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How Does Magnesium Get In Via Skin

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Kindness *in Healing Practice*

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Contents

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ATMS, PO Box 1027 Meadowbank NSW 2114
Tel: 1800 456 855 Fax: (02) 9809 7570
info@atms.com.au
www.atms.com.au

PRESIDENT

Christine Pope | **christine.pope@atms.com.au**

VICE-PRESIDENT

Kathleen Daniel | **kathleen.daniel@atms.com**
Chantel Ryan | **chantel.ryan@atms.com.au**

TREASURER

Rebecca Lang | **rebecca.lang@atms.com.au**

DIRECTORS

Peter Berryman | **peter.berryman@atms.com.au**
Cassandra Duffill | **cass.duffill@atms.com.au**
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ATMS strongly supports sustainable practices to preserve the health of our planet. Consequently, we encourage members to take up the online option for this journal.

President's *Report*

Christine Pope | ATMS President

The last three months have seen a significant uptick in activity, with our new CEO, Annie Gibbins, starting in mid-February and meeting all ATMS staff as well as key stakeholders in the industry, such as health funds, colleges and representatives of associations. It's been a good way to reconnect with people in the industry and get updates on what is happening across the education sector and the natural medicine industry.

One of the major events that we attended was the Council of Small Business Organisations of Australia National Summit in early April, 2024. Their conference was held at the Sofitel, Darling Harbour, and as always was a key event for our advocacy, attended as usual by policy makers, as well as State and Federal Small Business Commissioners. This year we heard from both the Prime Minister and the Opposition Leader, as well as the Premier of NSW and a group of Independents.

ATMS in collaboration with Massage and Myotherapy Australia (MMA) organised seated massage for the conference attendees, which was warmly appreciated by those who had a treatment. Furthermore, the CEO of MMA also referenced the value of remedial massage for chronic pain sufferers in the VET and Skills Panels. ATMS was also successfully represented on the VET and Industry Skills panel by our new CEO, sharing her experience in setting up an RTO for optical dispensing. This event has given us a solid base for our ongoing advocacy for natural medicine.

Hopefully members are already seeing a change in the response times for calls and emails with the changes that have been made in processes. The team is also working on the data for the new website, which should have been launched by the time this edition of the journal is printed. The new version will be simpler to navigate and will also see improved functionality on key areas such as Find A Practitioner and the Member Portal. This will be the start of a series of upgrades for our IT platforms across the next two years.

Congratulations to all the practitioners who have been involved in Natural Medicine Week. This year we had over seventy-four online events and a significant number of blogs and recipes. It looks like we will be able to share over three months of member content on ATMS Social, in addition to the A-Z campaign that we ran through May. The promotion of the Top Ten Tips E-Book also enabled us to sign up record numbers to the marketing list for future events.

In 2024 we changed our processes to provide graphics in Canva, the online graphics design platform we now use to make it easier for members to share details of their events or provide marketing tiles to promote a local activity. Certainly, I needed some training on Canva but it proved to be a much easier format than PowerPoint, which we have used until now.

The other rewarding aspect of Natural Medicine Week is that the content generated provides ATMS with up to four months of online material across our social channels, allowing us to direct the public to blogs and recipes from our practitioners and ultimately to achieve our major goal, which is for people to book an appointment and see an accredited practitioner. It also provides an ongoing touch point for the members who contribute their time and energy in the form of blogs and recipes.

In a little bit of late breaking news, the latest update on NTREAP from the Health Department was shared in May and we are expecting the final report to the Minister to be submitted in September. Our efforts now will be redirected to getting the Minister to make the changes necessary for modalities to be reintroduced to health funds.

Hoping you all had the chance to celebrate Natural Medicine Week and looking forward to the next six months sharing new initiatives with you.

Christine Pope
President

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CEO's *Report*

Annie Gibbins | ATMS CEO

Greetings members of ATMS.

I am delighted to address you for the first time as the CEO of our esteemed organisation, the Australian Traditional Medicine Society (ATMS). Since stepping into this role in mid-February, I have been overwhelmed by the warmth of your welcome and the dedication I've witnessed within our community. Allow me to express my sincere gratitude to Christine Pope, President of ATMS, for her invaluable guidance during my induction, and to my predecessor Charles Wurf for his exemplary leadership that has laid a strong foundation for our continued success.

As I've embarked on this journey, I've had the pleasure of meeting many of you, whether through Zoom calls, face-to-face interactions at business and college venues, or over a cup of coffee. Your passion for natural medicine and your commitment to excellence are truly inspiring, and I am honoured to serve as your CEO.

ATMS's mission to promote, represent, and support natural medicine practitioners resonates deeply with me. With over a decade of experience as a CEO in the Health Education Arena, coupled with my background as an entrepreneur and small business owner, I am dedicated to upholding the highest standards of professionalism in natural medicine practice and education. My qualifications in Bachelor of Science, Master of Education, AICD, and Lean Six Sigma underscore my commitment to excellence and continuous improvement.

One aspect of ATMS that has particularly impressed me is our comprehensive continuing professional education (CPE) program. Our members have access to a wide range of resources and opportunities to earn CPE points, ensuring that they stay updated with the latest developments in their field. As we navigate through CPE audits with both Medibank and within ATMS, I am pleased to announce the appointment of a dedicated CPE and Health Funds Officer and Member Services Officer to provide additional support and guidance to our accredited members.

Moving forward, my focus as CEO will be on adding even greater value to our members. With practitioner representation through advocacy and awards, eligibility for health funds, free access to research resources, professional indemnity insurance, grants, and more, ATMS offers an unparalleled suite of benefits. I am committed to enhancing these offerings and exploring new avenues to support the growth and success of our members. My mind is buzzing with ideas, and I look forward to sharing more next edition!

One recent milestone that I am particularly proud of is the successful launch of our new website. The revamped website not only boasts a modern and user-friendly design but also offers enhanced features and functionalities, including a refreshed member portal. I encourage each of you to explore the website and make the most of your member benefits.

I am also thrilled by the engagement and enthusiasm displayed by our Ambassadors during Natural Medicine Week. Their proactive efforts to engage with over 4 million Australians underscore the impact that our collective endeavours can have on promoting natural medicine. I invite each of you to continue building the reach and impact of this event by hosting or attending an event, contributing a blog, or sharing a healthy recipe.

As we look ahead, I am excited about the opportunities that lie before us. With the unwavering support of our highly engaged Board and the dedicated team at the office, I am confident that ATMS will continue to thrive and make a meaningful difference in the lives of natural medicine practitioners and the communities they serve.

In closing, I extend my deepest gratitude to each and every one of you for your unwavering commitment to ATMS. Together, let us continue to champion the cause of natural medicine and work towards a healthier, happier future for all.

Annie Gibbins
CEO

National Natural Therapies *Workforce Survey:*

Part 2

Sandra Grace and Kate Baltrotsky

This is the second and final part of a report of the results from the 2022 National Natural Therapies Workforce Survey. Participants were invited by natural therapy associations in Australia to participate in an online survey that was open between 29 March 2022 and 28 May 2022. A total of 1,921 responses were recorded. All percentages in this report are valid percentages, which excludes missing data. Analyses were conducted using both the total number of all natural therapists who responded and the total number of respondents in each of the following discipline categories:

- Physical Medicine – Aromatherapy, Bowen therapy, Hydrotherapy, Kinesiology, Myotherapy, Osteopathy, Reflexology, Remedial Massage, Shiatsu, Sports massage, Massage therapy/Swedish/relaxation massage, Yoga Therapy
- Ingestive Medicine – Ayurveda, Homeopathy, Naturopathy, Nutrition, Western herbal medicine
- Energetic Medicine – Energetic medicine, Energetic healing, Reiki
- Registered Profession – Acupuncture, Chinese herbal medicine, Chiropractic, General medical practice, Nursing, Pharmacy, Physiotherapy
- Mind-body Medicine – Counselling, Meditation/relaxation, Psychology, Lifestyle medicine

Part 1, published in the previous issue (see JATMS 30(1): 8-14) presented demographic data (including primary discipline, gender, age, professional association) and education of respondents. Part 2 presents a summary of the business practices of respondents (including number of consultations, income, referral networks, adverse reactions and the affect of the COVID-19 pandemic). A total of 1833 respondents provided information about their discipline and were given 31 discipline areas to choose from in the survey. Of the total respondents, 218 selected 'Other' with the option to describe their discipline. 'Other' disciplines included music therapy, Bach flower remedies, beauty therapy, Chinese cupping, life coaching, dry needling, lymphatic drainage, personal trainer, stone therapy and more.

Results

3. Business and Practice

Gross Income of all Respondents

Figure 3.1 depicts the gross income of all respondents. Valid percent is reported. However it should be noted that this question was not answered by 533 (27.8%). The highest percentage of respondents (21.8%, 303 out of 1388) earned between $20,000 - $40,001, followed by 18.1% (251 out of 1388) who earned between $40,001-$60,000, and 13.6% (189 out of 1388) who earned between $10,001 - $20,000.

Gross Income Per Discipline Category

Figure 3.2 depicts gross income by discipline category reported by participants. Registered professionals consistently earned the most (9.2% or 12 out of 130 earned over $120,000). A total of 27.4% or 163 out of 596 Physical Medicine practitioners earned $20,000-$40,000; 21.8% (130 out of 596) earned $40,000-$60,000 and 12.4% (74 out of 596) earned $60,000 -$80,000. A total of 18.9% or 92 out of 486 Ingestive Medicine Practitioners earned less than $5,000; 16.1% (78 out of 486) earned $20,000-$40,000 and 7.2% (35 out of 486) earned over $120,000. A total of 26.3% or 5 out of 19 Energetic Medicine

Practitioners earned less than $5,000, although 10.5% or 2 out of 19 earned over $120,000. A total of 30.8% or 4 out of 13 Mind-Body Medicine practitioners earned between $20,000-$40,000. Energetic Medicine and Mind-Body Medicine had smaller sample sizes (19 and 13 respectively) than the other discipline categories which should be considered when interpreting findings.

Figure 3.2 Gross Income by Discipline Category*

* Forty respondents out of 1284 who answered the question about gross income nominated their primary discipline as 'Other'. This category has not been represented in Figure 3.2.

Years in Clinical Practice

With all discipline areas combined, the highest percentage (31.3%, 497 out of 1588) of respondents had been practising for more than 20 years; 22.7% (361 out of 1588) of practitioners had been in practice between 0-5 years, 14.4% (229 out of 1588) between 6-10 years, 15.9% (253 out of 1588) between 11-15 years and 15.6% (248 out of 1588) had been in practice for 16-20 years. Figure 3.3 generally shows a peak in their early years of practice, then a slight decline between 6-20 years, followed by a rise in respondents who have stayed in their profession for over 20 years. However, years in practice for Registered Professionals increased steadily as time went on.

Work Setting

A total of 24.6% (472 out of 1568) of respondents reported working in more than one location. The survey asked respondents to best describe the work setting of their main practice. The majority (59.8%, 940 out of 1571) of all respondents said they worked in solo private practice. A total of 13.8% (216 out of 1571) said they practised in group private practice with other natural therapists and 10.7% (168 out of 1571) worked in group private practice with allied health practitioners (e.g. physiotherapist, chiropractor, osteopath

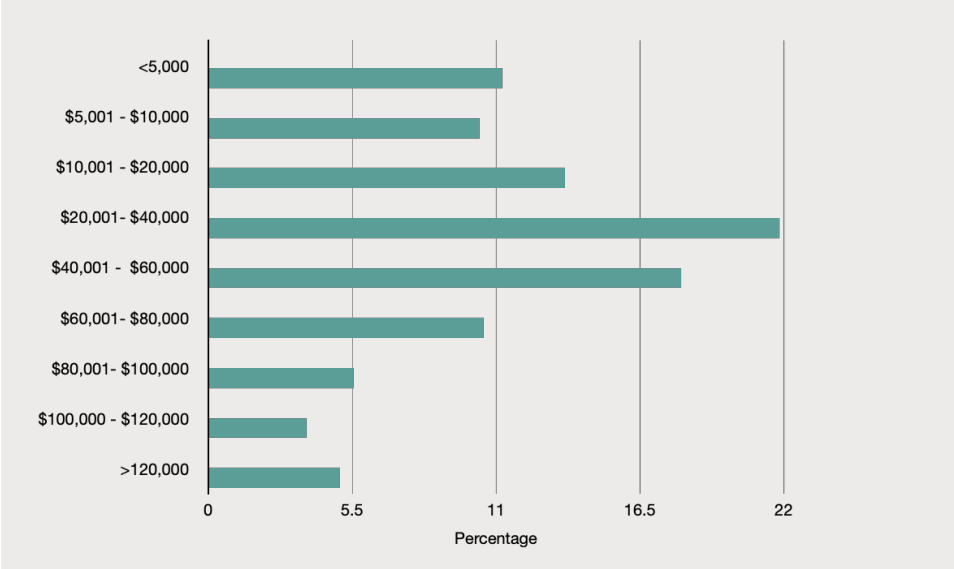

Figure 3.1 Gross Income of Respondents

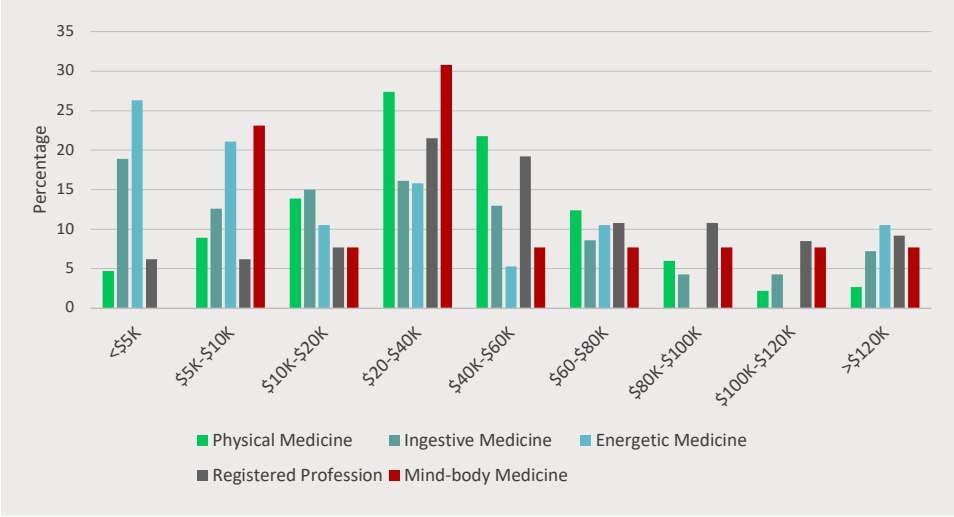

Figure 3.2 Gross Income by Discipline Category*

** Forty respondents out of 1284 who answered the question about gross income nominated their primary discipline as 'Other'. This category has not been represented in Figure 3.2.*

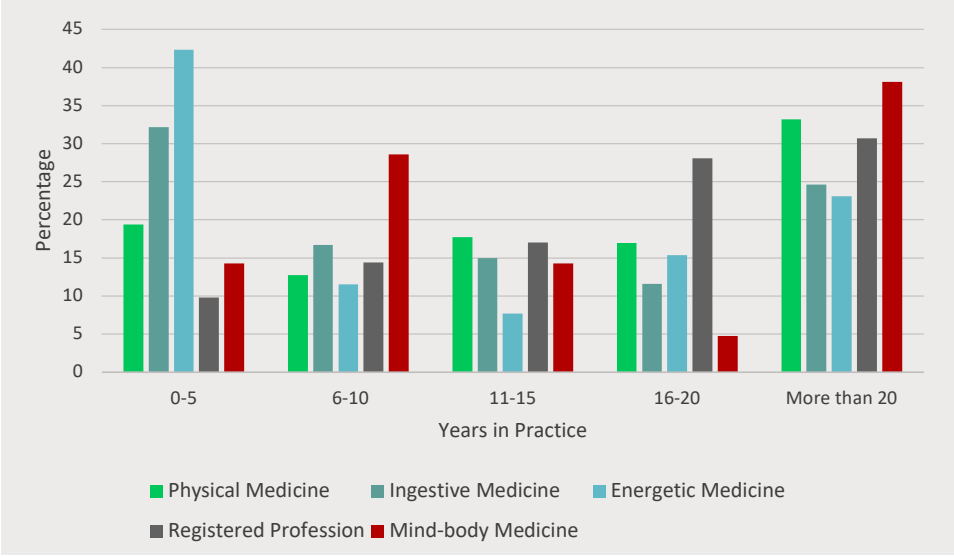

Figure 3.3 Years in Clinical Practice by Discipline Category*

**Forty-nine respondents out of 1441 who answered the question about years in clinical practice nominated their primary discipline as 'Other'. This category has not been represented in Figure 3.3.*

and non-medical practitioners). Smaller percentages of respondents' primary practice occurred online (4.4%, 69 out of 1571), in retail (3.3%, 52 out of 1571), mobile/house calls (2.1%, 33 out of 1571) and group private practice within a medical practice (1.6%, 25 out of 1571). Ingestive Medicine had the highest percentage of respondents practising online (9.7%, 51 out of 528) and in solo private practice (60.6%, 320 out of 528). A total of 55.6% (367 out of 660) of Physical Medicine respondents' primary practice was also solo private practice. Meanwhile, Physical Medicine respondents (14.6%, 96 out of 660) and Registered Profession respondents (13.8%, 21 out of 152) were most likely to work in group private practice with allied health practitioners.

Initial Consultations per Week

Respondents were asked how many initial consultations (new clients) they conduct per week. Figure 3.4 shows that the majority (73.9%, 1172 out of 1587) of all respondents had between 0-5 initial consultations per week. A total of 13.2% (210 out of 1587) had 6-10 initial consultations per week and 7.6% (121 out of 1587) had 11-20 initial consultations per week. Energetic Medicine respondents had the highest percentage (88.5%, 23 out of 26) of initial consultations followed by 85.0% (449 out of 528) in Ingestive Medicine.

Follow-up Consultations per Week

Zero to five follow-up consultations per week were reported by 42.2% (667 out of 1582) of respondents, followed by 24.7% (390 out of 1582) with 6-10 follow-up consultations per week and 20.5% (324 out of 1582) with 11-20 follow-ups per week. Registered Professionals had the highest percentage of follow-up consultations; 27.0% (41 out of 152) had 11-20 follow-up consultations per week, 17.1% (26 out of 152) had 21-30 follow-ups per week, 6.6% (10 out of 152) had 31-40, 5.3% (8 out of 152) had 41-50 and 2.6% (4 out of 152) had over 51 (see Figure 3.5).

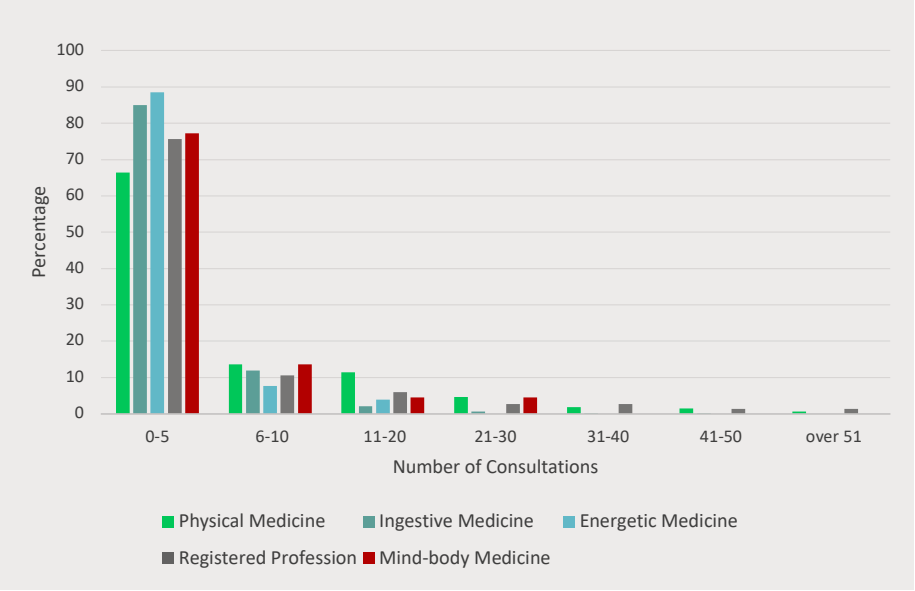

Figure 3.4 Initial Consultations per Week by Discipline Category*

** Forty-seven respondents out of a total of 1441 who answered the question about initial consultations per week nominated their primary discipline as 'Other'. This category has not been represented in Figure 3.4.*

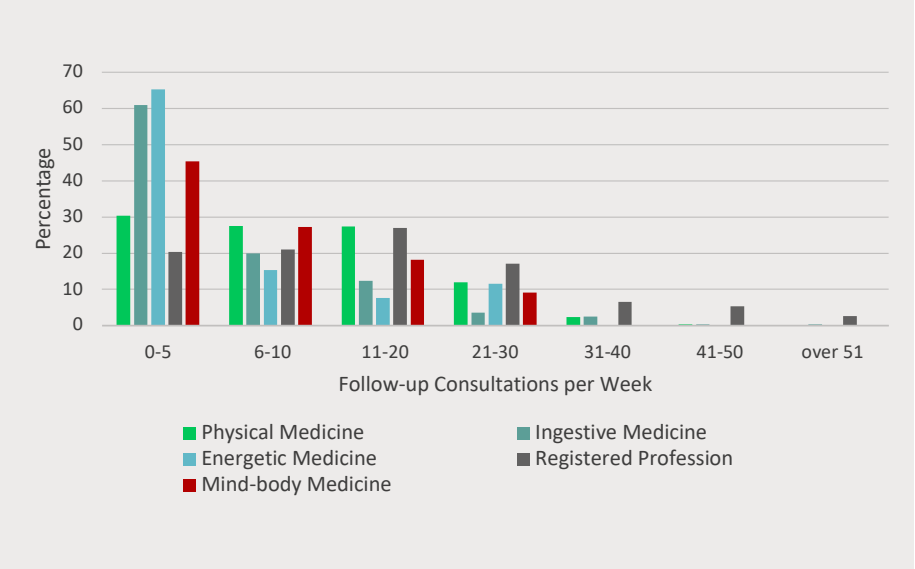

Figure 3.5 Gross Income by Discipline Category*

** Forty-seven respondents out of a total of 1438 who answered the question about the number of follow-up consultations per week nominated their primary discipline as 'Other'. This category has not been represented in Figure 3.5.*

Ideal consultations per week

As suggested by Table 3.1, many practitioners considered the ideal number of client consultations per week to be under 20. The ideal number of consultations for 42.7% (675) of all 1580 respondents was 11-20 per week.

A total of 31.7% (500 out of 1580) of respondents wanted between 0-10 consultations per week and 21.5% said that 20-40 consultations per week was ideal. Only 4.2% or 66 out of all respondents wanted more than 40 consultations per week.

A total of 40.4% (212 out of 525) of Ingestive Medicine respondents felt the ideal number of consultations was 0-10 per week, compared to 36.2% (55 out of 152) of Registered Professionals, who wanted 20-40 consultations per week. Registered Professionals had the highest number of respondents (17.8%, 27 out of 152) who stated the ideal number of clients was over 40 per week.

Initial Consultation Time

Figure 3.6 shows that the majority of initial consultation times (new client consultations) for all respondents was over 45 minutes: 36.4% (569 out of 1564) were 46-60 minutes and 41.2% were over 60 minutes. The Mind Body discipline category had the highest percentage (60.0%, 12 out of 20) of respondents reporting initial consultations lasting longer than 60 minutes. A total of 58.2% (306 out of 526) of Ingestive Medicine respondents and 52.17% (12 out of 23) of Energetic Medicine respondents reported having initial consultation times of over 60 minutes. The highest percentage of consultations under 15 minutes was Physical Medicine (18.1%, 119 out of 659).

	n (%)				
Discipline	**0-10**	**11-20**	**20-40**	**>40**	**Total**
Physical Medicine	156 (23.4)	330 (49.6)	163 (24.5)	17 (2.6)	666 (100)
Ingestive Medicine	212 (40.4)	216 (41.1)	80 (15.2)	17 (3.2)	525 (100)
Energetic Medicine	9 (34.6)	12 (46.2)	4 (15.4)	1 (3.9)	26 (100)
Registered Profession	32 (21.1)	38 (25.0)	55 (36.2)	27 (17.8)	152 (100)
Mind-body Medicine	9 (42.9)	9 (42.9)	3 (14.3)	0	21 (100)
Other	18 (37.5)	20 (41.67)	9 (18.8)	1 (2.1)	48 (100)
Total	436 (30.3)	625 (43.5)	314 (21.8)	63 (5.0)	1,438 (100)

Table 3.1 Ideal Number of Consultations per Week by Discipline Category

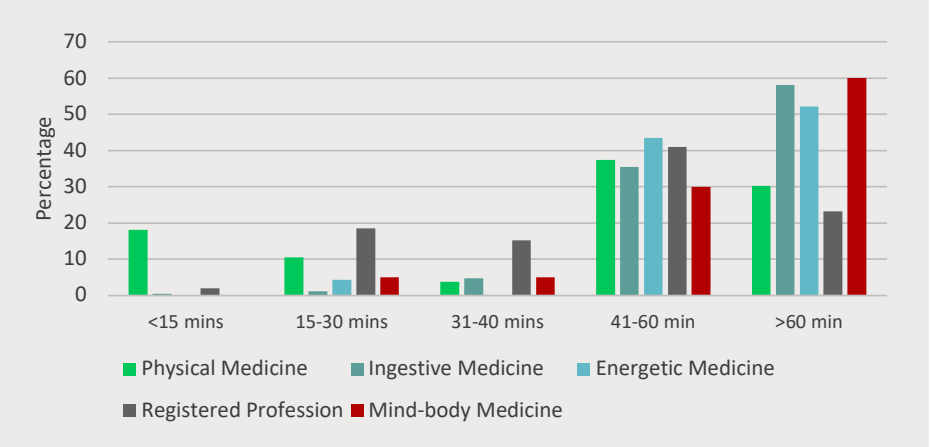

Figure 3.6 Gross Income by Discipline Category*

**Forty-nine respondents out of a total of 1428 who answered the question about initial consultation time nominated their primary discipline as 'Other'. This category has not been represented in Figure 3.6.*

Follow-up Consultation Time
Follow-up consultations were shorter than initial consultations. The highest combined percentage of all disciplines (44.1%, 687 out of 1559) of follow-up consultations were between 46-60 minutes (see Figure 3.7). Energetic Medicine had the highest percentage (39.1%, 9 out of 23) of follow-up consultations longer than 60 minutes.

