the Don'ts and the Must Haves	-
Seminar	Advanced Remedial Massage Techniques for thoracic and cervical region	Sydney
November 2014		
Webinar	Metastasis and its Prevention	-
Webinar	Nutritional Guidelines to Improve the Management of Cancer	-
Event	Saturday 29th November – ATMS 30th Anniversary Dinner. Cost - TBA	Westin Hotel, Sydney CBD
Event	Sunday 30th November - ATMS Annual General Meeting	NSW Teachers Federation Conference Centre, Sydney – Surry Hills
Seminar	Advanced Remedial Massage Techniques for thoracic and cervical region	Sydney
December 2014		
Webinar	Nutrition and Radiation/Chemotherapy/Surgery Therapy	-

The proposed seminar and webinar topics, dates and locations (for seminars) are subject to change.
Please keep an eye on the ATMS website **www.atms.com.au** for the latest information and to book online.

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