Initial Consultation Fee
The highest percentage (41.6%, 646 out of 1552) of all respondents combined charged between $51-$100 for an initial consultation, followed by 35.8% (555 out of 1552) who charged between $101-$150. A total of 5.2% (80 out of 1552) of practitioners charged less than $50 and 5.6% (87 out of 1552) charged over $200. A total of 17.39% (4 out of 23) of Energetic Medicine practitioners and 11.5% (60 out of 523) of Ingestive Medicine practitioners charged more than $200 for an initial consultation. A total of 62.8% (410 out of 653) of Physical Medicine Practitioners charged between $51-100 (see Figure 3.8).

Follow-up Consultation Fee
For follow-up consultations, most practitioners (68.3%, 1061 out of 1554) charged between $51-$100 and another 20.9% (329 out of 1554) charged between $101-$150. Energetic Medicine had the highest percentage (13.0%, 3 out of 23) of respondents who reported charging over $200 for a follow-up consultation. Some Registered Professionals (9.3%, 14 out of 151) and Physical Medicine (6.3%, 41 out of 654) respondents charged less than $50 for a follow-up consultation (see Figure 3.9).

Use of Digital Technologies
More than half (54.5%, 855 out of 1569) of respondents used digital technologies to operate and/or manage their natural therapy practice (e.g., online booking system, practice management software). Digital technologies were not used by 45.5% (714 out of 1569). Ingestive Medicine had the highest percentage (66.7%, 350 out of 525) respondents who used digital technologies (see Figure 3.10).

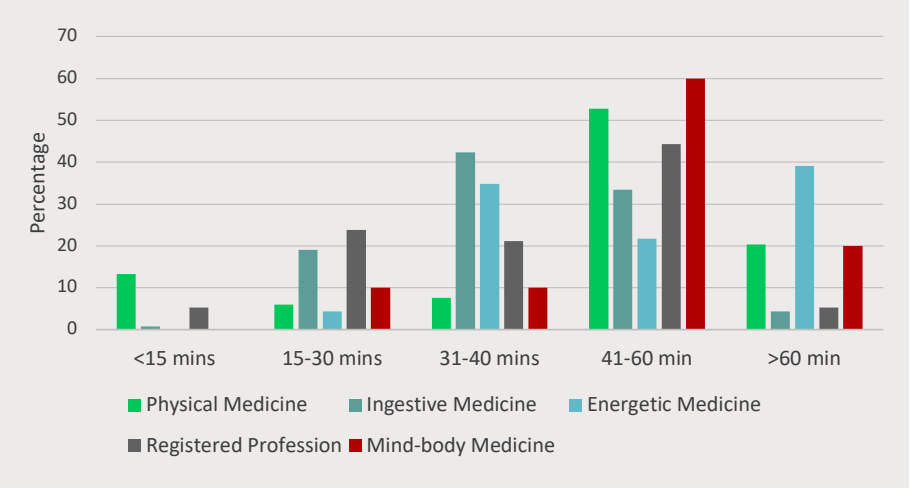

Figure 3.7 Follow-up Consultation Time by Discipline Category*

**Forty-nine respondents out of a total of 1424 who answered the question about follow-up consultation time nominated their primary discipline as 'Other'. This category has not been represented in Figure 3.7.*

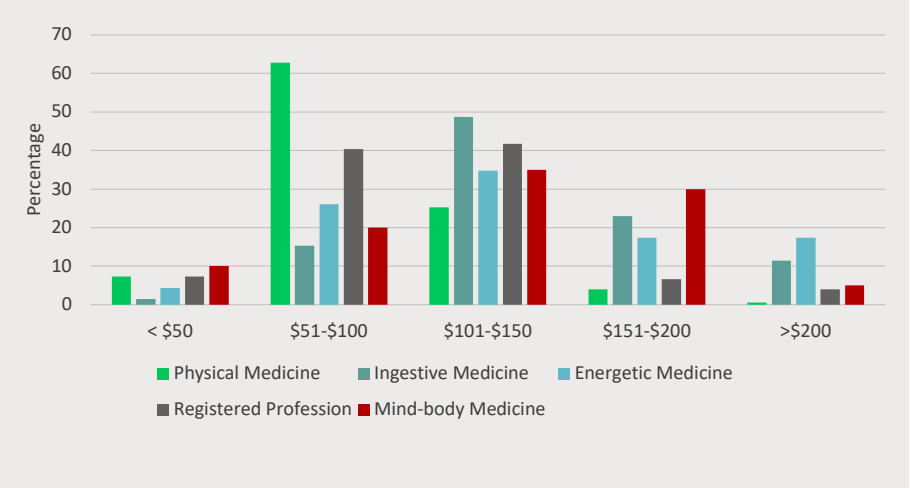

Figure 3.8 Initial Consultation Fee by Discipline Category*

** Forty-six respondents out of 1416 who answered the question about initial consultation fee nominated their primary discipline as 'Other'. This category has not been represented in Figure 3.8.*

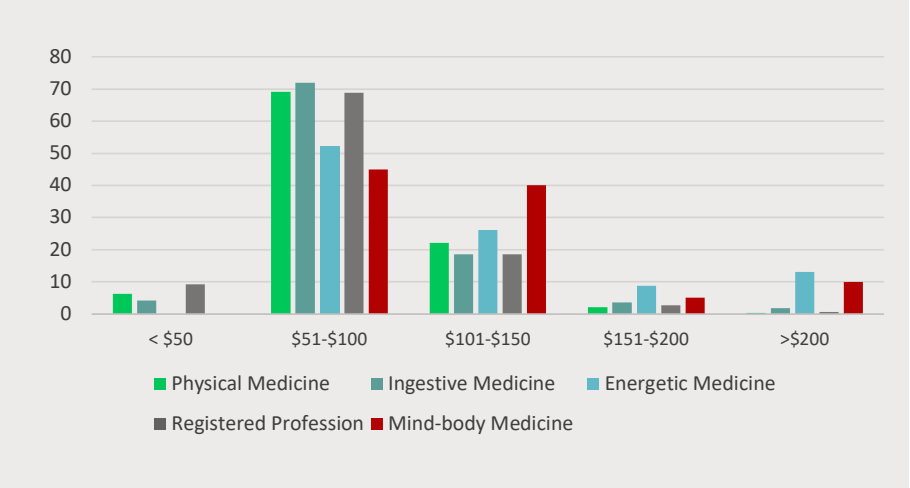

Figure 3.9 Follow-Up Consultation Fee by Discipline Category*

**Forty-six respondents out of 1419 who answered the question about follow-up consultation fee nominated their primary discipline as 'Other'. This category has not been represented in Figure 3.9.*

Online Consultations

Less than half (43.2%, 619 out of 1,433) of respondents said they consulted clients online. The discipline categories that used online consultations the most were Mind-body Medicine (95%, 19 out of 20), followed by 82.6% (436 out of 528) Ingestive Medicine, 58.3% (14 out of 24) Energetic Medicine, 12.3% (81 out of 660) Physical Medicine, 29.6% (45 out of 152) Registered Profession, and 49.0% (24 out of 49) of practitioners who categorised themselves as 'Other' (see Figure 3.11).

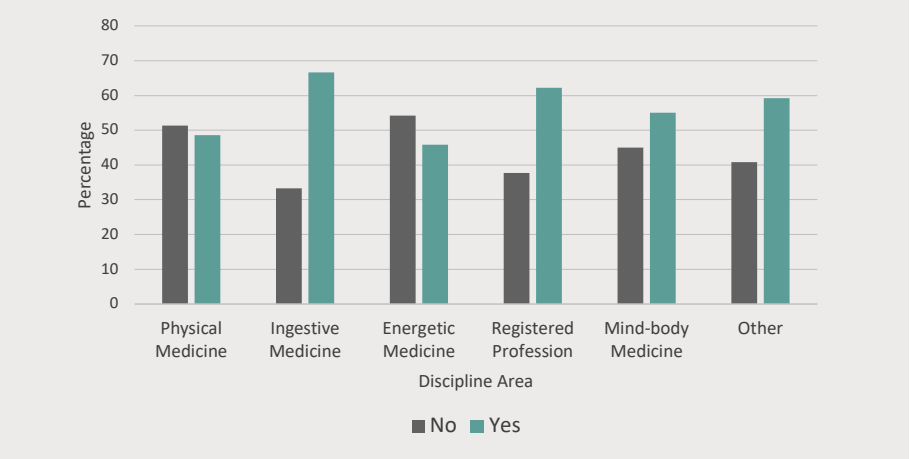

Figure 3.10 Percentage of Respondents who Used Digital Technologies

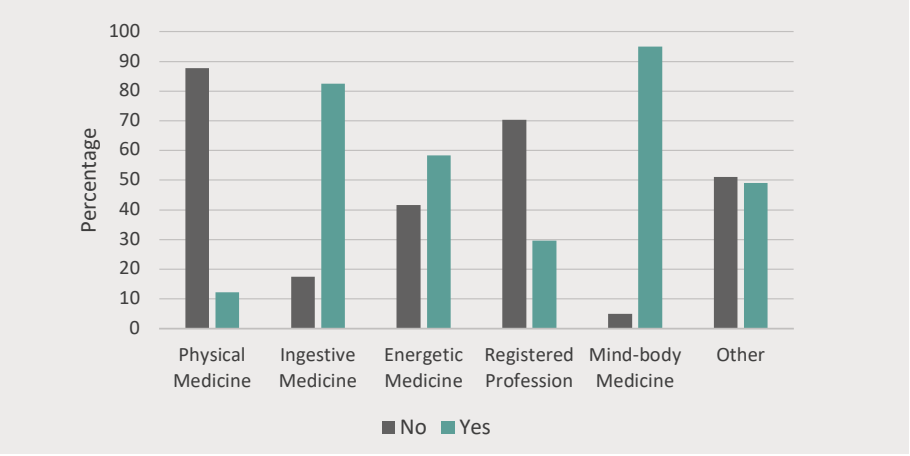

Figure 3.11 Use of Online Consultations by Discipline Category

Health Fund Claims

Many practitioners (37.6%, 583 out of 1551) stated that 0% of their clients claimed health funds for their services, followed by 15.7% (244 out of 1551) who said 0-25% of their clients claimed health funds, 12.5% (194 out of 1551) reported 26-50% of their clients claimed health funds, 17.5% (272 out of 1551) reported 51-75% clients claimed health funds and 16.6% (258 out of 1551) of practitioners stated that 76-100% of their clients claimed health funds (see Figure 3.12).

Impact of Fund Removal

Just over half (59.8%, 917 out of 1534) of participants said they were not affected by the removal of natural therapies health fund rebates, while 40.2% (617 out of 1534) said they were affected (see Figure 3.13).

A total of 416 short open-ended responses described how respondents' practices had been affected by removal of health funds therapies. Most respondents said they experienced a drop in clients, with estimated declines of between 20% - 80%. Some stated that while there was an initial drop in clients, the number of clients gradually returned to their usual client load. A few stated that the removal of health funds meant less paperwork, but the majority said their clients were not able to afford their services, supplements or treatments after the health fund rebates were removed from their discipline. Consequently, their clients either stopped coming to the practice or came less frequently.

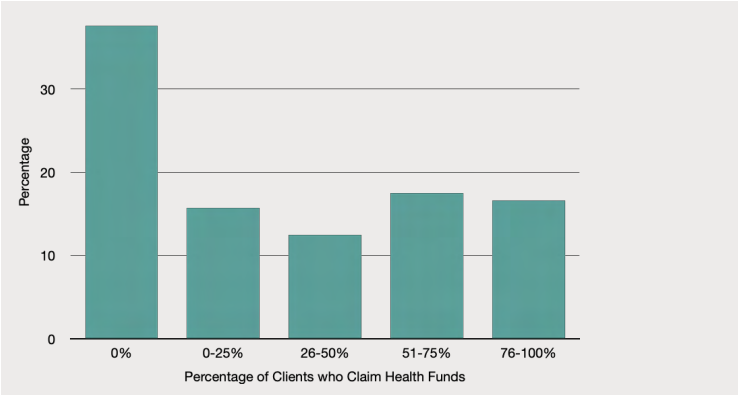

Figure 3.12 Percentage of Clients who Claim Health Funds for all Natural Therapies

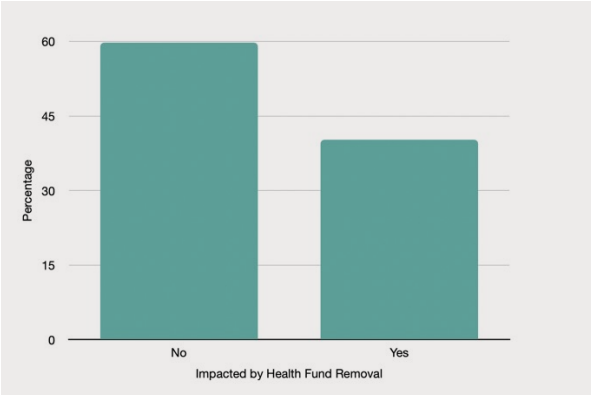

Figure 3.13 Impact on Practice of Removal of Health Fund Rebates

Some respondents said they reduced their pricing or had awkward conversations with some clients about pricing. A few said that removal of rebates decreased the number of students enrolling in natural therapies education.

4. Collaboration

Collaboration with other Health Practitioners

In response to Q44 in the survey: 'Do you collaborate with other health practitioners?', 55.4% (1065 out of 1921) confirmed that they collaborated with other health practitioners and 17.8% (342 out of 1921) confirmed they did not. A total of 26.8% (514 out of 1921) did not answer the question. More than three-quarters of respondents in each discipline category confirmed that they collaborated with other health practitioners, the most collaborative disciplines being Mind-body Medicine (85.7%, 12 out of 14 respondents) and Energetic Medicine (79.0%, 15 out of 19 respondents), although there were small numbers of respondents in these disciplines. Table 4.1 shows collaboration with other health practitioners by all discipline categories.

	n (%)		
Discipline	No	Yes	Total
Physical Medicine	148 (24.8)	448 (75.2)	596 (100)
Ingestive Medicine	120 (24.4)	371 (75.6)	491 (100)
Energetic Medicine	4 (21.1)	15 (79.0)	19 (100)
Registered Profession	33 (24.4)	102 (75.6)	135 (100)
Mind-body Medicine	2 (14.3)	12 (85.7)	14 (100)
Other	10 (23.8)	32 (76.19)	42 (100)
Total	317 (24.4)	980 (75.6)	1,297 (100)

Table 4.1 Collaboration with Other Health Practitioners by Discipline Category

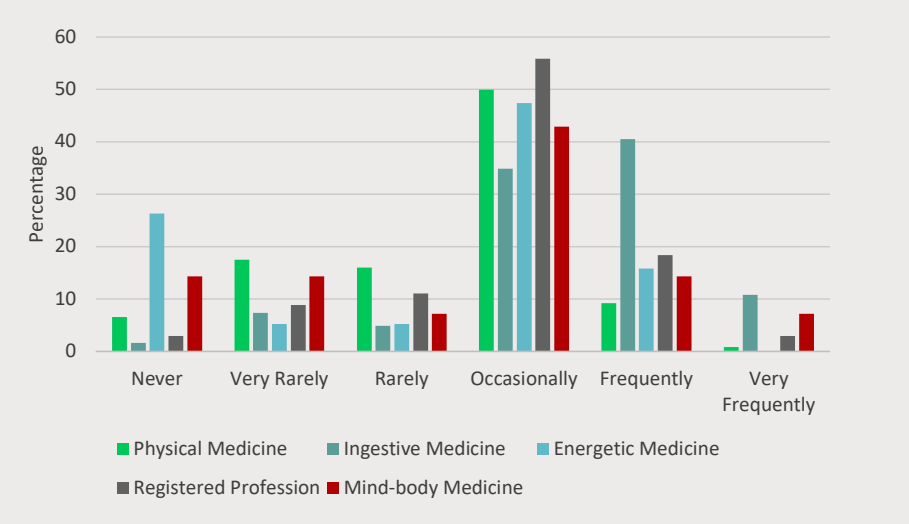

Figure 4.1 Natural Therapists' Referral to GPs for Medical Diagnostic Tests by Discipline Category*

** Forty-two respondents out of 1297 who answered the question about referring their clients to GPs for diagnostic tests nominated their primary discipline as 'Other'. This category has not been represented in Figure 4.1.*

Referral to GPs for diagnostic testing

It appears that many natural therapists refer to GPs for diagnostics testing (e.g. blood tests, X-rays). Of total respondents, 43.8% (616 out of 1407) said they occasionally refer clients to GPs and 22.5% (316 out of 1407) said they frequently refer clients to GPs for diagnostic testing. Figure 4.1 shows that more than half (55.9%, 76 out of 136) of Registered Professionals stated that they occasionally refer to GPs and 40.5% (199 out of 491) of Ingestive Medicine practitioners said they do so frequently. A total of 26.3% (5 out of 19) of Energetic Medicine and 14.3% (2 out of 14) of Mind-body Medicine practitioners said they never refer to GPs for diagnostic testing.

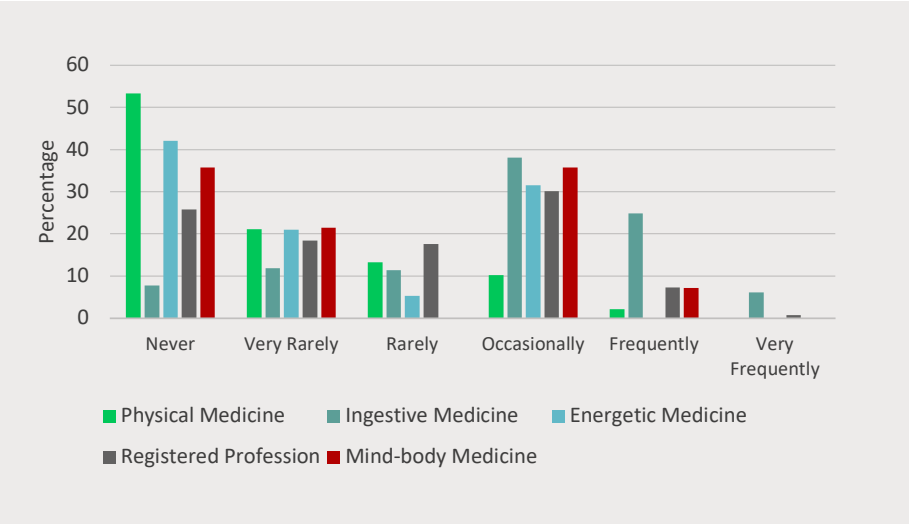

Figure 4.2 Natural Therapists' Referral for Functional Pathology Tests by Discipline Category*

**Forty-two respondents out of 1299 who answered the question about referral for functional pathology tests nominated their primary discipline as 'Other'. This category has not been represented in Figure 4.2.*

Referral for functional pathology tests

Functional pathology tests include hair analysis, saliva, urine and stool testing, and gene mapping. A total of 32.9% (464 out of 1409) of those who responded to

the question said they never refer their clients for functional pathology tests, followed by 23.8% (335 out of 1409) who said they occasionally do. A total of 6.1% (30 out of 491) of Ingestive Medicine respondents said they very frequently refer their clients for functional pathology tests and 24.9% (122 out of 491) said they do so frequently. A total of 30.2% (41 out of 136) of Registered Professionals said they occasionally refer their clients for functional pathology tests. Physical Medicine Practitioners had the highest percentage (53.3%, 318 out of 597) of respondents who said they never refer their clients for functional pathology, followed by 42.1% (8 out of 19) of Energetic Medicine practitioners and 35.7% (5 out of 14) of Mind-body medicine practitioners (see Figure 4.2).

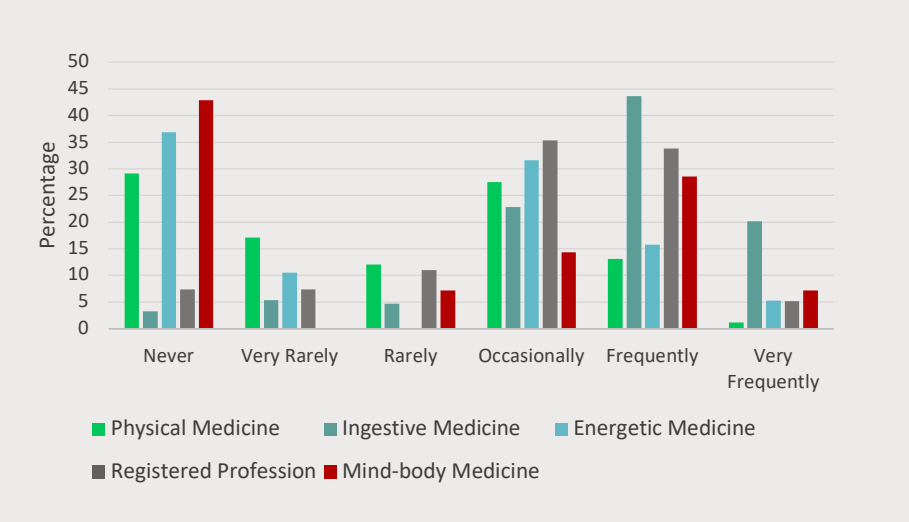

Figure 4.3 Use of Medical Diagnostic Tests for Assessment by Discipline Category*

** Forty-two respondents out of 1298 who answered the question about their use of medical diagnostic tests nominated their primary discipline as 'Other'. This category has not been represented in Figure 4.3.*

Use of medical diagnostic tests

Respondents were asked how frequently they used medical diagnostic tests (e.g., blood tests, X-rays) to inform their assessment of clients. Many natural therapies use medical diagnostic tests to inform their assessment of clients, while some do not. A total of 26.2% (369 out of 1408) of all those who answered the question said they used medical diagnostic tests occasionally and 27.0% (380 out of 1408) said they use them frequently. Figure 4.3 shows that the discipline categories with the highest percentages of respondents who use them frequently are Ingestive Medicine (43.7%, 214 out of 490), Registered Profession (33.8%, 46 out of 136) and Mind-body Medicine (28.6%, 4 out of 14). A total of 42.9% (6 out of 14) of Mind-body Medicine said they do not use medical diagnostic tests.

Respondents were also asked how frequently they discussed treatment options with other health practitioners: 47% reported occasionally, 11% reported frequently and 1.7% reported very frequently.

Referral from Other Health Practitioners

Almost half 46.6% (656 out f 1408) of respondents said they occasionally received referrals from other health care professionals, 21.8% (307 out of 1408) said they frequently received these referrals and 2.5% (35 out of 1408) said very frequently. A total of 25.6% (153 out of 598) of Physical Medicine and 22.4% (30 out of 134) of Registered Professionals said they frequently received referrals from other health practitioners (see Table 4.2).

	n (%)						
Discipline	**Never**	**Very Rarely**	**Rarely**	**Occasionally**	**Frequently**	**Very Frequently**	**Total**
Physical Medicine	18 (3.0)	61 (10.2)	58 (9.7)	288 (48.2)	153 (25.6)	20 (3.3)	598 (100)
Ingestive Medicine	41 (8.4)	62 (12.6)	76 (15.5)	214 (43.6)	89 (18.1)	9 (1.8)	491 (100)
Energetic Medicine	2 (10.5)	1 (5.3)	4 (21.1)	10 (52.6)	2 (10.5)	0	19 (100)
Registered Profession	9 (6.7)	8 (6.0)	22 (16.4)	62 (46.2)	30 (22.4)	3 (2.2)	134 (100)
Mind-body Medicine	0 (0)	2 (14.3)	1 (7.1)	7 (50)	3 (21.4)	1 (7.1)	14 (100)
Other	6 (14.3)	5 (12.0)	4 (9.5)	18 (42.9)	8 (19.1)	1 (2.4)	42 (100)
Total	76 (5.9%)	139 (10.7)	165 (12.7)	599 (46.2)	285 (22.0)	34 (2.6)	1,298 (100)

Table 4.2 Referrals from Other Health Practitioners

5. Adverse Reactions

Adverse Reactions to Natural Therapies

The survey asked practitioners if they had suspected any adverse reactions in their clients over the past 12 months. In total, 1,421 practitioners answered this question. Ninety-nine respondents (7.0%) stated they had suspected an adverse reaction in the past 12 months, while 1,322 practitioners (93%) said they did not (see Figure 5.1).

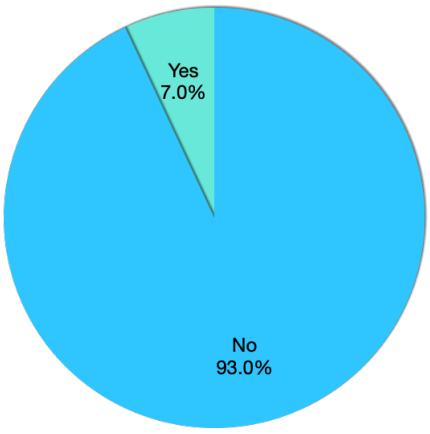

Figure 5.1 Suspected Adverse Reactions

Adverse Reaction Type

Ninety-four respondents provided details of the adverse reaction type. The most common adverse reaction type was aggravation of symptoms, which was reported by 24 out of 94 (25.5%) of respondents, followed by 17 (18.1%) respondents who reported gastrointestinal reaction. A total of 10 (10.6%) respondents reported bruising (see Table 5.1). Per discipline, aggravation of symptoms was suspected by 35.7% (5 out of 14) of Registered Professional respondents, followed by 26.7% (8 out of 30) of Physical Medicine respondents and 23.7% (9 out of 38) of Ingestive Medicine respondents. Gastrointestinal adverse reactions were suspected by 31.6% (12 out of 38) of Ingestive Medicine respondents. There was only one respondent from the 'Other' discipline category. They reported the adverse reaction type as skin reaction.

Table 5.1 Adverse Reaction Type

Adverse Reaction Type	n (%)
Aggravation of symptoms	24 (25.5)
Anxiety	2 (2.1)
Bruising	10 (10.6)
Feeling faint/light headed	3 (3.2)
Gastrointestinal reaction	17 (18.1)
Headache	7 (7.5)
Muscle soreness	11 (11.7)
Other please describe	12 (12.8)
Skin reaction	8 (8.5)
Total	94 (100)

Respondents were able to provide open-ended responses about which modality they thought had caused the adverse reaction. The most common modalities reported in these responses were herbal medicine, massage, naturopathy and acupuncture. A few respondents listed chiropractic. Of the 99 reported clients with suspected adverse reactions, three needed referrals to see a medical practitioner.

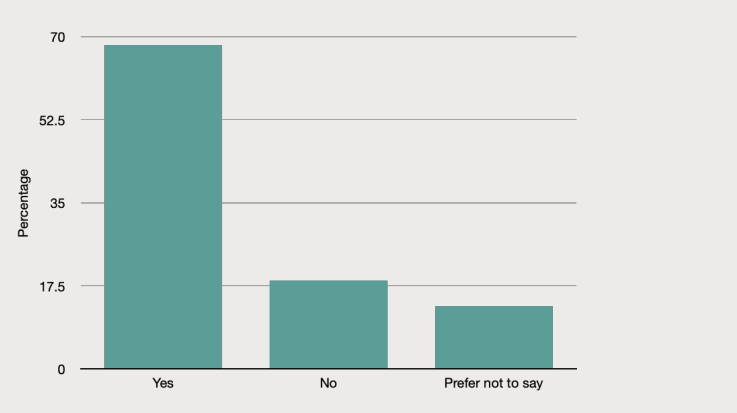

Figure 6.1 Percentage of Natural Therapists Vaccinate Against COVID19

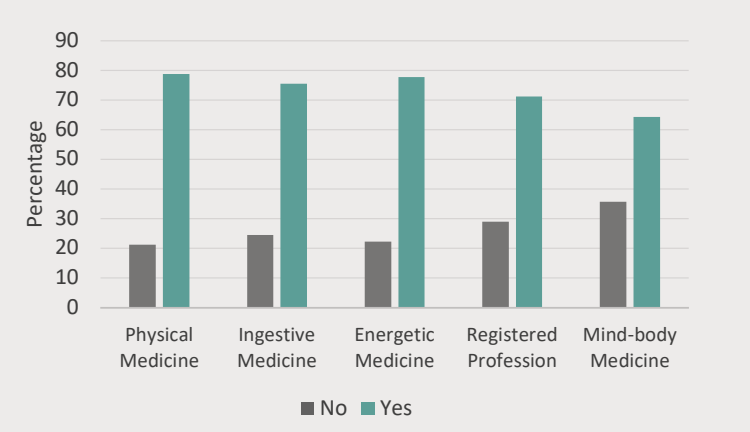

Figure 6..2 Impact of COVID-19 on Business by Discipline Category*

**Forty-two out of 1273 respondents who answered the question about the impact of the COVID-19 pandemic on their business diagnostic tests nominated their primary discipline as 'Other'. Of those 81% (34 out of 42) reported an impact and 19.1% (8 out of 42) reported no impact. This category has not been represented in Figure 6.2.*

6. Impact of the COVID-19 Pandemic

The majority (68.2%, 941 out of 1379) of natural therapists were double vaccinated against COVID-19, 18.6% (256 out of 1379) were not and 13.2% (182 out of 1379) said they preferred not to say (see Figure 6.1).

Three quarters (75.9%, 1044 out of 1376) of respondents said that business had been affected (positively or negatively) by the COVID-19 pandemic. Figure 6.2 depicts the impact of COVID-19 on business for each discipline area.

Open-Ended Responses about the impact of COVID

Respondents were invited to write short open-ended responses regarding how the COVID-19 pandemic affected their business. A wide range of experiences were reported by respondents, which can be described in three main themes: number of clients, mandates, and change to delivery of health care (i.e., changing to online or telehealth consultations).

i) Number of Clients

Many respondents stated that they lost clients throughout the pandemic, particularly in areas with extended lockdowns. For some, these clients had returned. However, some practitioners said that their clients could no longer afford to pay for treatments. Others said there were more short-notice cancellations when clients contracted COVID or were close contacts to others who had. In contrast, many practitioners

stated their business was thriving and they were busier than ever before, mainly because more people were interested in health and well-being, but also because clients were unable to be treated by other services. Some clients stayed away because they were concerned about catching COVID during a face-to-face visit. Loss of unvaccinated clients was frequently stated and some vaccinated clients were unwilling to go to a clinic that had treated unvaccinated clients.

ii) Mandates

Vaccines, masks, and lockdowns were issues described by respondents. Extra precautions, like more thorough cleaning procedures, cleaning between clients and working while wearing a mask, made working difficult for some respondents. Long term, respondents felt that government-mandated lockdowns had a big impact on business.

iii) Change to Delivery of Health Care

For many respondents, the impact of COVID on their business meant a partial or complete redesign of their delivery methods. For some, a redesign included more online consultations, and some switched to telehealth only. While many have gone back to face-to-face consultations, others have stayed online or with telehealth. Some practitioners said the transition to online or telehealth was initially challenging but has had a long-term positive effect.

Discussion

Results of this survey enhance our understanding of natural medicine professions in Australia, including: i) the viability of practice as indicated by reports of gross income, numbers of consultations and consultation fees, ii) years in clinical practice and work setting, iii) health fund rebates for natural medicine, iv) collaborations with other health practitioners, v) reported safety, and vi) the impact of COVID-19 on natural medicine professions.

i) Practice viability

The question about gross income was not answered by almost a third (27.8%) of those completing the survey. Of those who provided a response, gross incomes were most frequently (21.8%) reported between $20,001 to $40,000. However, combining higher income categories showed 42.9% reported earning over $40,000. According to the Australian Bureau of Statistics (2023), in the financial year 2020-2021, the median Australian personal income was $54,890. Registered Practitioners reported the highest gross incomes with 9.23% reporting gross incomes over $120,000. A total of 7.2% of Ingestive Medicine practitioners also reported gross incomes

of over $120,000. In our survey, gross incomes for discipline categories may be distorted by the small number of respondents in some disciplines. For example, only 19 Energetic Medicine practitioners and 13 Mind-Body Medicine practitioners answered the question about gross income.

These incomes are directly related to the number of consultations and the fees charged for these consultations. For all natural medicine respondents combined, 0-5 initial and follow-up consultations was the most frequently reported number of clients per week (75.2% and 41.7% respectively). A small number of natural medicine practitioners, mainly Registered Practitioners, reported seeing more than 40 clients per week. However, numbers of reported consultations need to be seen in the context of the reported ideal number of consultations per week. A total of 40.4% of Ingestive Medicine practitioners reported ideally wanting to see 0-10 clients per week. Higher numbers were reported by Registered Practitioners: 36.2% of practitioners (the most frequent category) wanted to see 20-40 clients per week; 17.8% of Registered Practitioners said their ideal number of clients was over 40 clients per week. There was relative consistency in fees charged for consultations across discipline categories. The most commonly reported initial consultation fee for all natural therapists combined was $101-$150. However, 62.8% of Physical Medicine practitioners reported charging less ($51-$100) for an initial consultation. Follow-up consultation fees across all natural medicine disciplines were most commonly reported as $51-$100.

Practice viability is also influenced by the duration of consultations and consequently the number of consultations that could reasonably be conducted in a working week. Natural medicine practitioners reported long initial consultation times, with 41.3% reporting spending more than 60 minutes with their clients in initial consultations. Follow-up consultations were reported by 44.1% as between 41-60 minutes. It has long been observed that complementary medicine practitioners spend more time with their clients than many other health care practitioners. In a 2010 Dutch study, complementary medicine practitioners were found to spend at least twice as much time with their clients as GPs (Heiligers et al., 2010). Publications describing clients' attitudes towards the use of complementary and alternative medicine consistency refer to clients' appreciation of the time spent with them compared to conventional health practitioners (de Valois et al., 2016; Tangkiatkumjai et al., 2020).

ii) Years in practice and work setting

Almost 30% of respondents had been in clinical practice for over 20 years; 22.7% had been in practice less than 5 years. For the long-term sustainability of natural medicine professions, sufficient intake of new students into natural therapies education institutions is required to sustain and increase the number of natural medicine practitioners in clinical practice. Demand for natural medicine remains high in Australia, with estimates of approximately 70% of Australians using complementary medicine (Complementary Medicines Australia, 2022; Steel et al., 2018). This demand may encourage new students to the profession. Natural medicine students, and indeed all health students, need support during their training and during their transition to practice (Grace & Streckfuss, 2018). Moreover, almost 60% of respondents in our survey reported working in solo private practices. This can be an isolating experience for some. Professional associations have established mentorship programs (e.g. Osteopathy Australia's Research Mentorship Program (Osteopathy Australia, 2024)) and continuing professional education specifically designed to support graduating students to establish viable and fulfilling practices and professional networks so that they can feel welcomed and supported (e.g. ATMS' Transition to Practice seminar series).

A TOTAL OF 43.2% OF RESPONDENTS REPORTED PRACTISING ONLINE, A TREND THAT WAS BOLSTERED DURING THE COVID-19 LOCKDOWNS... MORE THAN HALF OF RESPONDENTS (57.1%) USED DIGITAL TECHNOLOGIES TO OPERATE OR MANAGE THEIR PRACTICES.

In our survey, working in group practices was reported by 26.1%, with 1.6% of those being in group practices with GPs. The disciplines most likely to work in group settings were Physical Therapists and Registered Practitioners. A total of 43.2% of respondents reported practising online, a trend that was bolstered during the COVID-19 lockdowns. Ingestive Medicine practitioners had the highest percentage of online consultations, with 82.6% reporting using online consultations. More than half of respondents (57.1%) used digital technologies to operate or manage their practices. Ingestive medicine practitioners were the highest users, with 66.7% reporting digitising their practices.

iii) Health fund rebates for natural medicine

A total of 62.4% of survey respondents reported that some of their clients claimed part of the fee for their services with their private health insurers.

In 2019 the Australian Government removed subsidies for health fund rebates for 16 natural therapies (Australian Government Department of Health, 2020). The impact of this action on natural medicine businesses was reported by 40.2% of respondents, including a drop in client numbers. A Natural Therapies Review Expert Advisory Panel is currently reviewing the evidence for the natural therapies in question, which it is hoped will lead to reinstatement of some of these subsidies.

iv) Collaboration

Just over half (55.4%) of natural medicine respondents reported collaborating with other health practitioners. This mostly involved referring clients to GPs for medical diagnostic tests like blood tests or X-rays. Ingestive Medicine practitioners and Registered Practitioners referred most frequently. Referral for functional pathology testing such as hair or saliva analysis, stool testing or gene mapping was occasionally used by 23.9% of respondents, but predominantly by Ingestive Medicine practitioners, with 31% referring frequently or very frequently for functional pathology tests. A total of 70.9% reported receiving referrals from other health practitioners occasionally, frequently or very frequently. Such figures suggest an encouraging degree of collaboration among health practitioners. In terms of clinical reasoning, 61.7% of respondents reported using medical diagnostic tests to inform their assessment of their clients occasionally, frequently or very frequently. Almost 60% of respondents said they discussed their treatment options with other health practitioners occasionally (47%), frequently (11%) or very frequently (1.7%), further confirming the extent of collaboration among natural medicine and other health practitioners.

v) Safety

Only 7% of respondents reported suspecting an adverse reaction in the past 12 months. Of these, 25.5% were reported as aggravation of symptoms, 18.1% as gastrointestinal reaction, and 10,6% as bruising. Only three respondents reported referring the client to a medical practitioner. These reports suggest that the use of natural therapies is relatively safe. However, such reports need to be confirmed by other means as respondents may be unwilling to report adverse events or may have failed to report them accurately.

vi) The COVID-19 pandemic

The COVID pandemic brought immense disruption to all areas of life, including the professional lives of natural medicine practitioners. They were required to reorganise the way they delivered and charged for their services. In our survey, 68.2% reported being double vaccinated. A total of 76.7% reported that their businesses were affected by the pandemic. There was a reduction in the number of clients for some and this was also reported in other studies (Lin et al., 2021). Others reported an increase in client numbers because of surging interest in health and well-being during the pandemic. Many respondents were forced to redesign their delivery methods (e.g., more online consultations), in some cases with long-lasting benefits. A study of Australian osteopaths' perceptions of the use of telehealth during the pandemic described the impact of the pandemic in further detail (Grace et al., 2024). As also reported in the literature (Stub et al., 2021), respondents in our survey felt that government-mandated lockdowns had a big effect on business and created uncertainty about their future.

Conclusion

The results of this survey have provided a snapshot of the natural medicine workforce in Australia, including their demographics and practice characteristics, and how advances in technology and the pandemic have affected their clinical practices. These results can be used to inform policy makers and thereby ensure the ongoing success and wellbeing of natural medicine practitioners in Australia.

For a longitudinal comparison of the natural medicine workforce over the past 20 years, see Grace and Baltrotsky (2023).

Acknowledgements

Our grateful thanks to our statistician, Dr Alison Bowling.

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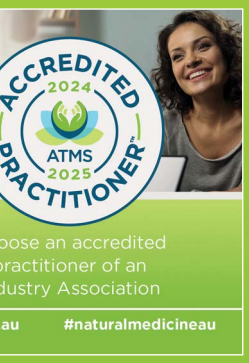

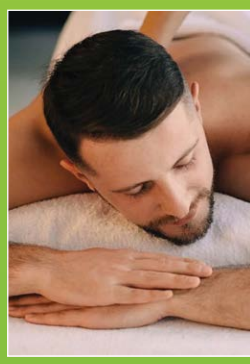

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An overview of the clinical effects of fasting *on chemotherapy outcomes:* Current evidence

Associate Professor Teresa Mitchell-Paterson | PhD Candidate, MHlthSc(HumanNutrition), BHlthSc(CompMed), ADVDIP(Naturopathy). Senior Lecturer Torrens Health Faculty, Torrens University

Abstract

Cancer therapy seeks to restrain malignant cell growth, with the majority of dietary interventions targeting a reduction of cachexia, a condition linked to poor prognosis. However, recent research suggests these methods are outdated in certain cancer types, where weight stability or gain may occur during treatment. Integration of complementary approaches such as fasting, fasting mimicking diets (FMDs, also known as caloric restriction (CR)), and time-restricted feeding (TRF) into cancer treatment strategies is gaining attention for potentially enhancing chemotherapy efficacy while reducing adverse effects. This overview evaluates existing literature on ongoing clinical trials, animal studies and potential fasting benefits, clinical applications, and research gaps regarding chemotherapy outcomes and quality of life (QoL). Fasting triggers differential stress resistance (DSR) and shields normal cells while sensitising cancer cells to chemotherapy, and protecting cells from chemotherapy toxicity while enhancing QoL, and potentially prognosis. Fasting modulates blood glucose levels, oxidative stress, tumour expansion, and inflammation, and promotes autophagy, underpinning the focus on adopting fasting along with traditional medical intervention. It is agreed that if this line of therapy is adopted it is vital that clinical team involvement is sought to assess patient suitability, safety, and compatibility with chemotherapy, particularly in cachexic patients. Further research in human studies is required to validate fasting's benefits and to establish reliable endpoints.

Introduction

Cancer therapy encompasses a multitude of treatments directed at reducing or diminishing the growth of malignant cells in the body. Standard treatment recommendations during chemotherapy feeding are aimed at reducing weight loss (cachexia), which in cancer patients is associated with poor immunity and reduced prognosis and survival. However, emerging research suggests that the current recommendations may be outdated, particularly in prostate, ovarian and breast cancers, where there is a low risk of weight loss during and after treatment, but a potential for weight gain [1].

The integration of complementary (naturopathic) approaches such as fasting, fasting mimicking diets (FMDs), which are also known as partial calorie restriction (CR), and time-restricted feeding (TRF), also known as intermittent fasting, into cancer treatment strategies has garnered considerable attention in recent years. These interventions hold promise for enhancing the efficacy of chemotherapy while potentially mitigating its adverse effects.

This short synopsis from the available literature provides an analysis and overview of current thinking on the benefits of the various types of fasting, their potential clinical applications, potential areas for further research in the context of chemotherapy outcomes and quality of life, and the reduction of physical side effects from chemotherapy toxicity.

It is important to note there is a paucity of human trials, and that available studies are conducted on small cohort numbers and well-nourished patients [2]. Well-nourished in this context are those patients who are within the recommended body mass index (BMI) and are seen to be in good health with no comorbidities or clinical nutrient deficiencies. From the current evidence, it remains unclear whether cachexic patients would benefit from a fasting approach [3].

Cellular response to caloric deprivation

Caloric deprivation as seen in fasting regimes triggers a cascade of physiological events that protect normal cells. It is proposed that the observed protection against tumour growth associated with fasting stems from a phenomenon known as differential stress resistance (DSR). This process involves the process of fasting inducing a state of nutrient deprivation, which is believed to inhibit tumour growth and proliferation while allowing healthy cells to remain intact in a stress-response mechanism [4,5]. DSR promotes metabolic pathways aimed at cell maintenance, thereby reducing cellular damage accumulation, and enhancing reproduction in healthy cells. Stress resistance safeguards normal cells from the toxic effects of chemotherapy, thereby reducing treatment-related side effects, and enhancing QoL. In a review of the potential benefits, fasting was found to have the potential to reduce organ damage, immunosuppression, toxicity, weight loss, tumour growth and metastasis, and improve prognosis [3]. In animal models, various cycles of fasting and re-feeding demonstrate beneficial reductions in gastrointestinal disruptions and ensuing mucositis with lower inflammatory markers [4]. Importantly, during fasting periods cancer cells fail to trigger the same stress resistance response, rendering them more susceptible to the effects of chemotherapy and thereby heightening its efficacy [6].

Another primary effect of fasting is reducing circulating blood glucose and insulin levels (and therefore insulin growth factor 1 (IGF-1)) which are involved in tumour expansion in many cancer types [1,6]. As several types of tumour cells rely on glucose as a primary energy source, the deprivation of glucose as a fuel may impede cell proliferation and impact cell survival. Fasting additionally increases autophagy, a process that degrades and

recycles damaged organelles and proteins, which in part contribute to the suppression of tumorigenesis. Inflammation and oxidative stress are both reduced in the fasting state, reductions which play a crucial role in slowing cancer development and progression. During the fasting state ketones are produced from the liver from fat-derived glycerol, fatty acids and amino acids. These adequately fuel the brain and may slow tumour progress [6,7].

Potential clinical applications of fasting diets on chemotherapy treatment outcomes

Negotiations with the clinical team are advisable to establish the suitability of each patient for the fasting treatment chosen, and the suitability of that treatment for the patient and the chemotherapy regime. The patient would need to be invested and involved in the decision-making process.

Potential areas for further research

Although the theory is promising further research is required in human studies. A recent review suggests there are currently insufficiently powered studies to detect significant effects and consistent endpoints from which to conclude.

Conclusion

While data remains scarce, both short-term fasting and fasting-mimicking diets exhibit potential as emerging nutritional therapies during chemotherapy, particularly for cancers with a low risk of malnutrition and cachexia. However, there are notable obstacles that prevent the widespread adoption of these diets as nutrition therapy. There is a paucity of efficacy data, challenges in patient adherence, and a high dropout rate. However, the available research suggests that in well-nourished patients, fasting has the potential to reduce toxicity and decrease chemotherapy-induced DNA damage, improve QoL, reduce fatigue, and moderate inflammation, all of which are related to prognosis and survival. There is a necessity to better understand the effects of different fasting approaches

Categories of fasting diets

FASTING 48-72 HOURS

Short-term fasting during the chemotherapy process over a 48-72-hour timeframe has been proposed as more effective in reducing chemotherapy toxicity than shorter durations [5]. Human evidence is not sufficient to draw definitive conclusions. Timelines of the most promising results in the small trial were 48 hours before treatment or 24 hours before and after treatment, or 72 hours surrounding treatment (i.e., 48 hours before and 24 hours following chemotherapy) [5,7].

Outcomes: Effective in reducing toxicity of chemotherapy; safe; reduced changes in blood work; adherence; and improved QoL.

FASTING MIMICKING DIETS

A kilojoule restriction of 20-40% FMD or CR has been the subject of more studies than fasting in solid tumours. This is attributed to the fact that a common therapeutic goal in cancer treatment is the avoidance of weight loss and that it is considered more tolerable than fasting. FMDs have shown potential benefits in reducing chemotherapy-related side effects and improving the QoL in cancer patients receiving chemotherapy. A human controlled cross-over pilot study in gynaecologic patients of a modified short-term fasting of 96 hours with caloric restriction of 25% of each patient's daily requirement indicated that this increased tolerance to chemotherapy [2,8]. Another study suggested benefits were provided by a very low calorie low protein diet for 1 week per month.

Outcomes: improved weight maintenance, improved patient tolerance and improved QoL.

TIME-RESTRICTED FEEDING

TRF or intermittent fasting is episodic periods of low or no kilojoule intake. The approach encompasses a plethora of programs where food intake is restricted to a short eating window. This may include fasting every other day, a 16-hour fast and an 8 hour eating window twice a week, or a 24-hour fast, or fasting on one or more consecutive days a week. The available data indicates that periodic fasting for 24 hours, a type of intermittent fasting, may enhance the efficacy of chemotherapy, reduce treatment-associated side effects, and mitigate cancer-promoting factors such as insulin. Concurrently, it may alleviate treatment-induced declines in QoL and daily living [8,9].

The timing of short-term fasting for efficacy in outcome-related benefits is not prescriptive at the time of this overview.

Outcomes: safe for well-nourished patients, reduced chemotherapy toxicity and improvements in treatment response.

on chemotherapy efficacy, circulating biomarkers associated with cancer progression, and patient outcomes.

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Key to prescribing and studying *homoeopathic materia medica*

The Stages Template: Part 1

Shilpa Bhourasker

Introduction

Hello! I am Shilpa Bhouraskar, Bachelor of Homoeopathic Medicine and Surgery and a homoeopathic physician in India. I am also the founder and director of The Quest for Simillimum (TQFS) Online Academy for Wellness Practitioners, and the author of HomeoQuest Software.

After almost two decades of practising, teaching and mentoring in homoeopathy, I get a lot of questions from students and practitioners. One of the common questions is: How do you study the materia medica? How do you know your remedies so well that you can pick them from that final analysis with confidence? How do you memorise the information? In other words: What's the insider stuff?

As you can see, I've spent the last two decades in homoeopathy. I've built an entire template and methodology around simplifying it for practice, which thousands of students and practitioners use in every facet of their homoeopathic study and practice.

Simplifying homoeopathy has become my life's work. I was never someone who simply decided one day that I would create a template and build a formula around it, but I am someone who loves to classify. I take great pleasure in building a logical co-relationship among things that, superficially, seem to be nonsense.

That is why I invented the Stages Template or Stages Formula. Some practitioners regard it as the gold standard for homoeopathic practice because it literally changes the way you approach your patients' cases, as well as the way you study and the way you prescribe your medicines.

I will cover Stages 1 and 2 in Part 1 of this article, and Stages 3 and 4 will be covered in Part 2 in the next issue of this journal.

The key to prescribing and studying homoeopathic materia medica

The key to prescribing medicines, and studying homoeopathic materia medica, is to be intentional about what type of remedy your patient wants. This is different from just prescribing remedies based on what you learned in school and then hoping people will come to you. Instead, you have to engineer your remedies and you have to be intentional about how you use them.

What aspect of the remedy is going to be of benefit to your patient? This is where it gets interesting. This is the only way you're going to get people excited about your homoeopathy and the only way you're going to make your remedies into powerful tools of healing.

I do this by understanding my remedies using the Stages Template. That way, I can be sure of my remedy. I can also prescribe the same remedy in different ways, based on exactly where my patient is and what they need. That is the secret to getting a great result.

At one point in time, I only studied remedies one way – the classical way – so I could only use remedies as a constitutional. But since 2008, I've started intentionally classifying the remedy information according to Stages. By doing that, I have maximised the impact, the efficiency and the potential of my remedies. And that is exactly what I want to share with you in this article.

Learning a new remedy

When you have a new remedy that you want to learn:

- First, take a piece of A4-size paper.
- Next, make four columns and name them Stage 1, Stage 2, Stage 3 and Stage 4.
- Then, in each of the columns, fill in the information you see in the following sections.

Materia medica understanding: Stage 1

What is stage 1 information?

Stage 1 is all about the diagnostic symptoms, or the physio-pathological symptoms, that you find in a remedy. So, there are a few components that you'll have to look into.

First, find the major sphere of action or the major locations where the remedy has a strong action. You are looking for the key locations that the remedy targets.

Next, look at the diagnostic symptoms. Ask these questions:

- Does the remedy create a specific group of symptoms that point to a certain disease diagnosis or a certain syndrome?
- Does it create any specific destructive effects on certain organs?

All of this information is important because what matters is the action which the remedy innately has within it, irrespective of whether you prove it in a potency or in crude form.

Stage 1 remedy examples

China: China produces intermittent fever-like symptoms; or it produces anaemia with a tendency to destroy red blood corpuscles.

Lachesis: Lachesis produces septicaemia and poisoning-like symptoms.

Merc Sol: Merc Sol produces paralysis and secondary syphilis-like symptoms.

Where do you find Stage 1 information?

You can find some diagnostic symptoms in the drug provings which are functional. Later on, you will find the information confirmed by clinical symptoms, clinical patterns or diagnoses that the remedy can resolve when used by practitioners who work at this stage.

In certain cases you can find Stage 1 information in the toxicological rubrics from forensic information about that remedy, if it has that effect in crude form. The old masters like James Compton Burnett, C.M. Boger, J.H. Clarke, William Boericke, E.A. Farrington, A.L. Blackwood, W.H. Burt, W.A. Dewey and Wilhelm Schuessler were Stage 1 practitioners and materia medica authors who actually used remedies in that form.

Stage 1 books and materia medica

I will start by showing you how you find this information with some Stage 1 books. We will use the same remedy examples.

China

Let's look at China from *Clarke's Dictionary of Practical Materia Medica*,[1] which is one of the best Stage 1 books there is. See Image 1.

You will notice that, from the start, the author has included all the different types of clinical conditions that China has been used for, listed alphabetically from abscess to vertigo. This gives you a clinical dictionary of various clinical pathologies where China has been useful, and has reversed symptoms, in clinical patients. See Image 2.

Now we will look at exactly what kind of anaemia this remedy covers. 'China is placed by Teste in the Ferrum group' with different remedies like 'Plumb, Phos, Carb Animalis, Puls and Zinc'. It has 'the property of remaking the altered blood or increasing, for the time being, in a healthy person, the relative amount of haematin, globulin, fibrin ...',

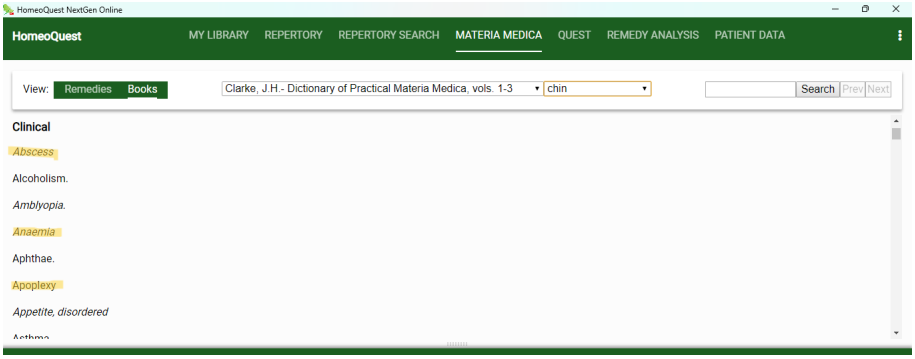
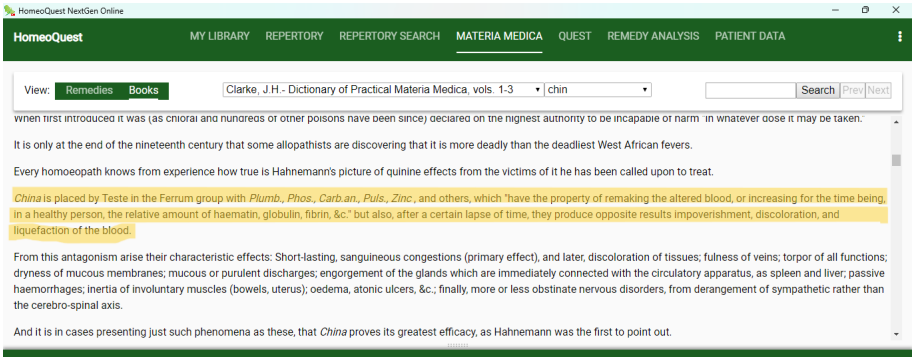


Image 1.



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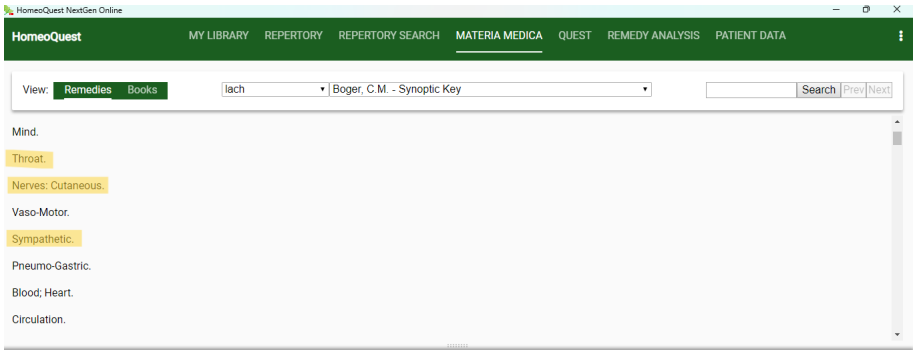

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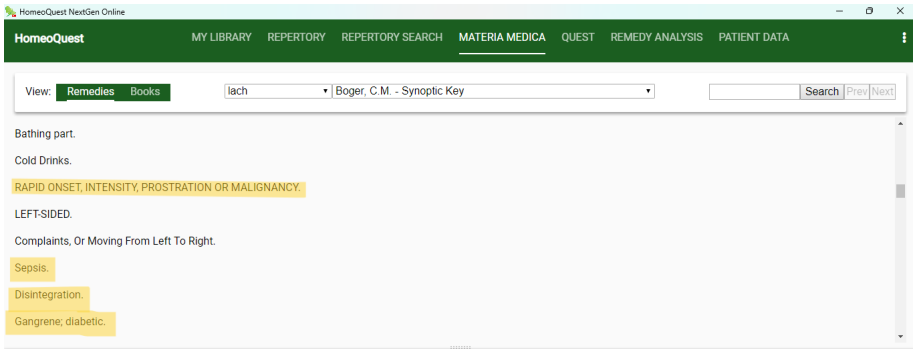

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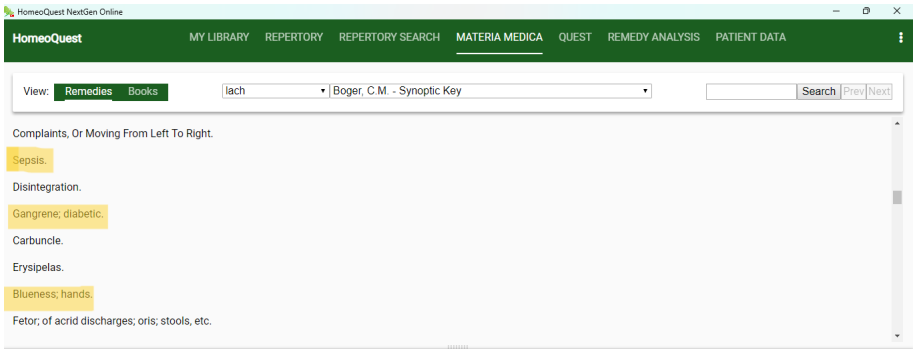

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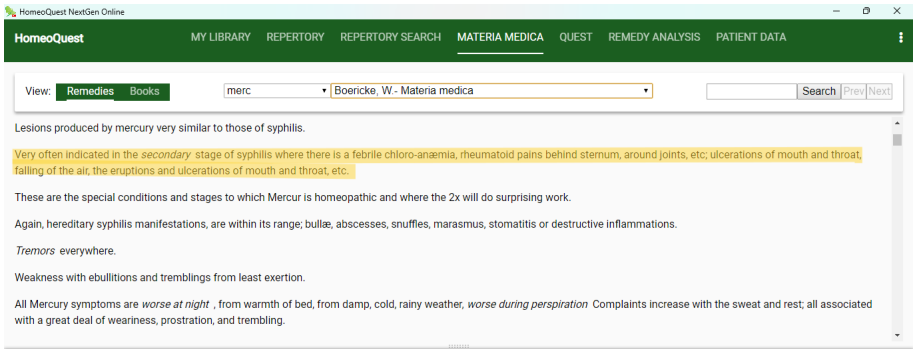


Image 6.

but also, 'after a certain' amount of time, it produces the opposite effects, which are 'impoverishment, discoloration, and liquefaction of the blood'.

You can see that the author has described the exact pathophysiology of iron deficiency anaemia that this remedy is capable of altering physiologically and, hence, of resolving.

Lachesis

This time we'll use my second go-to book, which I love for Stage 1 remedy understanding: Boger's *A Synoptic Key of the Materia Medica*.[2] This book is very simple. See Image 3.

Boger writes using great economy of words but gives the best information you can get about particular remedies in a summarised form. That is his genius.

Consider the different regions he deals with from the very start: throat and cutaneous nerves; vasomotor and sympathetic nervous system; and blood, heart and circulation. These are the different spheres of action, or the affinity organs, of Lachesis at Stage 1. The reader can readily find the pathology Lachesis is capable of creating and of helping to treat. See Image 4.

Here you see intensity, rapid onset, prostration and malignancy. See Image 5,

Here you see the sepsis, the disintegration, the gangrene, the diabetic gangrene, the carbuncles, the blueness, and so on: all the different aspects of the pathophysiology of Lachesis.

Merc Sol

This time let's use my next go-to book, Boericke's *Materia Medica*. [3] Again, this is another beautiful book for Stage 1 information. See Image 6.

Here he states: 'Very often indicated in the secondary stage of syphilis. There is febrile chloro-anaemia; rheumatoid pains behind sternum and around joints; and ulcerations of mouth and throat'.

What else do you see? 'Hereditary syphilis manifestations; bullae; abscesses; snuffles; marasmus; stomatitis'. In other words, you see 'destructive inflammations' everywhere.

These are the excellent Stage 1 books that you need to study and through them filter out the pathophysiological information. That will become your Stage 1 part of that remedy's materia medica.

Materia medica understanding: Stage 2

What is stage 2 information?

Stage 2 is the information where you build upon the diagnostic symptoms. You're looking at the peculiar concomitants that accompany your pathology or diagnostic symptoms without any apparent logical reason.

Stage 2 remedy examples

China

We know China has the tendency to create intermittent fever-like symptoms. Then you realise that there are chills that begin from the leg below the knee. This is important because this is giving you some special information about the intermittent fever-like symptoms that China creates in that person.

Lachesis

Lachesis causes septicaemia-like symptoms. But then at Stage 2, you realise that Lachesis also has the ability to create constriction and tightness, where there is inability to bear any type of tight clothing on the body. If you find these together, it's Lachesis at Stage 2.

Merc Sol

Merc Sol produces secondary syphilis-like symptoms, but then there is intense sweating without relief.

Where do you find stage 2 information?

You find them in all the drug provings. Most of our remedies are proved in potencies to provide information at Stage 2

However, there are certain practitioners who have documented concise Stage 2 information in their books. All these practitioners define just one step beyond the clinical diagnosis, which is Stage 2 information. These include all Stage 1 authors along with specialised Stage 2 authors such as C.M.F von Boenninghausen, H.C. Allen, T.F. Allen, E.B Nash, G.H. Clarke, A.C. Cowperthwaite, and H.N. Guernsey who delve deeply into regional therapeutics.

Stage 2 books and materia medica

Let me show you my favourite way of finding the concomitants for any remedy by using technology, since we have a huge database in homoeopathy. I am using the remedy analysis function of HomeoQuest software, but you can do this analysis in any good homoeopathic software of your choice.

Let's look at China from von *Boenninghausen's Repertory.* [4] In particular, look for the concomitants of the fever. See Image 7.

You can see all the different aspects of China fever and what comes along with that. We have mental states of 'anxiety', 'chaotic feeling in the head', 'delirium' or 'depression' and 'indifference'. See Image 8.

Further along we find 'painful headache with congestion' or 'vision, green before eyes'. See Image 9.

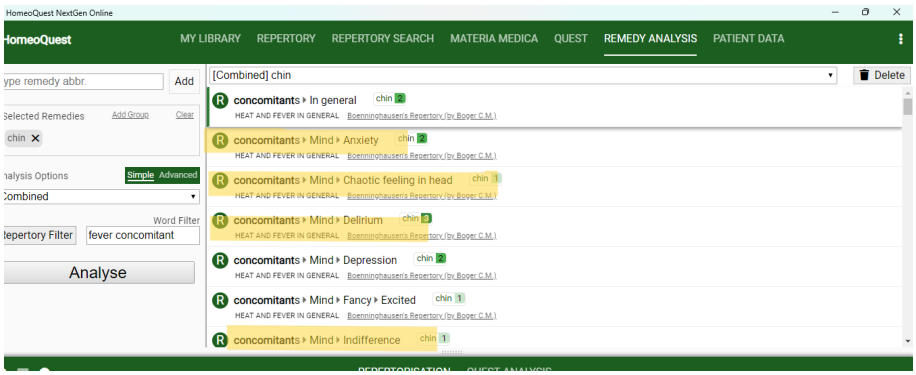
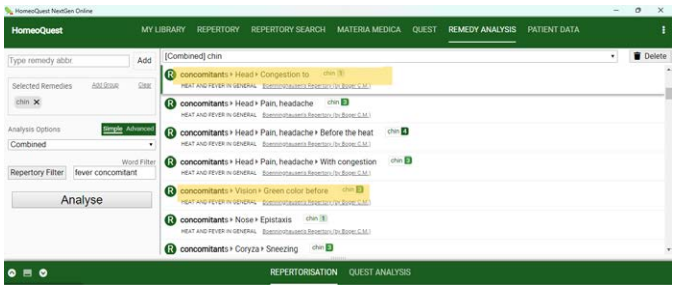


Image 7.



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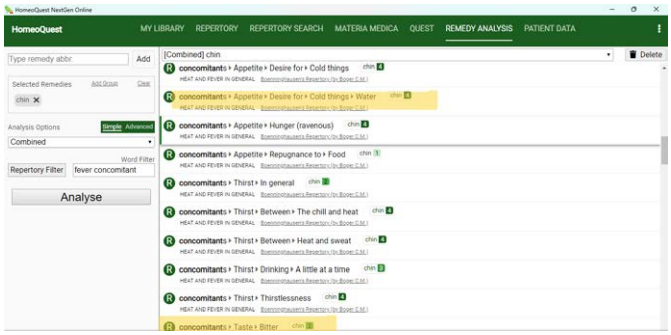

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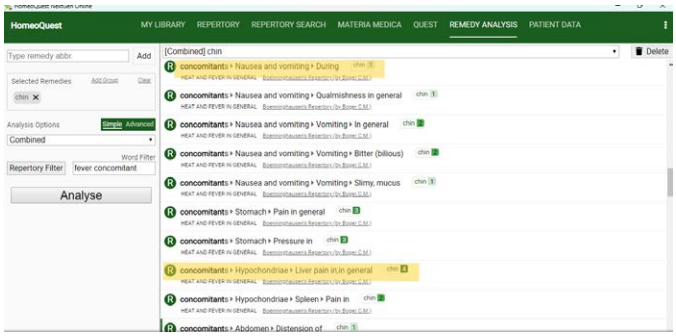

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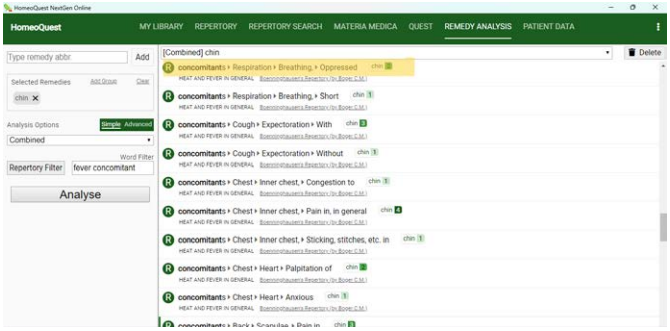

Image 11.

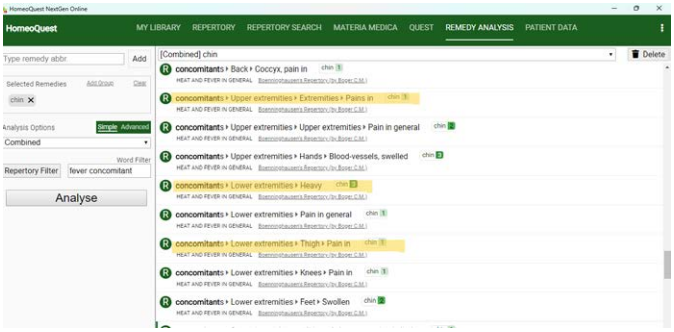

Image 12.

Then we have some interesting concomitants to fever with 'desire for cold water', 'taste, bitter'. See Image 10.

Next we find fevers with 'vomiting' of bitter slimy mucus or with liver and spleen pain. See Image 11.

We have chest complaints with fevers such as oppressed breathing, 'congestion of the chest' and anxious heart palpitations. See Image 12.

We have leg complaints in fever such as 'extremities, pain', 'heaviness', 'pain in the thigh and the knee' and 'swollen feet'.

You can get all these different types of concomitants across different regions of the body that are associated with fever in China, and you can derive such information for any remedy of your choice.

These concomitants give you key Stage 2 information. They make your diagnostic symptom, or chief complaint such as fever in this case, qualified. These local concomitants are what make up the Stage 2 information for a remedy.

Conclusion

I hope this article has given you a lot of food for thought on understanding remedies at Stage 1 and Stage 2. In the next issue, I will share Part Two of this article on how to master remedies at Stage 3 and Stage 4.

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Homeopathy: *Recent research findings*

Robert Medhurst | BNat ND DNutr DRM DBM DHom

Here in Australia, the public acceptance of complementary healthcare modalities such as nutritional and herbal medicine is generally fairly easy. Pharmaceutical therapy is well-accepted and because herbs and nutritional supplements can be shown to work in a similar manner to pharmaceuticals, the possibility that they'd be clinically effective isn't difficult for most people to accept. For homeopathy, the situation is a little different because according to what's generally accepted about chemistry and pharmacology, it shouldn't work. The media here has been quite efficient at broadcasting the supposed lack of effectiveness of homeopathy, based largely on the idea that homeopathy is scientifically implausible. This means that for those who have no experience of it, the notion that homeopathy works is usually only acceptable where a potential user receives strong confirmation of it from a trusted source. Peer-reviewed scientific journals can act as that trusted source, and following are summaries from some recent research highlights that have appeared in these journals.

Human Studies

1. Teixeira MZ, Podgaec S, Baracat EC. Potentized estrogen in homeopathic treatment of endometriosis-associated pelvic pain: A 24-week, randomized, double-blind, placebo-controlled study. Eur J Obstet Gynecol Reprod Biol. 2017;211:48-55. This work looked at the possible efficacy and safety of homeopathically potentised oestrogen compared to placebo in the homeopathic treatment of endometriosis-associated pelvic pain (EAPP). Researchers enrolled 50 women aged 18-45 years old with diagnoses of deeply infiltrating endometriosis based on magnetic resonance imaging or trans-vaginal ultrasound after bowel preparation, and who scored ≥5 on a visual analogue scale (VAS: range 0 to 10) for endometriosis-associated pelvic pain. Potentised oestrogen (12C,18C and 24C) or placebo administered twice daily per oral route. The primary outcome measure was change in the severity of EAPP global and partial scores (VAS) from baseline to week 24, determined as the difference in the mean score of 5 modalities of chronic pelvic pain (dysmenorrhoea, deep dyspareunia, non-cyclic pelvic pain, cyclic bowel pain and/or cyclic urinary pain). The secondary outcome measures were mean score difference for quality of life assessed with SF-36 Health Survey Questionnaire, depression symptoms on Beck Depression Inventory (BDI), and anxiety symptoms on Beck Anxiety Inventory (BAI). An analysis of the results showed that potentised oestrogen (12C, 18C and 24C) at a dose of 3 drops twice daily for 24 weeks was significantly more effective than placebo for reducing endometriosis-associated pelvic pain.

2. Oberai P, et al. Homoeopathic management of schizophrenia: A prospective, non-comparative, open-label observational study. Indian J Res Homoeopathy. 2016;10:108-18. This 5 -year study was run by India's Central Council for Research in Homoeopathy and sought to evaluate the usefulness of homeopathic interventions in schizophrenia. Patients between 20 and 60 years of age presenting with symptoms of schizophrenia were screened for inclusion and exclusion criteria. The patients who were on anti-psychotic drugs were allowed to continue them, along with homeopathic medicine, and the dose of anti-psychotics was monitored by a psychiatrist. The homeopathic medicines were prescribed according to the presenting symptoms. Patients were followed up for 12 months. The response to treatment was assessed using Brief Psychiatric Rating Scales (BPRS) and data analysis was done using Statistical Package for the Social Sciences SPSS Version 20.0. The 171 enrolled patients were assessed as per the modified Intention to Treat Principle. An analysis of the results showed a statistically significant ($P = 0.0001$, $P < 0.05$) response to homeopathic treatment. Sulphur, Lycopodium, Natrum muriaticum, Pulsatilla and Phosphorus were found to be the most useful medicines in treating these schizophrenic patients.

3. Thompson E, et al. A patient reported outcome measure in homeopathic clinical practice for long-term conditions. Homeopathy. 2016;105(4):309-17. This study was carried out at the Bristol Homeopathic Hospital using the Measure Yourself Medical Outcome Profile (MYMOP2) to assess the outcomes of homeopathic treatment for chronic conditions seen in routine clinical practice. A total of 198 patients with a wide range of complaints attended 1-5 consultations with 20 homeopathic doctors. Diagnostic categories were most commonly neoplasms

(16.7%), psychological (13.9%) and genitourinary complaints (12.3%), with 66.7% suffering from these problems for at least 1 year. The three symptoms that bothered patients the most were pain, mental symptoms and tiredness/ fatigue. A paired-samples t-test using an intention-to-treat analysis showed that the MYMOP2 profile score improved from 4.25 (IQR 3.50-5.00), with a mean change of 1.24 (95% CI 1.04, 1.44) from the first to the last consultation (p<0.001). Results were statistically significant both for completers (n=91) (p<0.001) and non-completers (n=107) (p<0.001) using last-observation-carried-forward, although completers did better than non-completers (p<0.001). The overall clinical significance of improvements was at least moderate. A repeated measures ANOVA test also showed statistically significant improvements (p<0.001).

4. Oberai P, et al. A multicentric randomized clinical trial of homoeopathic medicines in fifty millesimal potencies vis-a-vis centesimal potencies on symptomatic uterine fibroids. Indian J Res Homoeopathy. 2016;10:24-35. This multi-centre randomised clinical trial was conducted at six centres by India's Central Council for Research in Homoeopathy with the primary aim to evaluate the effects of homeopathic medicines in fifty millesimal (FM) potencies compared to centesimal (C) potencies on symptomatic uterine fibroids. All assessments were carried out by a specialist obstetrician/ gynaecologist and the specialist homeopathic physicians engaged were responsible for the homeopathic prescriptions and follow up, which occurred over 12 months. The primary outcome measures were changes in the symptoms of uterine fibroids on a visual analogue scale (VAS) of 0–10 and findings through ultrasonography (USG) between FM and C potencies. The secondary outcome was changes in uterine fibroid symptom quality of life questionnaire (UFSQOL). Data analysis was done as per intention to treat (ITT) analysis. A total of 209 subjects were enrolled in the study, (FM: 106 and C: 103), and their data analysed under a modified ITT. FM and C potencies were equally effective in reducing the symptoms (percentage change) due to uterine fibroid on VAS scale after 1 year of treatment (P > 0.05). The health-related quality of life (HRQOL) and sub-domains of UFSQOL also showed equal effectiveness in both the groups (P = 0.05). However, no difference was observed in all the USG findings except for uterine volume (P = 0.03). There was a statistically significant difference before and after homeopathic treatment irrespective of assigned groups (i.e., FM or C (P < 0.05)) in all of the above parameters. The medicines most frequently prescribed were Pulsatilla, Sulphur, Lycopodium, Sepia, Phosphorus, Calcarea carbonica, and Natrum muriaticum.

5. Das KD, et al. Treatment of hemorrhoids with individualized homeopathy: An open observational pilot study. J Intercult Ethnopharmacol. 2016;5(4):335-42. In this prospective, open, observational trial, haemorrhoid patients were treated using five standardised scales that measured complaint severity and anoscopic score. It was conducted at two homeopathic hospitals in India, from mid-July 2014 to mid-July 2015. Patients were treated with individualised homeopathy and followed up every month up to 6 months. A total of 73 patients were screened; 52 enrolled, 38 completed, and 14 dropped out. Intention to treat population (n = 52) was analysed in the end. Statistically significant reductions of mean bleeding (month 3: -21.8, 95% confidence interval [CI]: -30.3, -13.3, P: < 0.00001, d = 0.787; month 6: -25.5, 95% CI -35.4, -15.6, P: < 0.00001, d = 0.775), pain (month 3: -21.3, 95% CI -28.6, -14.0, P: < 0.00001, d = 0.851; month 6: -27.6, 95% CI -35.6, -19.6, P: < 0.00001, d = 1.003), heaviness visual analogue scales (VASs) (month 3: -8.1, 95% CI -13.9, -2.3, P: = 0.008, d = 0.609; month 6: -12.1, 95% CI -19.1, -5.1, P: = 0.001, d = 0.693), and anoscopic score (month 3: -0.4, 95% CI -0.6, -0.2, P: < 0.0001, d = 0.760; month 6: -0.5, 95% CI -0.7, -0.3, P: < 0.0001, d = 0.703) were achieved. Itching VASs reduced significantly only after 6 months (-8.1, 95% CI -14.6, -1.6, P: = 0.017, d = 0.586). The outcomes confirmed that individualised homeopathic treatment was effective in the management of haemorrhoids. The most frequently used medicines here were Sulphur, Nux vomica, Calc phos and Nat mur.

6. Janardanan KR, et al. Homoeopathic Genus Epidemicus 'Bryonia alba' as a prophylactic during an outbreak of chikungunya in India: A cluster -randomised, double -blind, placebo controlled trial. Indian J Res in Homoeopathy. 2014;8(3):160-5. The objective here was to assess the usefulness of homeopathic Bryonia alba 30C in the prevention of chikungunya during its normal epidemic outbreak in the state of Kerala, India. A cluster-randomised, double-blind, placebo-controlled trial was conducted in two districts. Bryonia alba 30C or placebo were randomly administered to 167 clusters (Bryonia alba 30C = 84 clusters; placebo = 83 clusters) out of which data on 158 clusters was analysed (Bryonia alba 30C = 82 clusters; placebo = 76 clusters). Healthy participants (absence of fever and arthralgia) were eligible for the study (Bryonia alba 30C n = 19750; placebo n = 18479). Weekly follow-up was done for 35 days. The infection rate in the study groups was analysed and compared by use of cluster analysis. The findings showed that 2,525 out of 19,750 people from the Bryonia alba 30 C group suffered from chikungunya, compared to 2,919 out of 18,479 in the placebo group. Cluster analysis showed a significant difference between the two groups [rate ratio = 0.76 (95% CI 0.14 - 5.57), P value = 0.03]. The result reflects a 19.76% relative risk reduction by Bryonia alba 30C as compared to placebo.

7. Barvalia PM, et al. Effectiveness of homoeopathic therapeutics in the management of childhood autism disorder. Indian J Res Homoeopathy. 2014;8(3):147-59. A team from Mumbai conducted this research with the objective of demonstrating the usefulness of the

homeopathic management of autism. A total of 60 children of both sexes diagnosed with autism aged ≤12 years were selected. A non-randomised, self-controlled, pre- and post-intervention study design was used. An initial 6 month observation period was employed as the control period and the same patients were treated for 1 year. Outcome changes were measured using the Autism Treatment Evaluation Checklist and the Autistic Hyperactivity Scale. The study demonstrated a significant reduction of hyperactivity, behavioural dysfunction, sensory impairment and communication difficulty. The medicines most commonly used were Stramonium, Tarentula hispanica, Calcarea carbonica, Natrum muriaticum, and Carcinosinum.

In-Vitro Studies

1. Chikramane PS, et al. Metal nanoparticle induced hormetic activation: A novel mechanism of homeopathic medicines. Homeopathy. 2017;106(3):135-44. The team conducting this work sought to assess the effects of homeopathically potentised metals on cultured cells to answer the question of whether such negligible metal concentrations elicit a biological response. The effects of metal-based homeopathic medicines (30C and 200C) were analysed at doses between 0.003%v/v and 10%v/v in in-vitro HepG2 cell-line. Upon treatment, cell response was estimated by MTT assay, FACS and total intracellular protein. Experiments were performed to discern whether the hormesis was a cell-activation or a proliferation effect. Remedies at doses containing a few femtograms/ml levels of the starting metals induced a proliferation-independent hormetic activation by increasing the intracellular protein synthesis. The metal concentrations (at fg/ml) were a billion-fold lower than the studies with synthetic NPs (at μg/ml).

2.Khuda-Buksh AR, Mondal J, Shah R. Therapeutic potential of HIV nosode 30c as evaluated in A549 lung cancer cells. Homeopathy. 2017;106(4):203-13. This research set out to determine if a homeopathically prepared HIV nosode in 30C potency (HIV 30C) has therapeutic potential against lung cancer cells (A549) as compared to the effects of the nosode against WRL-68 (normal) cells. The effects of HIV 30C were thoroughly tested for its possible anti-cancer potential on A549 cells (lung cancer); WRL-68 normal liver cells served as control. Three doses, one at LD50 and two below LD-50, were used. Proliferation, migration and senescence assays were made, and the generation of reactive oxygen species (ROS) was studied by routine techniques. The ability of HIV 30C to induce apoptosis in A549 cells and its possible signalling pathway were determined using immunoblots of relevant signal proteins and confocal microscopy, including studies on telomerase reverse transcriptase (TERT) and topoisomerase II (Top II) activities, intimately associated with cell division and DNA replication. The results showed that HIV 30C prevented cancer cell proliferation and migration, induced pre-mature senescence, enhanced pro-apoptotic signal proteins like p53, bax, cytochrome c, caspase-3 and inhibited anti-apoptotic signal proteins Bcl2, TERT and Top II, changed mitochondrial membrane potential and caused externalization of phosphatidyl serine. It also induced apoptosis as evidenced from an increase in the numbers of cells with distorted membrane morphology, nuclear condensation, DNA fragmentation, and ROS, which is typical of apoptosis in progress.

3. Gupta G, et al. Anti-candidal activity of homoeopathic drugs: An in-vitro evaluation. Indian J Res Homeopathy. 2015;9:79-85. In this study, samples collected from the oral cavities and tongues of patients suspected of suffering from oral candidiasis, were incubated for growth of Candida. Fermentation and assimilation tests confirmed the species as Candida albicans. The disc method was used to assess the in-vitro anti-candidal effect of several homeopathic drugs in 30C and 200C potencies against the fungi in in-vitro conditions and compared with standard antifungal drug ketoconazole (control), rectified spirit (control/vehicle) and distilled water (vehicle) by "inhibition zone technique". The homeopathic drugs Benzoicum acidum, Apis mellifica, Kali iodatum, Mezereum, Petroleum, Sulphur, Tellurium, Sulphur iodatum, Graphites, Sepia, Silicea and Thuja occidentalis in 30C and 200C potencies were tested against Candida albicans. Mezereum in 30C and 200C potencies showed maximum inhibition of growth of Candida albicans followed by Kali iodatum 200C while Kali iodatum 30C and Petroleum 30C produced minimum inhibition.

Kindness *in healing practice*

Dr Airdre Grant

A key principle of holistic healing practice is Docere, which means doctor as teacher. All healers act as teachers in one way or another. A client brings their broken, shaky self to practice where they tell their story and offer up their hopes and fears. The practitioner holds the space and listens, all the time gleaning information and racing through the data in their brain, which will give them knowledge and insight about the presenting situation. It's a dynamic relationship which combines professional integrity with compassion and expertise.

It's a space of connection and vulnerability. Everybody who is unwell learns about themselves, and about the world around them and their relationships. For a practitioner, this has the potential to be a powerful teaching moment, especially if the body disturbance is major, protracted, and slow or stubborn to heal. As Susan Sontag noted in her influential book, Illness as Metaphor, "Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place" (p3).

A practitioner is there because the client seeks guidance. The state of being unwell can bring out all manner of emotions and behaviours, as the client navigates an uncertain terrain. The notion of healer as teacher holds in this flowing, educative client/practitioner relationship. But where does kindness fit in, in a practical, busy practice? What if emotions become unmanageable?

Simply put, kindness matters. Kindness is central to inspirational and transformative relationships, professional and personal. Kindness lies at the heart of all good practice. It can and will get tested and yet, without it, the work runs the risk of becoming mechanical and dehumanised.

All practitioners, and teachers, would readily agree that maintaining your good heartedness and willingness to engage with people is central to holistic practice. They could say that it's easy to be kind when you are feeling loved and supported and you don't have other worries pressing in. But how do you retain you sense of kindness and compassion when you are exhausted /fed up/ worried/ you have a client who tests your boundaries, or that you simply don't like?

It can be tricky, because of the deeply nuanced relationship which exists between a person and their practitioner/teacher. Professional integrity means that this key relationship has dynamic boundaries and is intensely personal within a formal framework. A person tells you their business about themselves and their body, and you, as practitioner, must walk back to look at it, with a cool professional eye and then as a connected human being. This is central to the art of healing.

Many practitioners and teachers have given thought to how necessary kindness is and what it means to be kind in practical and effective ways. They have written and talked about how to sustain their commitment to their clients and to their discipline, knowing the many pressures and practicalities which affect their practice. Naturally, they know about the value of exercise, worthwhile supplementation strategies, useful

herbs, walks in nature, meditation, and all the beneficial tools which comprise their craft. They know these things. But there is a very human element in the therapeutic relationship which is relevant to any discussion about kindness. Consider these stories:

- Jason worked as massage therapist in a busy practice. He was very experienced and had many return customers. He prided himself on his therapeutic technique. One of his clients reported that a referring doctor had said that he was 'chatty' and might need to be reminded to keep quiet when giving a treatment. Jason felt unfairly criticised and annoyed and had to contain his feelings during the treatment.

- Ananya, a naturopath, had a client come to her for anxiety and sleeplessness. The client related that she was very stressed because she was having a relationship with a married man who refused to leave his wife and children. The client complained about the unfairness of the situation and how it was causing her insomnia. Ananya's beliefs went against marital infidelity. She did not feel sympathetic to the woman, who talked a great deal about the injustice of her situation.

- Diane, a herbalist, saw Betsy, a trans woman, in her practice, seeking help with rosacea. Betsy spoke at length about the challenges she faced and how some people did not want her to use the women's facilities in her workplace. Could Diane help with the rosacea, which she felt was aggravated by her stressors, but Diane felt conflicted in the consultation as she was uncomfortable with the concept of gender fluidity.

- Ben, a myotherapist, had a repeat client who never stopped talking. The steam of chatter exhausted Ben who began to resent the client, who refused to be referred, saying they only trusted Ben. His heart would sink when they came to clinic.

- Julie, a natural fertility specialist, had a client who brought her two-year-old child to the sessions. The child would roam around the office, ignore all toys and guidance from their mother, and play with any object they could reach, whine and demand attention. The mother could/would not stop the child. This happened every session, despite Julie's suggestions the client come alone. She found it challenging to keep focus and to not judge the woman's parenting style.

KINDNESS LIES AT THE HEART OF ALL GOOD PRACTICE. IT CAN AND WILL GET TESTED AND YET, WITHOUT IT, THE WORK RUNS THE RISK OF BECOMING MECHANICAL AND DEHUMANISED.

A salient feature of complementary medicine practice is the holistic approach, and this means a willingness to look further than presenting symptoms and engage with subtler levels of healing. It is important and it's complicated. There's only so far that physical and mental resolutions will support you when faced with the everyday messiness of human life. Life is messy. People are messy. They can be demanding, awful, rude, and uncooperative. Especially if they are feeling vulnerable ad confronted by a physical failing.

It is completely reasonable to acknowledge that you will not necessarily like everybody; there are days when you may not feel well disposed toward humanity and your ability to be kind is stretched. As naturopath Dr Leah Hechtman puts it, we constantly work with the complexity of maintaining professional integrity, whilst honouring individual humanity. In the end, however, the only part of any relationship, professional and personal, that you have any faint control over is, of course, yourself. So, when faced with challenging clients and thinking about the need to keep kindness as central to professional practice, the place to start is with yourself. This means, know your strengths, accept your limits, learn to say no and of course, know when and how to give, or to step back. Remember, kindness is muscular. It's not about being 'nice' to everybody. It can mean direct and honest conversations which may be painful. It is about believing in people and yourself, understanding deeply what trust means and how it is essential for a caring, collaborative relationship which enables healing. To work with kindness a practitioner needs to understand authority and compassion and have these elements integrated into their skillset. This is central to the art of holism.

A way to help get kindness embedded into practice is to call on your friends and colleagues. At your next conference or get together, ask them what they do to keep the faith and maintain kindness. Draw on them to uplift you and help shift any stray thinking away from a deficit approach. Ask them how they maintain their energy and commitment. Such conversations are best framed by remembering to look up, not down and shift the focus onto possibilities rather than 'war stories'. Your colleagues will be your mainstay in this as they are navigating similar ground.

Embedding kindness in practice is vital in a world drenched in out-of-control, rabid social media, and alarming news. We need good strategies to enhance our compassion to our clients and to ourselves. Kindness is power. Use it wisely for the benefit of yourself and this will flow through into your practice.

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How does magnesium *get in via skin?*

by Sandy Sanderson | B.A. (UNSW)

It was a time of great stress in the community when the Global Financial Crash hit in 2007-8. It was a time when excessive workloads, menopause and lack of sleep to meet deadlines caused a massive depletion in my magnesium levels, with severe heart arrhythmia and consequent diagnosis of Hashimoto's hypothyroidism.

My cardiologist had put me through rigorous testing and summed up that there were no medical treatments available for me due to my low blood pressure, and that if he gave me heart slowing drugs, they could cause a heart attack. He said the heart muscle was in good condition, but I had a twitch in the left ventricle, like a twitch in the eye or a cramp in the leg, and that I should, "Just put up with it like everyone else". He said, "You would be amazed at how many people have this problem".

I was very perplexed at this response because I expected the specialists to have the answers. I was relieved that there was no drug or surgery treatment possible, but annoyed at the prospect of having to 'put up with it'. A voice inside me said, "Not this little black duck." So, I started to research the science of what could be causing this condition.

Over 100 years of magnesium research

There it was: over a hundred years of magnesium research all pointing to magnesium deficiency as the root cause of these muscle, electrical and cardiovascular issues. I was dumbfounded because the cardiologist did not mention magnesium to me, even once, as a possible adjunct therapy to alleviate the symptoms (even partially).

In 2008 I read books about magnesium and followed the cited studies until I understood the problem of magnesium deficiency better. I couldn't tolerate the tablets or powders due to digestive issues from my hypothyroid condition. Even taking digestive enzymes did not help me to get enough magnesium from the oral form.

Magnesium chloride was cited as the most bioavailable form of magnesium, with the skin being able to absorb it well in a bath. No matter where I looked however, I could not find it to purchase from any store shelf or pharmacy in Australia. Finally, in 2008 I found a source of magnesium chloride flakes in Europe. It proved to be a very expensive exercise in those days as the 4kg package cost more in freight than the material itself, but it worked well to help me recover, with no more symptoms of heart arrhythmia after 6 months of regular weekly magnesium bathing. I know now that I could have sped up this recovery with stronger and more frequent soaking. I'm also happy to report that my recovery did not involve medications.

I kept thinking about what the cardiologist had told me - that many people have these issues. That meant that many people could have magnesium deficiency, and probably many could also not tolerate the oral supplements of magnesium. The more I thought about it, the more I realised I had to bring food grade magnesium chloride to Australia, and so began my journey in 2009 to found the Elektra Magnesium brand.

Note that we specialise in importing only food grade magnesium chloride, which is independently tested in Australia to 10ppb, with no lead nor mercury found. Australian sources of magnesium chloride flakes are industrial grade and may contain a number of contaminants from agricultural runoff, mining operations, PFOS (fluoride) contamination from firefighting, or other sewage pollution where contaminants can seep into the body of water used to extract the salts. Only about 15% of global production of magnesium chloride is food grade, which is mostly bought up by tofu manufacturers and pharmaceutical companies (who further refine it to make pharmaceutical grade).

Barriers to regular magnesium soaking

As many people had been familiar with bathing with Epsom salts (magnesium sulphate), all we had to do initially was convince them about the greater benefits of magnesium chloride. Basically, the differences are: 1) magnesium chloride has a higher amount of elemental magnesium, and 2) the sulphate component makes skin feel dry and itchy after frequent bathing in magnesium sulphate, as sulphates deplete the protective oils in the skin barrier (this is not so with magnesium chloride).

Another downside of magnesium sulphate is that the body has to absorb the whole dissolved compound of magnesium sulphate rather than select the individual elements. As it doesn't need too much sulphate, the absorption stops when the body has had enough sulphate, but it then loses the opportunity to take up the rest of the magnesium attached to the sulphate not being absorbed.

The body can, in contrast, absorb a lot of magnesium chloride because chloride, being the most abundant negative ion widely used in the body, is taken up readily (with the magnesium). The majority of people tended to enjoy magnesium chloride soaks and found them very effective to satisfy deficiency issues.

After a while, however, many people tended to get a bit lazy with magnesium soaking after their aches, pains and cramps had dissipated and the enthusiasm had waned. Some got too busy after their energy levels improved. Invariably, the cycle of magnesium deficiency symptoms would return because of excessive stress, combined with lower magnesium supply via poor diet or digestion and absorption issues, and their need for increased magnesium soaking would thus return. The body needs magnesium every day. It's as important as regular intake of water for cellular function.

I realised that we needed to find a way to incorporate magnesium supplementation into easy lifestyle practices. To counteract this 'yo yo' bathing supply system we created a range of transdermal magnesium products for skin and muscle care, all made with natural and organic ingredients, infused with food grade magnesium chloride. The range caters for all skin types and age groups so that people can select products that they like to use every day, that increase their magnesium uptake and that provide anti-ageing skin care at the same time.

This was a very important pathway in that it offered psychological benefits for the user, as they did not experience any sticky, itchy or irritating residue on the skin, as is often experienced with pure magnesium oil. This strategy made it much easier to incorporate transdermal magnesium into daily lifestyle habits.

By about 2012 we started to see some competitors emerging in the marketplace, supplying magnesium oil, which is a solution of magnesium chloride and water. Their promotional message was relief of cramps and pain. So, people purchased those products and duly relieved cramps and pain. But what did they do next? They left the bottle in the cupboard along with their aspirins and waited for the next case of cramps and pain to emerge. They treated the magnesium oil like a medication.

Why magnesium chloride?

We treat magnesium chloride in solution as food that the body can absorb either via the intestinal lining or via skin. It's mineral water that we can both drink and bathe in. The research has consistently shown that magnesium chloride salt is the most bioavailable form of magnesium. Inside cells the most common electrolytes are potassium, magnesium and chloride. Magnesium chloride, once dissolved, is already in the right form for cellular uptake without further digestion.

The difference of uptake relies on: 1) the concentration of magnesium chloride, and 2) the membrane surface sensitivity where it is absorbed (colon or skin). Let's look at how magnesium is absorbed via the colon. When you drink magnesium mineral water, a common magnesium food, it has a light concentration of magnesium salt which easily passes across the gut wall.

If you had about 80mg of magnesium per litre of drinking water and drank 3 litres over 24 hours, you would get the majority of the magnesium accessing the interior of the body. However, if you consumed all of the 240mg of magnesium in one bolus, most would be lost in the toilet due to the sensitivity of the gut mucosal lining – which can feel especially irritated in cases of leaky gut, Crohn's disease or ulcerative colitis.

In an intestinal absorption study of 2017, researchers concluded, "The relative Mg2+ uptake is higher when the mineral is ingested in multiple low doses throughout the day compared to a single large intake of Mg2+." [1]

Of course, if the goal of drinking a high concentration of magnesium is to loosen stool and alleviate constipation, then that is an appropriate treatment, but remember that most of that magnesium will not be making it to the interior.

The digestive system is a very complex tract where food has to be digested and broken down, with the nutrients separated from what we don't need, and absorbed from the gut to the interior of the body. There are a lot of areas where this complex machinery can have malfunctions – most particularly under stress, because stress suppresses digestion.

The more you look into the research the more you will find that stress is a fundamental precursor to all disease states, and the more stress and trauma, the more magnesium is lost in the urine, with consequent depletion of health. This applies to any kind of stress, both physical and emotional. Athletes, pregnant women, those working night shift or prone to chronic anxiety can all become particularly magnesium deficient and may need to replenish with much higher than normal amounts – as much as two or three times the average recommended intake, or well over 1,000mg per day. Oral doses at these higher rates can present potential problems for the gut.

Those with kidney issues also lose alkali salts (including magnesium) too quickly, making it difficult for the body to balance pH, leading to acidosis, which is always associated with low magnesium reserves. Transdermal magnesium absorption is the safest way to replenish magnesium for those with high-end needs because the body self regulates uptake via skin.

How do those with high-end magnesium needs recover their cellular cache?

This is one of the biggest challenges facing those recovering from illness. Our food supply has become magnesium depleted over time, with less than half the magnesium content in most supermarket foods that we used to have in the 1960's. As stress and illness suppress digestion,

and the food supply has less magnesium, it is almost impossible now to get enough magnesium to cater for high-end needs, although on rare occasions, say, in the middle of a heart attack, hospitals may administer intravenous magnesium chloride to relax the heart and cardiovascular system.

However, do we need to let the situation deteriorate into an acute crisis before we get can a big dose of magnesium? The answer is no. We can use the skin to deliver large amounts of magnesium very safely and effectively in order to avoid crisis and maintain optimum magnesium status. The skin, being the largest organ of the body and part of the integumentary system (skin, hair, nails, bones, teeth), can act as a reservoir to store magnesium where the body may draw from it what it needs in a self-regulatory manner.

Getting magnesium in via skin

The gentlest way to absorb magnesium transdermally is via bathing. When we have a bath or foot soak with magnesium chloride, the absorption process takes about half an hour and then subsides. If you need to soak for a longer duration, you may get wrinkly skin from too much water ingress, without the benefit of much extra magnesium. Magnesium soaks are a great way to not only absorb magnesium, but also to detox, as the skin also uses the opportunity to release wastes. Another welcome benefit of magnesium soaking is that it helps to promote deeper and more restful sleep.

Magnesium is absorbed effectively into the epidermis with bathing because hot water helps to open up the pores. The heat partly melts the cermides (solid fats in the skin), some of which are lost in the bath water, along with any dust particles and wastes that happen to be present in that outside layer. The epidermis then takes up the magnesium in solution until no more can enter.

You may notice that with profuse perspiration, the same ceramide (skin oil) loss happens and the skin becomes more sensitive as a result. After heating of the skin barrier and consequent loss of skin oils, fatty barrier protection needs to be restored. Younger people with naturally oily skin will find this replenishment relatively easy, but those with a dryer skin type will need some help from plant fats to restore skin barrier protection.

Even when applying pure magnesium oil to dry skin without the help of the hot water of bathing to open skin channels, magnesium deficiency symptoms can be alleviated. A study by Chandrasekaran[2] using only magnesium chloride solution on skin found that it increased hydration, recovery and resilience of the epidermis with significant magnesium uptake into the skin barrier:

"Magnesium ions can penetrate through healthy skin with intact stratum corneum, with significant contribution from hair follicles. At high magnesium concentrations the permeation of Mg2+ into the epidermis increases with time and is significantly higher than the baseline concentration of Mg2+ in the epidermis of untreated controls after 15 minutes of exposure ... Magnesium treatment also increased the redox ratio of cells in granulosum and spinosum layer indicating changed metabolic activity."[2]

However, there is also a lower threshold of uptake compared to magnesium bathing because of skin's resistance to taking up all the dissolved magnesium of the magnesium oil. This is why people report magnesium oil as leaving their skin with an itchy sticky residue, which can often deter them from using transdermal magnesium regularly.

Magnesium 'oil' is not a lipid fat, as are plant oils. It is a water-based solution which has been called 'oil' because magnesium chloride in solution, which structures water molecules in a liquid crystalline formation, feels slippery. Some of the magnesium oil will find lipid partners that are naturally present in the skin, which help to absorb it (and you are lucky if you have the oily skin to do this), but a large part of it encounters skin resistance without enough lipid help, leaving a salty residue on the surface.

To achieve an optimal uptake of magnesium oil via skin it needs to be combined with lipids in the right proportion to suit skin type. As the skin takes up the plant fats with infused magnesium chloride, the nutrients sit inside the skin reservoir until the body takes them up in its own time. The amount of magnesium and lipids able to be taken up by the epidermis will depend on the collagen structure of the skin.

If the skin is very dry, thin and depleted, it can become overly sensitive to salt stimulation, as with the higher magnesium concentrations. Absorption is limited until the collagen rebuilds and strengthens. In extreme cases of sensitivity, we recommend using more magnesium bathing for the first month, followed up with a fatty magnesium cream (and milder magnesium concentration) to protect the skin barrier.

Not only have researchers found that magnesium ions are transported into the skin layer via pores and hair shafts, but recent studies have also found a cell to cell (transcellular) transport system via the membrane protein channel TRPM7. This means magnesium can travel quickly in the body and is not limited to transport via blood supply. It makes sense because only 1 per cent of total body magnesium is in the blood, and 99% is located in cell storage of muscle and bone. Magnesium needs to be able to be moved efficiently to access the mitochondria of tissue cells for making ATP (adenosine triphosphate) in metabolism.

The tissue cells, holding most of the body's magnesium reservoirs, can even sacrifice their magnesium to the blood to maintain critical levels for cardiovascular electrolyte support, leaving tissue storage levels low, while blood tests can show magnesium levels in the normal range. Care must be taken not to let the cell storage tanks get too low!

'Chanzymes': Cell membrane channel gatekeepers (TRPM7) that are sensitive to magnesium

The enzyme protein channels in the cell membrane that open and close, facilitating the transcellular movement of magnesium, are now referred to as 'chanzymes'. They are sensitive to the presence of magnesium when it comes knocking, and are associated with the resting state. When magnesium becomes depleted, or adrenalin pushes in more calcium which overtakes magnesium, the channels switch to the tension, or 'squeezed', state of contraction.

Interestingly, if you can get enough magnesium uptake it can control the excess calcium of hypercalcaemia. Without enough magnesium, calcium becomes the bully with brute force – stiffening, hardening and cramping muscles (including the smooth muscles in the endothelial linings of blood vessels).

Researchers confirm that "intracellular Mg2+ binds to this site and stabilizes the TRPM7 channel in the closed state, whereas the removal of Mg2+ favours the opening of TRPM7. Hence, our study identifies the structural underpinnings through which the TRPM7 channel is controlled by cytosolic Mg2+, representing a new structure-function relationship." [3] Another study found that "TRPM7 is essential for the control of cellular and whole body Mg2+ homeostasis." [4]

What happens when optimal magnesium is available and the body is in a calm state is that the cell membrane (via TRPM7) maintains its electrical charge potential to hold in the magnesium and potassium ion. When there is a stress response and adrenalin is released, it pulls out magnesium and pushes calcium into the cell membrane channels of muscle fibres, which has a dehydrating and tightening effect for quick action of the muscles and cardiovascular system.

When calm is restored, calcium is once again moved out of the membrane channels, allowing magnesium back in for relaxation of the muscle. As magnesium brings water molecules with it, it increases hydration inside the cell, consequently relaxing and restoring internal cell transport (nutrients in and wastes out). Magnesium also donates electrons, which assists the antioxidant system to neutralise free radicals.

I am convinced that transdermal magnesium saved me from debilitating symptoms of hypothyroidism and heart arrhythmia, and helped me breeze through menopause without the stress, hot flushes or sleeplessness commonly reported by women in menopause. It has rejuvenated my energy levels, muscles and skin complexion with amazing anti-ageing results and I now understand why many researchers have referred to magnesium as the 'fountain of youth'. Getting more magnesium in via skin is easier than you may realise. Try it and feel the difference.

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Meet the Expert:

Interview with Terri Bless

Interviewer | Sandra Grace

Tell me about your background – why did you choose to become a natural medicine practitioner?
When I was 11 years old, I had bronchial pneumonia. The biggest component of treatment at the time was my mother having to do 20 minutes of percussions (specifically cupping) on my back, over my lungs. As a result, I became very interested in the use of body work for the treatment and management of certain illnesses.

Where did you study?
Initially I did 4 years of part-time study at The School of Integrated Body Therapy (SIBT) on the Central Coast of NSW. This included remedial massage and several other modalities in depth. Since the advent of training packages, I have gone back there to upgrade numerous times.

Did your education prepare you well for your professional career?
Yes. The teachers and modalities were great. The real-world experience gained in the student clinic at SIBT prepared me to start applying what I had learned in my course as a professional. It also inspired me to learn more.

Why did you choose remedial massage?
When I decided to study remedial massage, I was caring for my two young daughters. I decided it was time to pursue my interest in body work. Remedial massage allowed me to start working a few hours per week and increase my hours as they got older.

How long have you been in practice?
I stared working in the industry at the beginning of 1997, so that makes it 27 years.

Has your practice changed over the course of your career? If so, in what ways?
At the beginning of my career, I wanted to work alongside other practitioners and worked with a wonderful woman who was also a massage practitioner. I was there for two years. I then set up my own clinic closer to home and worked solo for 15 years.

When my mother became ill and grandchildren started to arrive, I decided I wanted to go back into working in someone else's practice. It just suited me better. I now work in two different practices and love it.

Do you have special interest in any particular conditions/clients (e.g. chronic pain, pregnancy and childbirth, sports, older patients)? If so, how did this interest arise?
Seeing a wide variety of clients keeps things interesting, but I have to say I really love helping older clients and people manage chronic pain. It is really something that has just evolved over the years. I can't exactly put my finger on why this happened. It just gives me great satisfaction.

Are there any 'golden tips' you'd like to pass on to other remedial massage therapists to assist them in their clinical practice?
Take the time to really listen to your client's needs at every appointment. Ask them what they want from the appointment today. It helps to develop a treatment plan that you can discuss with the client and gain consent for the treatment you plan to do. Don't fall into the trap of just doing the same old routine.

Have regular massage yourself. You need to look after yourself and fill your own cup! Every now and again, set up your space and lie down on your own table. See and feel the space from the client's perspective.

Keep learning. Attend face-to-face workshops or courses where you can. Not only do you gain skills to improve your practice, but you also get to touch base with your tribe and gain different perspectives and insights. CPE is about so much more than getting the required points. It helps keep the passion for what you do alive

Do you have a referral network with other natural medicine practitioners/ other health practitioners?
Absolutely. It is essential to have a referral network of other natural medicine practitioners for my clients. There are times when a different modality will serve a client better or can be used to enhance the efficacy of my treatments. There have also been many times when I recognised the need to send a client back to their own GP for investigations or referrals that, as a massage practitioner, I am unable to help with. Knowing when to refer on is an important part of doing what is best for my clients.

What is your opinion about the integration of natural medicine with mainstream medicine?
It could potentially help a great deal. Chronic illnesses are on the rise. People are so much more than a group of symptoms, blood tests or scans. Natural medicine practitioners, as a rule, have more time to spend with clients/patients than allopathic medicine practitioners. This gives them time to investigate lifestyle causes or uncover habits or lack of healthy habits that may lead to future illnesses. Integration of natural medicine into mainstream medicine may be a means of preventing a number of lifestyle illnesses or slowing and/or managing the effects of chronic disease for many people.

Would you like to see natural medicine practitioners/massage therapists working more closely with mainstream medical or other health practitioners? If so, why/if not, why not?
Yes, but to truly benefit the patient/client it would need to be done mindfully, and only if the natural therapists/massage therapists are given the time and scope to look at the whole person and their lifestyle, not reducing them to a set of symptoms.

What are your thoughts about evidence-based medicine? Would you like to see more research in remedial massage?
The ideology behind evidence-based medicine is great. I can appreciate the idea of having quality, unbiased evidence in the form of randomised controlled trials or observational studies that we can utilise, together with the individual needs and wishes of the client at the centre of treatments.

It would be wonderful to have more research conducted for remedial massage and other natural therapies regarding the efficacy of individual techniques and therapies for a variety of clients' conditions. Unfortunately, the cost of gathering the evidence can be prohibitive.

Also, I wouldn't like to see empirical evidence discarded. We need to remember that a lack of "evidence" from a randomised controlled trial or observational study doesn't mean something doesn't work. It may simply mean that the study hasn't been done yet.

In addition to your clinical practice, you have also been teaching massage therapy. What are your observations about the quality of education of massage therapists today? Has it changed over the course of your career? Are there changes you'd like to see to the education of remedial massage therapists?
Massage education has certainly changed since I did my original training. When I started Training Packages didn't exist. We did our therapeutic massage certificate, then our remedial massage, then went on and did our specialty areas such as myofascial release, sports therapies, lymphatic massage etc, with much more time spent on the area of specialisation. The colleges had more flexibility in the way they delivered their training. Today things are a bit more standardised and all Registered Training Organisations have to cover a set curriculum plus electives. As a result, I see that practitioners qualifying now perhaps have a better overview of more massage modalities but not necessarily as much depth into any one modality.

Another difference is the demographic of people doing massage. Years ago, the demographic seemed to be a bit older (maybe that is my perception because now I am much older) and more people studied massage for personal interest and already had other careers. Now people are studying massage solely for career purposes.

Probably the two biggest changes in training that I have seen over the years have been the demise of small colleges and the digital age. Not so long ago there were multiple small massage colleges dotted throughout the state and probably the whole country. Attending one of these colleges was like joining a community and finding your tribe and all training was face-to-face.

The digital age has certainly changed things. It has made information so much more accessible with students no longer having to attend libraries, buy text books or to do assignments or further study to find further information. It has also changed the way classes can be delivered. It has many wonderful advantages but also has the potential to become isolating.

What is your view of the current state of natural medicine/massage therapy in Australia today? Where do you think natural medicine/massage therapy is heading?
As mentioned previously chronic diseases and chronic stress is on the rise. Natural medicine is more relevant than ever. I see natural medicine as a "wellness" industry that has great potential to ease these burdens. I feel more people are becoming aware of the advantages of utilising natural therapies and that is great.

Remedial Massage has become more "mainstream" over the years. In general people seem far more accepting and aware of it as a means of treatment for managing pain and stress. It is my hope that awareness of natural medicine therapies and their benefits continues to increase and the public utilise it as a means to stay well, as well as for management of what already ails them.

Assessable income *and deductions*

Ingrid Pagura | BA, LLB

It's tax time again and I thought it would be a suitable time to remind everyone about what is classed as assessable income and what is classed as acceptable deductions. In other words, what do you need to tell the ATO about what income you earnt and what you can claim to reduce the amount of tax you'll need to pay.

Assessable income is most of the income you'll earn within a financial year. You will pay tax on that if you exceed the tax-free threshold of $18,200.

As a business, assessable income includes the following:

- All gross income (before tax) made from your usual business activities. This should include all consultations fees from clients, sales of products in your clinic or online and any foreign income you may have earned from online sales as well. It doesn't matter if the client has paid you in cash or by funds transfer, it all needs to be included. If you also work for an employer, you will need to include those wages separately.

- Other business income that isn't part of your usual or everyday business activities including:
    - Tips or commissions you may have received
    - Income earned through vouchers, coupons and gift cards
    - Allowances, such as for clothing and laundry or car allowances
    - Interest from bank accounts
    - Dividends and other income from investments
    - Rent from investment properties, including income from renting a room to another therapist or renting out products
    - Pensions, including any government payment you received
    - Government payments that are assessable, such as from a disaster relief fund
    - Capital gains from investments you sold for a profit
    - Cash prizes for your business or the value of gifts your business may have received
    - Business prizes or awards which included a cash payment
    - Money from insurance claims relating to your business

Another area to be aware of is non-cash and barter transactions. For example, you might have provided a consultation in exchange for work done on your website. According to the ATO, you should include the market value of this service as part of your assessable income.

So, what about crypto assets? The ATO has thought about those too and states that you must include the Australian dollar value of any crypto assets you received for goods and services you provided. For more information on crypto assets, please see the ATO website.

So, after that lengthy list of things that you do need to include, is there anything you don't need to? The answer is yes and here they are:

- GST you collected, as that is included elsewhere
- Non-assessable non-exempt government grants
- Earnings from a hobby
- Prizes and awards not associated with your business
- Money you contributed as a business owner
- Money you borrowed
- Gifts and inheritances

Now let's look at deductions you can claim, the idea being that if you include the income, you can also include the cost to you of making that income. The aim is to reduce the amount of tax payable on your assessable income.

Generally, deductions must be:

- Related to your business and not personal. If the expense is part business and part personal, your phone for example, you can only claim the proportion that was work-related. Here are some deductible items that are included:
  - o Insurance
  - o Utilities
  - o Continuing education and subscriptions
  - o Tools of trade (what you need to do your job, such as laundry, uniforms, cleaning goods and stationery)
  - o Maintenance, repairs and upkeep
  - o Travel expenses (if you go to clients' homes or workplaces)
  - o Stock for sale and replacement stock
  - o Computers and other equipment

IF THE EXPENSE IS PART BUSINESS AND PART PERSONAL, YOUR PHONE FOR EXAMPLE, YOU CAN ONLY CLAIM THE PROPORTION THAT WAS WORK-RELATED

- Must directly relate to earning your income (for example, a work conference but not your holiday!)
- Must be provable by a record (you must have a receipt or other record)
- Has not been reimbursed by an employer (your manager already paid you back for the coffee for the client!).

You can also claim the following non-work-related deductions:

- Personal superannuation contributions
- Donations and gifts
- Expenses related to earning income from investments

This list is just a general guideline, and every business will be different. It is always best to check your own circumstances before lodging a tax return. For more information on claiming deductions please see the deductions section of the ATO website.

If you have any questions on your taxable income (assessable income minus deductions) always contact the ATO or go to their website, as there is so much information available for you. Don't guess the answer or assume they won't check because they always do. Here is a link to the ATO website.

Celebrating 30+ years **of ATMS membership**

Dean Smith

What has kept you practising for 30+ years?

There are many things that have kept me practising for over 30 years. These include strong relationships with colleagues, the lifelong learning that this profession offers, and increasing awareness and recognition of how we provide benefits to clients. Most of all though, it has been the privilege of being trusted by my clients to be let into the personal and vulnerable world of their health and supporting them to grow. Being involved in the transformational process is an honour and a gift.

What have been the most important changes to natural medicine you have seen during your career?

The two biggest changes that I have seen during my career has been the increased acceptance of Natural Medicine by consumers and the significant changes we have seen in training and accreditation. When I first started practising, Natural Medicine practitioners were mostly seen as weird hippies!!

What changes in natural medicine would you most like to see?

I would love to see even further acceptance and validation of our profession, with no delineation and separation between Western Medicine and Natural Medicine. Naturopaths, Nutritionist, Acupuncturists, and body workers for example, in every hospital and GP clinic, working closely with doctors, psychologists, physiotherapists, nurses and psychiatrists.

What advice do you have for today's emerging practitioners?

My advice is don't forget YOU are the most important asset to your business and your clients, not the modalities you practice. Therefore, invest in yourself as much as possible - do extensive training, take great care of your own health, and engage in your own journey of personal development. Although never "treat" yourself!

Dean Smith is a Psychologist, Herbalist and a Remedial Massage Therapist

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Farida Irani

What has kept you practising for 30+ years?

Over the years our clinical research has been ongoing as each client brings with them their own unique profile of health and disorders as they search for a remedy. They are looking for ways to improve their lifestyle so treatments, together with education, awareness and homework as a daily routine, help them to keep that balance in their lives as they notice a shift in their well-being and get encouraged to continue doing so. We as practitioners can learn so much from each one of our clients and when we see the positive results we feel very satisfied. We can add those positive results to our portfolio so that we can help others with similar disorders or others, again holistically and individually as each individual is different and unique. So, using our skills and knowledge to help our clients and they then spread the word getting more people into our clinics. This is very fulfilling for us as practitioners.

What have been the most important changes to natural medicine you have seen during your career?

There have been some very positive outcomes with more research happening in the field of natural medicine and the negative side is when the health funds were stopped from giving rebates to our clients. The best thing that has taken place recently is we now have an Ayurveda Research Chair sponsored by the Indian government through AYUSH (Ayurveda, Yoga, Unani, Siddhi, Homeopathy), a department of complementary health in India, at the National institute of Complementary Medicine, University of Western Sydney. This gives us hope that this time-tested science will be recognised at some stage.

What changes in natural medicine would you most like to see?

I would love to see recognition of our sciences and I am hopeful that with more research and standards laid out, evidence-based complementary sciences will be in the forefront complementing conventional medicine. I also hope to see young doctors recognising the worth of natural medicine and working together with us instead of resisting our sciences. Some doctors are already doing so and studying natural medicine themselves.

What advice do you have for today's emerging practitioners?

Studying these amazing holistic sciences is one thing but putting them into practice is what teaches you how they work and my experience in my clinic has given me so much knowledge together with exchanging notes with my peers.

My daughter, Khursheed Irani, who is also a long-standing ATMS accredited practitioner and is a degree holder in acupuncture and Chinese medicine along with qualifications in aromatic medicine, Ayurveda aromatherapy, and a Bowen therapy instructor, has also contributed greatly towards our clinical research.

Also, sitting in with my professors and teachers of the various modalities in their clinical work and consultation taught me what no books can teach, so learning from the Masters and respecting their work is the key to success. Additionally, staying under the radar and not making claims beyond our expertise is of utmost importance. Humility is necessary as when the ego takes over it lessens the impact of your work and the effectiveness of it.

I have been an instructor, lecturer, international speaker and teacher of various modalities such as Ayurveda, Ayurveda aromatherapy, reflexology and Bowen therapy for many years. My advice to emerging practitioners is to put into practice what you learn for some time before you start teaching and also not to use the word 'healer' or 'healing' much as that puts you in the same category as someone who might have done a short course who calls themself a healer.

Also, to be professional in your approach, to write down every aspect of your consultation as that is your evidence and your clinical research and to keep yourself up to date and always do ongoing education programs for yourself to enhance your skills and knowledge. Also I always say, 'I was a student, I am a student and I will remain a student', as every client, every teacher, every student who comes my way teaches me something valuable.

Farida Irani is a Holistic Health Practitioner, Senior Bowen Therapy Instructor, Ayurveda Practitioner, Clinical Aromatherapist, Aromatic Medicine Specialist and Founder of Subtle Energies and Ayurveda Yoga Australia.

Kerrin Cassidy

What has kept you practising for 30+ years?

I graduated as a Naturopath from Nature Care College in 1992 as a young 22 year old. Not wanting to launch into practice straight away, I worked for Russell's Natural Food Markets, managing their Dee Why store for 4 years. My first practice was across the road from that, at Ian White's Bush Flower Essence clinic. From there I merged into full time practice, working from various clinics including Herbal Solutions in Annandale, as well as from home. In 1999 I took a job as Naturopath for the company in the UK that imported Blackmores and Jurlique, becoming the technical and training support for Blackmores and working in their clinic in London, Apotheke 20-20. I met my husband in London, who was fortunately Australian, and we moved back to Sydney in 2003. I practised at Life Source clinic and yoga centre in North Sydney, as well as lecturing in Celloid Mineral Therapy and Iridology at ACNT and Nature Care until 2010, when I had my son.

Since then I have been playing the role of Mum, as well as practising from my clinic room at home. I also now work 1-2 days per week from our local pharmacy as their Naturopath.

As you can see, my roles as a Naturopath have been varied and flexible, allowing for travel and family, and I really like this aspect. The variety has certainly been stimulating, and of course I love treating people as seeing the great results - that is my reward for a job well done.

What have been the most important changes to natural medicine you have seen during your career?

When I studied Naturopathy, back in the old Nature Care Clinic in Frederick St, Artarmon, we had the smell of Nag Champa incense floating down the halls, as well as the smell of the wonderful food from the canteen. There was certainly the sense of an alternative community about it. Things have certainly changed with Bachelor of Science degrees at universities being available - I imagine that studying at University has a very different feel.

What changes in natural medicine would you most like to see?

I would most like to see in the future, that the past is not lost - that we retain that earthy hippy feel, that we still listen to our intuition and we call on our variety of wonderful skills and tools at our fingertips to do the best for our clients. Let's not forget the mind-body-spirit connection.

What advice do you have for today's emerging practitioners?

Don't overdo it. Patients need a little bit at a time, not an overload of information and supplements on the first visit. A few key supplements, perhaps a herb mix, some dietary changes and some sage words of wisdom, and they will keep coming back. Add a little each time, tweak as you go. You don't have to do it all at once.

Kerrin Cassidy is a Naturopath and Homeopath.

Regulation Report

Chantel Ryan | Chair, Regulatory Committee

Board approves new Informed Consent Policy

As we foreshadowed last year, ATMS would be working on a new Informed Consent Policy to help guide practising members on what they require to obtain their clients' informed consent before treatment, and where applicable throughout the therapeutic relationship. This policy has now been approved by the Board and may be accessed via ATMS's website, or by contacting the ATMS office. ATMS requires all members to make themselves familiar with this policy and implement any recommendations in their practice.

ATMS updates its Leaving Clinical Policy Guideline and Receipts Policy

ATMS recently updated its Leaving Clinical Practice Guideline to modernise the policy to cover a range of situations in which members may leave practice (e.g., retirement, closing or selling a business). The guide provides tips for members leaving clinical practice regarding legal and practical considerations, including ways to stay involved in the industry should they wish to do so. ATMS has also made some minor updates to its Receipts Policy. This policy also may be accessed via ATMS's website, or by contacting the ATMS office.

Next, ATMS will be looking to update our Record Keeping and Infection Control policies.

Massage remains in Home Care Packages

As previously reported to members, ATMS, with the support of the other members of the United Associations (Massage & Myotherapy Australia, ANTA, MAA and MA) have ensured that remedial massage therapy and myotherapy remain in the Home Care Package Program. For ATMS members who are accredited practitioners holding a Diploma of Remedial Massage this means that they are eligible to provide remedial massage as a service under Home Care Packages.

The criteria as specified in the statement are that a therapist must:

- Be an appropriately qualified and trained professional
- Have a minimum of a Diploma of Remedial Massage from a registered training organisation
- Be a member of an accredited association and/or currently hold Approved Provider Status with the individual Private Health Funds.

ATMS responds to TGA's proposed amendments regarding Camellia sinensis extract, amygdalin and hydrocyanic acid

As previously reported to members, the Therapeutic Goods Administration recently released a public consultation on amending the Poisons Standard regarding Camellia sinensis (Green tea) extract, amygdalin and hydrocyanic acid.

This consultation contained the following proposals:

- Creating a new entry for Camellia sinensis (Green tea) extract in preparations for internal use
- Amending the scheduling for amygdalin and hydrocyanic acid to exempt these substances when present as a component of Wild Cherry Bark.

The proposed changes also include an accompanying new entry for Wild Cherry Bark.

ATMS responded to the proposals by making its own recommendations in an attempt to strike a balance between ensuring the safe use of natural medicines and preserving access to these important therapeutic options. You can read ATMS's full statement here: https://mcusercontent.com/71e8420d0820d1fd19643d178/files/ade5e731-f4aa-439a-2ed5-b3964ea312ae/Public_Consultation_ATMS_Response_2024.04.12_Proposed_scheduling_of_Prunus_serotina_Wild_Cherry_Bark_.pdf

TGA releases Guide for Advertising Health Services

In March the TGA released a guide on advertising health services (Guide). While the regulation of the promotion of health services is not within the TGA's jurisdiction, if a promotion for a health service also advertises therapeutic goods such as prescription-only medicines, the advertiser must comply with the requirements of the Therapeutic Goods Act 1989- external site .

While the majority of inclusions in the Guide are not likely to affect members, ATMS still encourages members to make themselves familiar with the Guide. The full Guide can be viewed here: https://www.tga.gov.au/resources/resource/guidance/advertising-health-services

Acupuncture and TCM

Chmielewska D, Malá J, Opala-Berdzik A, Nocuń M, Dolibog P, Dolibog PT, Stania M, Kuszewski M, Kobesova A. **Acupuncture and dry needling for physical therapy of scar: A systematic review.** BMC Complement Med Ther. 2024; 24(1):14. doi: 10.1186/s12906-023-04301-4

Background: There is a continuing interest in finding effective methods for scar treatment. Dry needling is gaining popularity in physiotherapy and is defined by Western medicine as a type of acupuncture. The terms acupuncture and dry needling have been used interchangeably so we have focused on the efficacy of dry needling or acupuncture in scar treatment.

Objective: The aim of this systematic review was to determine the usefulness of dry needling or local acupuncture for scar treatment. In our search process, we used the terms 'acupuncture,' 'needling,' or 'dry needling' to identify all relevant scientific papers. We have focused on the practical aspects of local management of different scar types with dry needling or acupuncture.

Search strategy: The search strategy included different combinations of the following keywords: 'scar', 'keloid', 'dry needling', 'needling', 'acupuncture', 'treatment', 'physical therapy'. This systematic review was conducted in accordance with PRISMA guidelines. MEDLINE (PubMed, EBSCOHost and Ovid), EMBASE (Elsevier), and Web of Science databases were searched for relevant publications from inception through October 2023.

Inclusion criteria: The studies that investigated the effectiveness of dry needling or acupuncture for scar treatment were included.

Data extraction and analysis: The main extraction data items were: the needling technique; needle: diameter, length; needling locations; manual needling manipulation; number of sessions; settings; outcomes and results.

Results: As a result of a comprehensive search, 11 manuscripts were included in the systematic review, of which eight were case reports, two were randomized trials and one study concerned case series. Two case reports scored 2–4 out of 8 points on the JBI checklist, five studies scored 5–7, and one study scored 8 points. The methodological quality of the two clinical trials was rated as good or fair on the PEDro scale. The case series study scored 7 of 10 points on the JBI checklist. A meta-analysis was not possible as only two randomized trials, eight case reports, and one case series were eligible for review; also, scar assessment scales and pain severity scales were highly heterogeneous.

Conclusions: The studies differed regarding the delivery of dry needling or local acupuncture for scar treatment. Differences included treatment frequency, duration, number of treatments, selection of needle insertion sites, number of needles used, angle of needle placement, and use of manual needling manipulation.

Systematic review registration: INPLASY no. 202310058.

Gao YC, Cao R, Liu ZH, Liao YD, Tao LY, Feng YT, Chai QY, Luo MJ, Fei YT. **Comprehensive consideration of multiple determinants from evidence to recommendations in guidelines for most traditional Chinese medicine was suboptimal: A systematic review.** BMC Complement Med Ther. 2024;24(1):19. doi: 10.1186/s12906-023-04321-0

Background: The overall comprehensive consideration of the factors influencing the recommendations in the traditional Chinese medicine (TCM) guidelines remains poorly studied. This study systematically evaluate the factors influencing recommendations formation in the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) clinical practice guidelines (CPGs) and TCM CPGs.

Methods: This was a methodological review in which we searched six databases and multiple related websites. The GRADE CPGs were identified as the guidelines developed by the GRADE Working Group or the two Co-Chairs. For the TCM CPGs, we randomly selected guidelines that were published by the TCM or integrative medicine academic societies from China mainland (published by the TCM or integrative medicine academic societies of China mainland). Two reviewers independently screened and extracted data. We included CPGs published in 2018–2022. We extracted information on the influencing factors of evidence to recommendation and conducted the analyses using descriptive statistics and calculated the proportion of relevant items by IBM SPSS Statistics and Microsoft Excel to compare the differences between the GRADE CPGs and the TCM CPGs.

Results: Forty-five GRADE CPGs (including 912 recommendations) and 88 TCM CPGs (including 2452 recommendations) were included. TCM recommendations mainly considered the four key determinants of desirable anticipated effects, undesirable anticipated effects, balance between desirable and undesirable effects, certainty of evidence, with less than 20% of other dimensions. And TCM CPGs presented more strong recommendations (for or against) and inappropriate discordant recommendations than GRADE CPGs. GRADE CPGs were more comprehensive considered about the factors affecting the recommendations, and considered more than 70% of all factors in the evidence to recommendation.

Conclusions: The TCM CPGs lack a comprehensive consideration of multiple influencing determinants from evidence to recommendations. In the future, the correct application of the GRADE approaches should be emphasized.

Li-Wen F, Zu G, Ning Z , Nan Y, Hui-Yan L, Ling-Yuan K, Xiu-Yang L. **Traditional Chinese medicine formulae: A complementary method for the treatment of polycystic ovary syndrome.** J Ethnopharmacol. 2024; Apr 6:323:117698. doi: 10.1016/j.jep.2023.117698

Ethnopharmacological relevance: Polycystic ovary syndrome (PCOS) is a prevalent female endocrine condition that significantly affects women of

all age groups and is characterized by metabolic dysfunction. The efficacy of existing pharmaceutical interventions for the treatment of PCOS remains inadequate. With a rich history and cultural significance spanning thousands of years, Traditional Chinese Medicine (TCM) is extensively employed for treating a variety of ailments and can serve as a supplementary therapy for managing PCOS. Multiple clinical observations and laboratory tests have unequivocally demonstrated the substantial effectiveness and safety of TCM formulae in treating PCOS, and further investigations are currently in progress.

Aim of the study: To summarize the TCM formulae commonly employed in the clinical management of PCOS, examine their therapeutic benefits, investigate their mechanism of action, active constituents, and establish the correlation between efficacy, mechanism of action, and active constituents.

Materials and methods: We conducted a comprehensive search on PubMed, Web of Science, and China national knowledge infrastructure (CNKI) using the following keywords: "Polycystic Ovary Syndrome", "Traditional Chinese Medicine Decoctions", "Traditional Chinese Medicine formulae", "Traditional Chinese Medicine", "Clinical Observation", "Mechanism", "Treatment", "Pharmacology", and various combinations of these terms. From January 1, 2006 until October 7, 2023, (inclusive).

Results: This paper summarized the clinical effectiveness, mechanism of action, and active components of 8 TCM formulae for the treatment of PCOS. Our research indicates that TCM formulae can potentially treat PCOS by enhancing the levels of hyperandrogenism and other endocrine hormones, decreasing insulin resistance and hyperinsulinemia, and controlling chronic low-grade inflammation, among other modes of action. In addition, we found an association between epigenetics and TCM formulae for the treatment of PCOS.

Conclusion: TCM formulae have specific advantages in the treatment of Polycystic Ovary Syndrome (PCOS). They achieve therapeutic benefits by targeting several pathways and connections, attracting considerable interest and playing a vital role in the treatment of PCOS. TCM formulae can be used as an adjunctive therapy for the treatment of PCOS.

Aromatherapy

Shuang-Ran X, Liang M, Xin-Yu X, Shu Z, Hui-Miao X, Chang-Sheng X. **Effects of aromatherapy on physical and mental health of cancer patients undergoing radiotherapy and/or chemotherapy: A meta-analysis.** Chin J Integr Med. 2024;30(5):449-457. doi: 10.1007/s11655-024-3659-y

Background: Currently, aromatherapy is being increasingly utilized in clinical practice, particularly in managing the side effects associated with radiotherapy and chemoradiotherapy. However, it remains to be established whether aromatherapy can effectively alleviate these symptoms.

Objective: To investigate the effects of aromatherapy on the physical and mental health of patients with cancer undergoing radiotherapy and chemotherapy.

Methods: Seven databases were researched from inception until September 29, 2023, including PubMed, Scopus, and Web of Science, Chinese National Knowledge Infrastructure, Wanfang database, China Biology Medicine disc and VIP Chinese Medical Journal Database. Review Manager version 5.3 was utilized for data analysis. The Cochrane Risk of Bias tool RoB2 was employed to evaluate the quality of the literature included in the study. Evidence quality rating was assessed using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) approach through the GRADEpro GDT online tool.

Results: Nineteen studies involving 1,541 patients were included. Aromatherapy can alleviate nausea [relative risk (RR)=0.64, 95% confidence interval (CI): 0.53 to 0.78, P<0.05, I2=46%; standardized mean difference (SMD)=-0.86, 95% CI: -1.21 to -0.51, P<0.05, I2=64%] and vomiting (RR=0.54, 95% CI: 0.42 to 0.69, P<0.05, I2=35%; SMD=-1.28, 95% CI: -1.52 to -1.03, P<0.05, I2=92%), improve sleep disorders [mean difference (MD)=-3.39, 95% CI: -3.95 to -2.84, P<0.05, I2=0%], relieve pain (SMD=-1.58, 95% CI: -1.96 to -1.21, P<0.05, I2=0%), mitigate fatigue (SMD=-1.28, 95% CI: -2.44 to -0.11, P<0.05, I2=93%) and enhance quality of life (SMD=0.50, 95% CI: 0.22 to 0.79, P<0.05, I2=0%) in cancer patients after radiotherapy and chemotherapy, but it may not have a significant effect on anxiety. The risk of bias was high in the included studies using the Cochrane Risk of Bias tool RoB2, and no studies were considered to be of high grade according to the GRADE system.

Conclusions: Aromatherapy is an efficacious, safe and economic adjunctive therapy for cancer patients, which can mend the physical symptoms and mental health of cancer patients. However, more high-quality studies are needed to verify it. (PROSPERO registration No. CRD42023390171).

Naoko K, Tomomi Y. **Associations between autonomic nervous system activity, cerebral blood flow, and essential oil preferences across the menstrual cycle.** Integrative Medicine Reports. 2024; 3(1). https://doi.org/10.1089/imr.2023.0032

Introduction: Essential oil preferences, which vary depending on an individual's physical and mental conditions, may trigger various emotions and affect autonomic nervous system (ANS) function and cerebral blood flow. This study aimed to investigate the relationship between essential oil preference during the menstrual cycle, ANS activity, and cerebral blood flow during a sniffing exercise.

Methods: An observational study integrating aromatherapy with slow-paced breathing was conducted. Eighteen women (aged 20–22 years) without olfactory impairments were categorized into two groups: those with strong symptoms perceived in the late luteal phase (n = 10) and those with mild symptoms (n = 8). The study assessed responses during the early follicular and late luteal phases and recorded preferences for the following four essential oils: pine sylvestre

(Pinus sylvestris), geranium bourbon (Pelargonium X asperum), lemongrass (Cymbopogon flexuosus), and lavender vera (Lavandula angustifolia). The autonomic nervous activity and cerebral blood flow were assessed in the early follicular and late luteal phases using the essential oils most and least preferred by each participant.

Results: Participants with stronger symptoms in the late luteal phase appeared to prefer lemongrass and dislike pine sylvestre, whereas those with milder symptoms in the late luteal phase preferred lavender vera and disliked lemongrass. Changes in ANS activity, marked by an increase in sympathetic function and a decrease in parasympathetic function during the sniffing exercise, persisted regardless of the menstrual cycle stage or essential oil preference. The inhalation of preferred essential oils stimulated cerebral blood flow, whereas less-preferred oils led to a reduction.

Conclusion: Essential oil preference in young women may be influenced by subjective symptoms during the menstrual cycle. Furthermore, essential oil preference affects cerebral blood flow. These findings have potential implications for aromatherapy practice.

Panyajai P, Viriyaadhammaa N, Tima S, Chiampanichayakul S, Dejkriengkraikul P, Okonogi S, Anuchapreeda S. **Anticancer activity of Curcuma aeroginosa essential oil and its nano-formulations: cytotoxicity, apoptosis and cell migration effects.** BMC Complement Med Ther. 2024;24(1):16. doi: 10.1186/s12906-023-04261-9

Background and aims: Curcuma aeruginosa, commonly known as "kha-min-dam" in Thai, holds significance in Asian traditional medicine due to its potential in treating various diseases, having properties such as anti-HIV, hepatoprotective, antimicrobial and anti-androgenic activities. This study explores the anticancer activity of C. aeruginosa essential oil (CAEO) and its nano-formulations.

Methods: CAEO obtained from hydrodistillation of C. aeruginosa fresh rhizomes was examined by gas chromatography mass spectroscopy. Cytotoxicity of CAEO was determined in leukaemic K562 and breast cancer MCF-7 cell lines using an MTT assay. Cell cycle analysis and cell apoptosis were determined by flow cytometry. Cell migration was studied through a wound-healing assay.

Results: Benzofuran (33.20%) emerged as the major compound of CAEO, followed by Germacrene B (19.12%) and Germacrone (13.60%). Two types of CAEO loaded nano-formulations, nanoemulsion (NE) and microemulsion (ME) were developed. The average droplet sizes of NE and ME were 13.8 ± 0.2 and 21.2 ± 0.2 nm, respectively. In a comparison with other essential oils from the fresh rhizomes of potential plants from the same family (Curcuma longa, Curcuma mangga and Zingiber officinale) on anticancer activity against K562 and MCF-7 cell lines, CAEO exhibited the highest cytotoxicity with IC50 of 13.43 ± 1.09 and 20.18 ± 1.20 μg/mL, respectively. Flow cytometry analysis revealed that CAEO significantly increased cell death, evidenced from the sub-G1 populations in the cell cycle assay and triggered apoptosis. Additionally, CAEO effectively inhibited cell migration in MCF-7 cells after incubation for 12 and 24 h. The developed NE and ME formulations significantly enhanced the cytotoxicity of CAEO against K562 cells with an IC50 of 45.30 ± 1.49 and 41.98 ± 0.96 μg/mL, respectively.

Conclusion: This study's finding suggest that both nano-formulations, NE and ME, effectively facilitated the delivery of CAEO into cancer cells.

Complementary and alternative medicine

Thomson-Casey C, McIntyre E, Rogers K, Adams J. **Practice. Recommendations and referrals, perceptions of efficacy and risk, and self-rated knowledge regarding complementary medicine: A survey of Australian psychologists.** BMC Complement Med Ther. 2024;24(1):13. doi: 10.1186/s12906-023-04288-y

Background: Many people with mental health problems use a range of complementary medicine (CM), including over the counter products, practices, and utilise the services of CM practitioners. Psychologists are likely to consult with clients using CM, in some form, as part of their broader mental health care. The aim of this research was to determine the number of types of CM products, practices, and practitioners are recommended and/or referred by Australian psychologists as part of their clinical practice, as well as explore the relationship between psychologists' perspectives on the risk and relevance of engaging with CM in psychology.

Methods: Survey data was collected from psychologists in clinical practice who self-selected to participate in the study via an online 79-item questionnaire exploring core aspects of CM engagement in psychology clinical practice.

Results: Amongst the 201 psychologists, 5% reported not recommending any type of CM, with 63% recommending four or more types of CM. Further, 25% had not referred to a CM practitioner, while 33% had referred to four or more types of CM practitioner. Psychologists are recommending and referring to CM even when they perceive their knowledge of CM to be poor, and that engaging with CM was a risk.

Conclusion: This study provides insights into psychologist perceptions of CM within psychology practice and how these perceptions are associated with rates of recommending and referring to CM as part of their clinical practice. These findings may inform the development of CM relevant education and guidelines for psychologists.

Herbal medicine

Dattner AM. **Herbal and integrative medicine-associated Improvement of viral-induced cervical and vaginal disorders: Case report.** Integrative Medicine Reports. 2024; 1(1). https://doi.org/10.1089/imr.2022.0055

Objective: Cervical cancer is a serious challenge, and pharmacologic nonsurgical

treatment of precursor human papilloma virus (HPV) conditions does not exist. The Centers for Disease Control and Prevention (CDC) estimates 36,500 new cases of (HPV)-associated cancers per year. The purpose of this report is to illustrate a method that could eliminate HPV positivity to control precancerous lesions before they develop carcinoma. Eighty-six percent of cervical cancers contain HPV as a likely causal factor.

Design/Setting: Two patients sought private practice integrative medicine: one for chronic HPV-induced cervical dysplasia, the other with lichen sclerosis post squamous cell carcinoma (SCC).

Methods: The two patients were included because they asked for help with their conditions, since no previous medical help was either offered or successful. Patients were treated with a systematic integrative approach, designed to normalize leaky gut, and microbiome to reduce systemic antigenic stimulation. Also, berberine and curcumin were given, based on in vitro data on their effectiveness for treating HPV-induced oncogenic changes in cells. Those herbal derivatives were obtained from an organic chemist who maintained strict quality control.

Results: A patient with oncogenic HPV-induced chronic severe cervical dysplasia had a dramatic improvement of dysplasia and HPV positivity. The patient with lichen sclerosis and atrophicus had a 75% improvement in the appearance of her condition, and her suspected SCC was in situ.

Discussion: From this limited case report, it appears that a combination of integrative methods, plus curcumin and berberine, can clear oncogenic HPV and reverse dysplastic and oncogenic changes in the cervix as well as autoimmune changes in the vaginal area.

Conclusion: The combination of integrative methods and curcumin and berberine helped patients with oncogenic HPV-induced cervical dysplasia and autoimmune and cancer-forming lichen sclerosis. Considering the high prevalence of HPV-induced cervical dysplasia, and the lack of treatment, this study should be repeated at a larger level.

Tayeb BA, Kusuma IY, Osman AAM, Minorics R. **Herbal compounds as promising therapeutic agents in precision medicine strategies for cancer: A systematic review.** J Integr Med. 2024; 22(2): 137-162. doi: 10.1016/j.joim.2024.02.001

Background: The field of personalized medicine has gained increasing attention in cancer care, with the aim of tailoring treatment strategies to individual patients for improved outcomes. Herbal medicine, with its long-standing historical use and extensive bioactive compounds, offers a rich source of potential treatments for various diseases, including cancer.

Objective: To provide an overview of the current knowledge and evidence associated with incorporating herbal compounds into precision medicine strategies for cancer diseases. Additionally, to explore the general characteristics of the studies included in the analysis, focusing on their key features and trends.

Search strategy: A comprehensive literature search was conducted from multiple online databases, including PubMed, Scopus, Web of Science, and CINAHL-EBSCO. The search strategy was designed to identify studies related to personalized cancer medicine and herbal interventions.

Inclusion criteria: Publications pertaining to cancer research conducted through in vitro, in vivo, and clinical studies, employing natural products were included in this review.

Data extraction and analysis: Two review authors independently applied inclusion and inclusion criteria, data extraction, and assessments of methodological quality. The quality assessment and biases of the studies were evaluated based on modified Jadad scales. A detailed quantitative summary of the included studies is presented, providing a comprehensive description of their key features and findings.

Results: A total of 121 studies were included in this review for analysis. Some of them were considered as comprehensive experimental investigations both in vitro and in vivo. The majority (n = 85) of the studies included in this review were conducted in vitro, with 44 of them specifically investigating the effects of herbal medicine on animal models. Additionally, 7 articles with a combined sample size of 31,271 patients, examined the impact of herbal medicine in clinical settings.

Conclusion: Personalized medication can optimize the use of herbal medicine in cancer treatment by considering individual patient factors such as genetics, medical history, and other treatments. Additionally, active phytochemicals found in herbs have shown potential for inhibiting cancer cell growth and inducing apoptosis, making them a promising area of research in preclinical and clinical investigations.

Yujie Z, Kaoqiang L, Yunfan Z, Ye Z, Yongli C, Jiawei N, Hui P, Lingjun K, Wei'an Y. **Impact of Chinese herbal medicine on sarcopenia in enhancing muscle mass, strength, and function: A systematic review and meta-analysis of randomized controlled trials.** Phytother Res. 2024;38(5):2303-2322. doi: 10.1002/ptr.8154

Sarcopenia has become important to the public health with the increase in the aging population in society. However, the therapeutic effects of conventional approaches, including pharmacotherapy, exercise, and nutritional intervention, are far from satisfactory. Chinese herbal medicine is a new treatment format with interesting possibilities in sarcopenia has been widely practiced. The study aimed to explore the effectiveness of Chinese herbal medicine in sarcopenia. We comprehensively searched the following electronic databases: Medline, EMBASE, APA PsycInfo, Cochrane Library, Web of Science, PubMed, and Chinese database from the establishment of the database to December 2022 (no language restrictions). Randomized controlled clinical studies on the use of Chinese herbal medicine in sarcopenia were selected in compliance with PRISMA guidelines. Review Manager and Stata were used for statistical analysis and the mean difference and

standardized mean difference were adopted. Of 277 identified studies, 17 were eligible and included in our analysis (N = 1440 participants). The results showed that Chinese herbal medicine can improve total efficiency (RR = 1.29, 95% CI [1.21, 1.36], p < 0.00001) in sarcopenia and enhance muscle mass (SMD = 1.02, 95% CI [0.55, 1.50], p < 0.0001), and muscle strength measured by grip strength (SMD = 0.66, 95% CI [0.36, 0.96], p < 0.0001), measured by 60°/s knee extension peak TQ (MD = 5.63, 95% CI [-0.30, 11.57], p = 0.06) and muscle function measured by 6-meter walking speed (SMD = 1.34, 95% CI [0.60, 2.08], p = 0.0004), measured by the short physical performance battery of 1.50%, 95% CI (1.05, 1.95), measured by the EuroQoL 5-dimension of (SMD = 0.27, 95% CI [-0.10, 0.65], p = 0.16), suggesting that Chinese herbal medicine alone or combined with conventional treatment has ameliorating effect on sarcopenia. Chinese herbal medicine is a potential therapeutic strategy in sarcopenia. The funnel plot and Egger's test indicated publication bias. To confirm our conclusions, further high-quality studies should be conducted.

Homeopathy

Tournier A, Fok Y, van Haselen R, To A. **Homeopathic treatment of COVID-19 patients: Findings of the Clificol International Clinical Case Registry.** Integrative Medicine Reports.2024; 2(1). https://doi.org/10.1089/imr.2023.0015

Introduction: The Clificol® COVID-19 Support Project is an innovative international clinical case registry project that aimed at collecting experiences with the homeopathic treatment of COVID-19 patients. This paper describes and compares the reported findings from the six main contributing countries.

Materials and Methods: Observational clinical case registry study of patients with confirmed or suspected COVID-19. Participating homeopaths could freely enter symptoms that informed the remedy prescription. In addition, in China, use was made of a symptom questionnaire. The analyses were primarily descriptive.

Results: One thousand two hundred and twenty-seven cases, as available by the October 31, 2022, were used for the analyses. In total, 1606 prescriptions were analyzed, 977 of which contained data on the symptoms used in the remedy selection process. Outcome data on 1310 prescriptions were available. Overall, Bryonia alba was the most commonly prescribed remedy, and this was particularly evident in India, Spain, and Switzerland. Also, the prevalence of the 10 most commonly used rubrics in patients' prescriptions varied significantly between countries. The highest percentage of rapid recovery (66%) was observed in those patients who had their symptoms for >30 days before the initiation of homeopathic treatment.

Conclusions: Significant experience has been obtained with the homeopathic treatment of COVID-19 patients. We observed a high level of variability between countries. Future statistical analyses of aggregated clinical case data will benefit from reducing unwanted variability as well as bias. This will further unlock the potential contribution of the Clificol project to improving homeopathy.

Mohammad SM, Pinto AA, da Silva RA, Suffredini IB, Tournier AL, Cartwright SJ, Yunes JS, Bonamin LV. **Environmental homeopathy: Homeopathic potencies regulate the toxicity and growth of Raphidiopsis raciborskii (cyanobacteria) and can be tracked physico-chemically. Part 1: Biological results.** Homeopathy. 2024. doi: 10.1055/s-0044-1780526

Introduction: Cyanobacteria are microorganisms found in many parts of the world and several genera, such as Raphidiopsis raciborskii, are producers of cyanotoxins. Homeopathic potencies have been found to modulate toxicity in different biological models, and the present study endeavors to discover whether this might also be the case with cyanobacteria.

Objectives: Our objective was to investigate the possible effects of homeopathic potencies on the resilience of Artemia franciscana (brine shrimp) embryos to saxitoxin (STX; cyanotoxin) and on controlling the growth of R. raciborskii in vitro.

Method: A. franciscana cysts were cultivated in seawater in 96-well plates to evaluate the hatching rate and vitality, plus the gene expression of heat shock proteins (HSPs), after being challenged with R. raciborskii extract containing 2.5 µg/L of STX and treated with different homeopathic potencies. Untreated wells were used as controls ("base-line"). Potencies were chosen from a screening process based on seven selected homeopathic preparations according to the similitude of STX symptoms (Sulphur, Zincum metallicum, Nitric acidum, Plumbum metallicum, Mercurius solubilis, Phosphoric acidum, Isotherapic from R. raciborskii extract; all at 6cH, 30cH and 200cH). Cultures of R. raciborskii maintained in an artificial seawater medium were equally treated with screened homeopathic potencies selected from the same list but specifically for their growth control as a function of time.

Results: A 15% lower rate of hatching of A. franciscana cysts was observed after treatment with Nitric acidum 6cH in comparison with baseline ($p = 0.05$). A complete toxicity reversal was seen after treatment with Isotherapic 200cH, with a 23-fold increase of Hsp 26 gene expression ($p = 0.023$) and a 24-fold increase of p26 gene expression ($p \leq 0.001$) in relation to baseline. Nitric acidum 200cH and Mercurius solubilis 30cH limited the exponential growth of cyanobacteria up to 95% and 85% respectively ($p \leq 0.003$) in relation to baseline. Succussed water presented only a transitory 50% inhibition effect.

Conclusion: Isotherapic 200cH improved A. franciscana bioresilience to STX; Nitric acidum 200cH and Mercurius solubilis 30cH showed the optimal performance on limiting R. raciborskii growth. The results point to the potential of homeopathic potencies to mitigate environmental problems related to water quality.

Mohammad SM, Pinto AA, da Silva RA, Suffredini IB, Tournier AL, Cartwright SJ, Yunes JS, Bonamin LV. **Environmental homeopathy: Homeopathic potencies regulate the toxicity and growth of Raphidiopsis raciborskii (cyanobacteria) and can be tracked physico-chemically. Part 2: Physico-chemical results.** Homeopathy. 2024. doi: 10.1055/s-0044-1780526

Introduction: The control of cyanobacterial toxicity and growth by homeopathic potencies was described in Part 1 of this two-part report. Here, a parallel approach characterized the physico-chemical features of the potencies used and the liquid media treated with them, correlating these results with their respective biological effects.

Objectives: Our objective was to establish if physico-chemical parameters can track homeopathic potencies in seawater or artificial seawater medium (ASM)-1 and to discover whether these parameters correlate with previously described biological effects.

Method: Artemia franciscana (brine shrimp) cysts were cultivated in seawater challenged with Raphidiopsis raciborskii extract and treated with different homeopathic potencies chosen from a screening process. Cultures of R. raciborskii maintained in ASM-1 were also treated with previously screened homeopathic potencies, and their growth was monitored as a function of time. The physico-chemical properties of the treated media (seawater or ASM-1) were evaluated by their interaction with solvatochromic dyes and changes in pH, conductivity and temperature.

Results: Coumarin 7 was found to be a marker for Nitric acidum 6cH and Isotherapic (R. raciborskii extract) 200cH in seawater (analysis of variance [ANOVA], $p = 0.0015$). Nile red was found to be a marker for Nitric acidum 200cH and Mercurius solubilis 30cH in ASM-1 (ANOVA, $p \leq 0.001$). An increase in pH of ASM-1 and endothermic effects were observed after these treatments (two-way ANOVA, $p = 0.0001$). Seawater and ASM-1 to which potencies had been added were also subjected to a constant unidirectional 2,400 Gauss static magnetic field and found to have enhanced effects on the solvatochromic dyes tested.

Conclusion: Homeopathic potencies were specifically traceable in aqueous media using solvatochromic dyes, especially when the samples were subjected to a magnetic field. Results from monitoring other physical parameters, such as pH and temperature, were less specific in relation to potency tracking. However, potency-induced endothermic effects might provide valuable thermodynamic data relating to the nature of potencies.

Massage, myotherapy and other bodywork

Zabel S, Munk N. **Use of Practice-Based Research Networks in Massage Therapy Research.** Int J Ther Massage Bodywork. 2024 Mar 14;17(1):43-49. doi: 10.3822/ijtmb.v17i1.883

Massage therapy is a profession, not simply an intervention, and pathways are needed to connect all key massage therapy profession components-clinicians, patient/clients, and the work-to the scholarship and research that describes, investigates, and shapes practice. While the volume of massage-related research has grown over the past few decades, much of the growing massage evidence base is not reflective of real-world massage therapy, nor is research typically conducted through the clinical lens of the massage therapy discipline. This situation reflects the unfortunate disconnect between massage therapy research and massage therapy practice, while magnifying a key research infrastructure deficiency within the massage therapy discipline: the who and where research is conducted is disconnected from the who and where massage therapy is practiced. Practice-based research networks (PBRNs) are a staple of primary care and other health professions research reflecting real life, discipline-focused practice that seeks to address the needs of the discipline's practitioners and patients. The PBRN model fits well with the directional need of massage therapy research. This paper presents a commentary on the use of PBRNs in massage therapy research, and the current state of PBRN research within the field of massage therapy, namely the recently launched MassageNet PBRN.

Leabeater AJ, Clarke AC, James L, Huynh N, Driller M. **Under the gun: Percussive massage therapy and physical and perceptual recovery in active adults.** J Athl Train. 2024; 59(3):310-316. doi: 10.4085/1062-6050-0041.23

Context: Handheld percussive massage devices (ie, massage guns) are a relatively new and under-researched recovery tool. These tools are intended to increase range of motion and reduce muscle soreness by delivering targeted vibration to soft tissues. Empirical knowledge about the potential influence of these devices on perceptual recovery and the recovery of performance characteristics after exercise is scarce.

Objective: To investigate the effect of a 5-minute massage gun application, using a commercially available device, on physical and perceptual recovery after a strenuous bout of lower body exercise.

Design: Controlled laboratory study.

Setting: Physiology laboratory.

Patients or other participants: A total of 65 active young adults (age = 21.3 ± 1.4 years; age range = 18-30 years; 34 women: height = 165.8 ± 6.1 cm, mass = 66.0 ± 7.4 kg; 31 men: height = 181.1 ± 6.0 cm, mass = 81.5 ± 11.8 kg).

Intervention(s): Participants applied a massage gun on the calf muscles of 1 leg after strenuous exercise (massage gun recovery group) for 5 minutes and used no recovery intervention on the other leg (control group).

Main outcome measure(s): Ankle range of motion, calf circumference, isometric strength, calf endurance, and perceived muscle soreness measures were collected at baseline and at various points after lower body exercise.

Results: No significant group × time interactions were recorded for any of the performance or perceptual measures (P values > .05). Effect sizes were mostly unclear, except for a small increase in perceived muscle soreness in the massage gun recovery group compared with the control group immediately (d = -0.35) and 4 hours (d = -0.48) postrecovery.

Conclusions: Massage guns appeared to have little effect on physical measures when applied for 5 minutes immediately after strenuous calf exercise. Given the small increase in muscle soreness up to 4 hours

after their use, caution is recommended when using massage guns immediately after strenuous lower body exercise.

***Nemati D, Hinrichs R, Johnson A, Lauche R, Munk N.* Massage therapy as a self-management strategy for musculoskeletal pain and chronic conditions: A systematic review of feasibility and scope.** J Integr Complement Med. 2024;30(4):319-335. doi: 10.1089/jicm.2023.0271

Background: Musculoskeletal pain and chronic conditions are associated with deteriorating pain, stress, anxiety, and health-related quality of life (HR-QOL). There is emerging evidence that performing massage therapy as self-management (MTSM) is a viable approach to alleviate these symptoms across various clinical populations. However, a significant gap remains on the effectiveness and limitation of MTSM usage as no systematic review has been conducted to comprehensively evaluate and synthesize the scope, feasibility, and efficacy of MTSM. This systematic review aimed to investigate the effect of MTSM on common symptoms of musculoskeletal and chronic conditions, followed by identifying characteristics of MTSM dosage, setting, and adherence for formulating themes.

Methods: A systematic review was carried out using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) method, which involved searching seven electronic databases, including Medline (OVID), CINAHL (EBSCO), PEDro, Web of Science (Clarivate), PsycINFO (EBSCO), Google Scholar, and EMBASE (Elsevier) from inception to January 2023. Clinical studies were eligible if they included MTSM, and massage treatment was more than 50% of the intervention. The quality of studies was assessed using the Effective Public Health Practice Project Quality Assessment Tool. Target variables were extracted, including study design, participants' characteristics, outcome measures, massage dosage (duration, frequency, and timing), training setting, provider of massage training, adherence to the MTSM intervention, comparator, and key findings.

Results: A total of 17 studies were evaluated and included 770 participants (female: N = 606) with musculoskeletal pain or chronic conditions. The emerged themes for MTSM utilization consisted of arthritis pain (knee, n = 3; neck, n = 1, hand, n = 2), neck and back pain (n = 4), and stress and anxiety (n = 3). Prescribed self-administered massage duration ranged from a single session to a maximum of 8-12 weeks, where 4 weeks (n = 8) was the most commonly prescribed duration. Out of 11 studies that used MTSM as a solo modality, 7 studies (41.2%) showed significant improvement in the outcome measures such as chronic neck and back pain, stress or anxiety, fatigue, quality of sleep, and HR-QOL. In addition, health benefits, including anxiety, depression, pain intensity, and pain threshold, were observed in six studies (35.3%) where MTSM was applied as a coadjuvant modality, which was combined with therapist-applied massage and physiotherapy.

Conclusions: These findings support that MTSM is a viable approach to enhance the benefit of therapist-applied massage or as a solo modality for symptom management of musculoskeletal pain and chronic conditions. The review provides suggestions for design improvement, such as reporting participants' adherence to the prescribed massage regimen, that would be informative for providing a robust understanding of the magnitude or the extent to which MTSM is effective. Future studies on MTSM intervention are encouraged to use a theoretical framework and validated measures for determining and facilitating treatment fidelity.

Nutrition

***Alves JGB, Alves LV.* Early-life nutrition and adult-life outcomes.** J Pediatr (Rio J). 2024;100 Suppl 1(Suppl 1):S4-S9. doi: 10.1016/j.jped.2023.08.007

Objectives: To verify the association between early-life nutrition and chronic adult diseases.

Data sources: Medline, Embase, Cochrane Database, and Lilacs.

Summary of findings: The Developmental Origins of Health and Disease (DOHaD) hypothesis postulates that a mismatch between early-life circumstances and later-life situations may have an impact on chronic diseases. In this review, the authors emphasize the research supporting the impact of early nutrition on the origins of adult height, obesity and metabolic syndrome, type 2 diabetes mellitus, cardiovascular diseases, and reproductive outcomes.

Conclusion: Even though this is a new topic and there are still many research questions to be answered, there is strong evidence that both deficiency and excess nutrition in early life can cause epigenetic changes that have effects that last a lifetime and contribute to the development of chronic diseases. Public health efforts to protect adults from getting chronic diseases should focus on nutrition in the first 1000 days of life, from conception to the end of the second year of life.

***Wilson N, Mullaney W.* Frailty and nutrition.** Br J Community Nurs. 2024;29(3):118-123. doi: 10.12968/bjcn.2024.29.3.118

As the ageing population grows and forms a significant category of over 65s in many societies, along with it comes the risk of developing physical and psychological degenerative changes. This presents many challenges for health and social care services in not only identifying those at risk but also managing that risk to try to preserve health and independence for as long as possible. Screening for frailty has supported services to identify those that may be at risk of hospitalisation, requiring long term care or support services at home in older age. Frailty can be exacerbated by the risk of nutritional deficiencies and more severe malnutrition. Therefore, screening for frailty should also include a nutritional assessment, which can be supported by a recognition of the need for nutritional support along with other holistic frailty management.

HEALTH FUND UPDATE

Health Fund	Acupuncture	Chinese Herbal Medicine	Counselling	Hypnotherapy	Myotherapy	Nutrition	Remedial Massage (Certificate IV)	Remedial Massage (HLT Diploma or higher level qualification)	Remedial Therapies (No longer ATMS Accredited)	Traditional Chinese Remedial Massage (HLT Diploma or higher level qualification)
Australian Health Management	✓	✓				✓		✓		
Australian Regional Health Group										
ACA Health Benefits Fund	✓	✓			✓		✓	✓	◆	●
Defence Health	✓				✓			✓	◆	●
GMHBA *(Geelong Medical)*	✓	✓			✓			✓	◆	●
Frank Health Fund & Health.com.au	✓	✓			✓			✓	◆	●
Health Care Insurance Limited	✓	✓			✓		✓	✓	◆	●
HBF	✓	✓		✓	✓	✓		✓	◆	
Health Partners		✓			✓		✓	✓		
HIF *(Health Insurance Fund of WA)*	✓	✓			✓		✓	✓	◆	●
Hunter Health *(previously known as Cessnolck DHBF)*	✓	✓			✓		✓	✓	◆	●
Latrobe Health Services	✓				✓		✓	✓	◆	●
MDHF (Mildura District Hospital Fund)	✓				✓	✓	✓	✓		
AIA Health *(previously known as MyOwn Health)*	✓				✓			✓	◆	
Navy Health Fund	✓	✓			✓		✓	✓	◆	●
Nurses & Midwives Health	✓	✓		✓	✓		✓	✓		●
Onemedifund	✓	✓			✓		✓	✓	◆	●
Peoplecare Health Insurance	✓	✓			✓		✓	✓	◆	●
Phoenix Health Fund	✓				✓	✓	✓	✓	◆	●
Police Health Fund (including Emergency Services)	✓	✓			✓		✓	✓	◆	●
Queensland Country Health	✓	✓			✓	✓	✓	✓		●
Reserve Bank Health Society	✓	✓			✓		✓	✓	◆	●
RT Health				✓						
See-u by HBF (previously CUA)					✓					
St Lukes	✓	✓			✓		✓	✓	◆	●
Teachers Health	✓	✓		✓	✓		✓	✓	◆	●
Teachers Union Health	✓				✓		✓	✓	◆	●
Transport Health	✓	✓			✓		✓	✓	◆	●
Westfund	✓	✓			✓	✓	✓	✓	◆	●
Australian Unity	✓	✓		✓	✓	✓		✓		
BUPA	✓	✓						✓		✓
CBHS Health Fund	✓	✓			✓		✓	✓		✓
Doctors Health Fund								✓		
HCF	✓	✓			✓			✓		
Medibank Private	✓	✓	✓	✓		✓		✓		✓
NIB	✓	✓			✓	✓		✓		

✓ *Therapy covered by 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 face to face 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.

PROVIDER TERMS AND CONDITIONS ARE LOCATED ON THE ATMS WEBSITE UNDER THE HEALTH FUNDS TAB.

The Four Pillars to remain current with Health Fund Registration

1. Maintain ATMS Membership

2. Maintain current First Aid

3. Maintain current Professional Indemnity Insurance (Chinese Medicine practitioners require a minimum of $5 million and Remedial Massage practitioners require a minimum of $2 million)

4. CPE (continuing professional education) (ATMS accepts completed CPE that enhances clinical practice however Health Funds require CPE to be modality specific)

Acupuncture and Chinese Herbal Medicine practitioners must hold current AHPRA registration

Working With Children

Practitioners working with under 18's MUST hold a current WWC (Working With Children Check) in their practising state. Please send ATMS a copy to **info@atms.com.au**

Additionally to holding a current WWC, ATMS require that the parent of the child or guardian MUST be present during the consultation.

Current renewal certification is essential

Please forward all renewals ASAP to prevent disruption of your health fund provider registration: renewals of your insurance, first aid, AHPRA registration and WWC to **info@atms.com.au** as ATMS must hold a current copy at all times for health fund compliance.

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

Clinical Records

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.**

Receipting Information

- Medibank/AHM do not accept handwritten receipts (As of April 2021), they must be electronic.
- Sample receipt can be found on our website in the Health Fund tab
- Receipts must be numbered.
- Only one modality per day can be claimed by a client.

Treating Family, Partners and Business Partners of the Clinic

Health Funds do not permit the payment of benefits if the treated member is a partner, dependent, parent, sibling, or business partner of the servicing provider.

By definition, a provider can only perform one initial consultation with a member. Initial consultations attract a higher benefit than a subsequent consult. Only one 'initial consult' is allowed for any patient per condition.

Health Fund Clinic address requirements

It is **MANDATORY** that you provide the full clinic address with the street number, street name, suburb, state, and post code, phone number and email address. No PO Boxes acceptable. All updates are forwarded to the health funds by ATMS.

***Note Medibank have a limit of 3 clinic addresses for Remedial Massage practitioners and Bupa have a limit of 4 clinic addresses regardless of the modality.**

Sharing provider numbers is fraud and against the law

An Accredited member must never allow anyone to use their provider details, as this 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.

No health funds rebate on mobile services

Mobile Services are services at Hotels, Markets, Retreats or Corporate.

Home visits

Health Funds that do accept home visit services for rebates are: Aust Unity, CBHS, GU Health and NIB. Home Visit must be Stamped or pre-printed on the receipt.

Gift vouchers

Most Health Funds do not accept Gift Vouchers as the person receiving the treatment did not pay for the service. It is up to the Health Fund should they recognise it.

Being a provider implies acceptance of the terms and conditions for the health funds

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 face-to-face consultation (not the medicines or remedies); however, this does not extend to mobile work including markets, corporate or hotels.

Online or phone consultations are not recognised for health fund 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.

Acupuncture & Chinese Herbal Medicine overseas qualification (health funds do not accept any other modality completed overseas)

Health Funds do accept overseas Acupuncture and Chinese Herbal Medicine qualifications. The below documents are required:

- VETASSES letter stating the qualification is equivalent/comparable to the Australian BA Health Science TCM/Acupuncture
- IELTS Overall Band Level 7 in English Competency (Bupa only)

Specific requirements for individual health funds

Australian Health Management (AHM)

Names and details of eligible ATMS members will be sent to AHM. Provider numbers will be populated in the ATMS member portal.

Hypnotherapy - HBF, RT Health, Nurses and Midwives

Names and details of eligible ATMS members will be sent for this modality each month.

Australian Unity

Names and details of eligible ATMS members will be sent to Australian Unity. ATMS members will need to contact Australian Unity initially on 1800 035 360 to register as a provider and to receive provider numbers.

BUPA

Names and details of eligible ATMS members will be sent to BUPA. Provider numbers will be populated in the ATMS member portal.

CBHS Health Fund Limited

Names and details of eligible ATMS members will be sent to CBHS. Use your ATMS member number as your provider number e.g ATMS23345.

For Acupuncture and Chinese Herbal Medicine services, please use your AHPRA number minus the 0's for e.g. if your AHPRA number is CMR0001731686 you would use CMR1731686 as your provider number.

Doctors Health Fund

Names and details of eligible ATMS members will be sent to Doctors Health Fund. Use your ATMS member number as your provider number for e.g., ATMS23345. Please note that Doctors Health Fund only covers Remedial Massage.

HCF

Names and details of eligible ATMS members will be sent to HCF. Use your ATMS member number as your provider number e.g., ATMS23345.

Medibank Private

Names and details of eligible ATMS members will be sent to Medibank Private. Provider numbers will be populated in the member portal as well as emailed directly to the practitioner as an attached letter. This letter is required for HICAPS Registration.

NIB including APIA, AAMI Health Insurance, Qantas Health Insurance & GU Health

Names and details of eligible ATMS members will be sent to NIB. Use your ATMS member number as your provider number e.g ATMS23345 except for GU Health. Members are required to contact GU Health directly on 1800 249 966 to register as a provider and to receive a provider number.

Australian Regional Health Group (ARHG) Refer to Health Funds Table for the individual funds listed under ARHG.

Details of eligible members are sent to ARHG.

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
U Nutrition
Y Myotherapy
R Remedial Massage
M Massage Therapy

For e.g., If your ATMS member number is 123 and accredited for Acupuncture, the ARHG provider number will be AT00123A.

▼ Special condition applies for Remedial Massage for the below funds under ARHG:

- Defence Health▼
- GMHBA ▼ (Including Frank Health Fund)
- HBF (Including GMF Health) ▼
- AIA Health ▼

ARHG -Chinese Massage

ARHG do not recognise Chinese Massage. They categorise it as Remedial Massage. For members that hold a Govt Accredited HLT Diploma of Chinese Remedial Massage HLT50102, HLT50107 or HLT50112 are required to use the 'R' status.

Most Funds recognise the 'R' status however there is a couple that prefer the M status, refer to the health funds table.

HICAPS

ATMS members who wish to activate these facilities need to register directly with HICAPS. HICAPS do not cover all health funds and modalities. Please go to **www.hicaps.com.au** or call 1800 805 780 for further information.

Herbal farming and manufacturing update

by Warren Morey | Herbalist and Manager of the Pharmaceutical Plant Company

PPC Herbs use Ariya Health and Rener Health (WA) as Distributors. PPC also does a large portion of its Sales and Distribution directly from our Melbourne production site. Orders can be placed via our website once registered as a Practitioner, by email or by phone.

In Addition to our TGA licence, PPC Herbs is Organically Certified by ACO and is a Registered Food Premises with Maroondah Council. We have Kosher approval too. We are even registered with FDA in the United States.

This month has seen containers of herbs arrive from Europe and China. From Europe we received Calendula, California Poppy, Echinacea purpurea, Globe Artichoke, Hydrangea, Passionflower, Valerian, Witch Hazel and Yellow Dock. From China Reiishi Mushroom and Dandelion.

Barberry (Berberis vulgaris) root bark is the hottest herb at the moment, Barberry assists digestive function, assists to breakdown dietary fat and supports digestive system function.

As usual if you have any questions about manufacturing please send them to me anytime.

Farming Update by Ronald van de Winckel (Marleen Herbs)

As all farmers do, it is always interesting to poke your head over the fence and see how the neighbor is growing their crops. For herb farmers it is the same, but the neighbour is normally not growing herbs and certainly not medicinal plants, so visiting other herb farming colleagues Involves a trip abroad, to the Netherlands in our case.

How to better grow Arnica montana was one of our aims. Arnica montana as a protected species has to be cultivated but is notoriously difficult, we seem to have the right soil and climate in Tasmania but still it is a challenge.

It was also nice to visit our former Dutch farm which continues to grow medicinal plants and makes extracts.

As Wintertime is approaching, the management/maintenance (planting and pruning) of medicinal woody shrubs and trees (Ginkgo, Hawthorn, Black Current, Willow, Figs, Olives, and Horse Chestnuts) is now taking up most of our time as is the planning of around 130 different species for the next season.

This involves a special computer program to be able to calculate areas needed, seed and plants to be ordered using historical sales ,current stock and a bit of guessing of course.

If you have further questions, please email ***warren.morey@ppcherbs.com.au***

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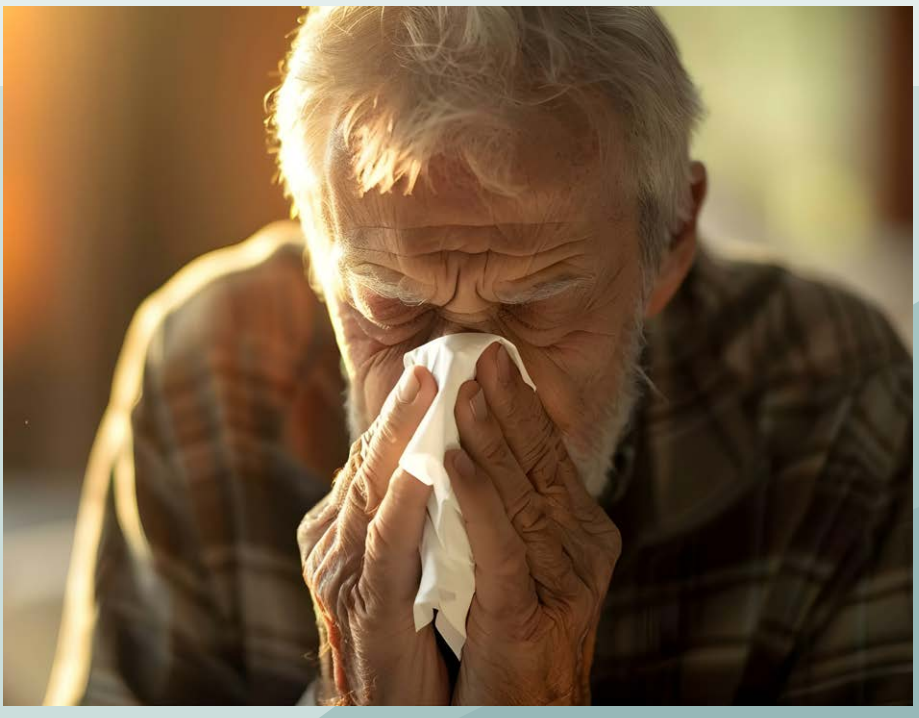
Sydney Institute of Traditional Chinese Medicine Graduation Ceremony 2023

By Yifan Yang | Sydney Institute of Traditional Chinese Medicine (SITCM)

Since March, official data from NSW health authorities indicates a rise in cold and influenza-related illnesses, leading to fatalities among the elderly. After the COVID-19 pandemic, three primary influenza viruses are currently circulating: weakening Covid, common influenza strains, and a potent respiratory syncytial virus (RSV). With health warnings, many continue to wear masks, especially with cooler weather exacerbating cases.

Some elderly individuals, lacking timely treatment, experience disease exacerbation and hospitalization, possibly leading to more severe conditions due to underlying conditions like bronchial asthma or respiratory failure. Traditionally, Chinese medicine attributes diseases to "Wind," symbolizing symptoms and signs of colds and flu, often initiating various ailments. Timely intervention is crucial to prevent disease progression.



In SITCM teaching clinic, we observes many cold and flu cases, notably among the elderly and children, possibly due to weakened immunity. Chinese herbal treatments play a role in helping with prevention and improving symptoms. Families are advised to collectively take herbs upon one member's infection to prevent spread. Early intervention with Chinese herbs may be advocated to curb illness progression.

However, patients often present with prolonged complications like bronchitis or asthma, reinforcing the importance of prompt intervention. Dietary adjustments during illness are recommended, with emphasis on hydration and avoiding heavy or fried foods, known to exacerbate symptoms and prolong recovery. These practices, validated by clinical experience, underscore the holistic approach of Chinese medicine in managing cold and flu ailments.

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Established in Sydney in 1990 and founded and directed by Master Zhang Hao (B. ED, Dip. TCM, RM.) the Australian School of Remedial Therapies offers nationally accredited vocational education training qualifications in Diploma of Remedial Massage and Diploma of (TCM) Remedial Massage.

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Continuing Professional Education

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

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

The ATMS CPE policy is based on the following principles:

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

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

It is a mandatory requirement of ATMS membership that members accumulate 20 CPE points per financial year. CPE points can be gained by selecting any of the following articles, reading them carefully and critically reflecting on how the information in the article may influence your own practice and/or understanding of complementary medicine practice. You can gain one (1) CPE point per article to a maximum of three (3) CPE points per journal from this activity:

- **Grace S, Baltrotsky K. The National Natural Therapies Workforce Survey Part 2**
- **Mitchell-Paterson T. An overview of the clinical effects of fasting on chemotherapy outcomes: Current evidence**
- **Bhourasker S. Key to prescribing and studying homoeopathic materia medica: The Stages Template Part 1**
- **Medhurst R. Homeopathy – recent research findings**
- **Sanderson S. How does magnesium get in via skin?**
- **Pagura I. Assessable income and deductions**

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

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

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

6 CPE POINTS

ATMS

ATMS SPECIAL EVENT

ATMS invites practitioners to the Post-viral Symposium

where leading professionals with a passion for discovering the impact viral infections have on the body, will share the latest research, best practice methods for managing clients with symptoms, and treatment options.

SYDNEY
SUNDAY 15 SEPTEMBER

Aerial UTS Function Centre,
Level 7, Building 10, 235 Jones St, Ultimo, 2007, NSW

PROGRAM

The intestines and long COVID symptomatology

PROFESSOR LUIS VITETTA

Adjunct Professor at the University of Sydney, Faculty of Medicine and Health

Naturopathic strategies for post-viral illness

CARLA WRENN

Integrative Naturopath and Nutritionist

Vagus nerve dysfunction and post-viral illnesses

EMRYS GOLDSWORTHY

Musculoskeletal Therapist and Myotherapist

Clinic management of long COVID

DR EMMA TIPPETT

Long COVID Specialist and Founder of Clinic Nineteen

The role of cellular senescence in post-viral treatments

FIONA CHIN

Naturopath

This is a must-attend event for practitioners passionate about working with clients experiencing post-viral symptoms and wanting to expand their skills and build evidence-based knowledge.

BOOK NOW!

FOR MORE VISIT:
atms.com.au/post-viral-symposium-2024

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The Pharmaceutical Plant Company
3 Sigma Drive, Croydon South, VIC 3136

Telephone: (03) 9762 3777
Facsimile: (03) 9762 9992
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